

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 1
Condition: PREGNANCY (See Guideline Notes 2,16,22,64,65,85,92,99) (See Prevention Tables)
Treatment: MATERNITY CARE
ICD-9: 622.5,640.00-640.93,641.00-641.93,642.00-642.94,643.00-643.93,644.00-644.21,645.10-645.23,646.00-646.93,647.00-647.94,648.00-648.94,649.00-649.82,650.651.00-651.93,652.00-652.93,653.00-653.93,654.00-654.94,655.00-655.93,656.00-656.93,657.00-657.03,658.00-658.93,659.00-659.93,660.00-660.93,661.00-661.93,662.00-662.33,663.00-663.93,664.00-664.94,665.00-665.94,666.00-666.34,667.00-667.14,668.00-668.94,669.00-669.94,670.00-670.84,671.00-671.94,672.00-672.04,673.00-673.84,674.00-674.04,674.20-674.24,674.40-674.94,675.00-675.94,676.00-676.94,677.678.00-678.13,679.00-679.14,V07.2,V22.0-V22.1,V23.0-V23.3,V23.41-V23.9,V24.0-V24.2,V28.0-V28.6,V28.81-V28.9,V72.40-V72.42,V77.6,V89.01-V89.09,V91.00-V91.99
CPT: 01958-01963,01967-01969,12021,57022,59000-59100,59160-59622,59866,59871,76801-76828,81507-81512,84163,84704,96150-96154,97802-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0108,G0396,G0397,G0406-G0408,G0425-G0427,G0463,H0045,S0265,S2401-S2403,S2405,S2411,S8055,S9208-S9214

Line: 2
Condition: BIRTH OF INFANT (See Guideline Notes 64,65)
Treatment: NEWBORN CARE
ICD-9: 760.0-760.5,760.61-760.9,761.0-761.9,762.0-762.9,763.0-763.7,763.81-763.9,764.00-764.99,765.20-765.29,779.81-779.82,779.84,779.89,V30.00-V30.2,V31.00-V31.2,V32.00-V32.2,V33.00-V33.2,V34.00-V34.2,V35.00-V35.2,V36.00-V36.2,V37.00-V37.2,V39.00-V39.2
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99460-99463,99468-99482,99487-99496,99605,99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 3
Condition: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Coding Specification Below) (See Guideline Notes 16,17,64,65,106,122) (See Prevention Tables)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2,V01.4-V01.6,V01.71-V01.9,V02.0-V02.4,V02.51-V02.9,V03.2,V03.5-V03.7,V03.81-V03.9,V04.0,V04.2-V04.3,V04.6,V04.81-V04.89,V05.0-V05.1,V05.3-V05.8,V06.1,V06.3-V06.8,V07.0,V07.2,V20.0-V20.2,V20.31-V20.32,V65.3,V65.41-V65.45,V71.09,V72.0,V72.11-V72.19,V73.0-V73.6,V73.81-V73.99,V74.0-V74.9,V75.0-V75.9,V77.0-V77.8,V77.91-V77.99,V78.0-V78.9,V79.0-V79.9,V80.01-V80.3,V81.0-V81.6,V82.0-V82.6,V82.81-V82.9
CPT: 90378,90460-90472,90633,90634,90644-90673,90680-90688,90696-90710,90713-90716,90719-90723,90732-90734,90740,90744,90747-90749,92002-92014,96110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D0191,D1206,G0008-G0010,G0396,G0397,G0406-G0408,G0425-G0427,G0438,G0439,G0451,G0463,G9141,G9142
CPT code 96110 can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes.

Line: 4
Condition: PREVENTIVE SERVICES, OVER AGE OF 10 (See Guideline Notes 1,3,16,17,64,65,79,106) (See Prevention Tables)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2,V01.4-V01.6,V01.71-V01.9,V02.0-V02.4,V02.51-V02.9,V03.2,V03.5-V03.7,V03.81-V03.9,V04.0,V04.2-V04.3,V04.6,V04.81,V04.89,V05.0-V05.1,V05.3-V05.8,V06.1,V06.3-V06.8,V07.0,V07.2,V15.88,V16.3,V16.41,V20.2,V45.71,V50.41,V52.4,V65.3,V65.41-V65.45,V67.01,V70.0,V71.09,V72.0,V72.11-V72.19,V72.31-V72.32,V73.0-V73.6,V73.81-V73.99,V74.0-V74.9,V75.0-V75.9,V76.0,V76.10-V76.3,V76.42-V76.46,V76.49-V76.9,V77.0-V77.8,V77.91-V77.99,V78.0-V78.9,V79.0-V79.9,V80.01-V80.3,V81.0-V81.6,V82.0-V82.6,V82.81-V82.9
CPT: 19303,19304,19340-19350,19357-19369,58940,90460-90472,90632-90636,90649-90654,90656,90658-90668,90670-90673,90685-90688,90703-90710,90713-90716,90719,90723,90732-90734,90736,90739-90747,90749,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D1206,G0008-G0010,G0117,G0118,G0396,G0397,G0406-G0408,G0425-G0427,G0438,G0439,G0442-G0446,G0463,G9141,G9142,S0613

Line: 5
Condition: SUBSTANCE USE DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.1,303.90-303.93,304.00-304.93,305.00-305.03,305.20-305.93
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,97810-97814,98966-98969,99051,99060,99201-99239,99324-99350,99366,99408,99409,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004-H0006,H0010-H0016,H0018-H0020,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 6**
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4,64,65)
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
ICD-9: 305.1,649.00-649.04
CPT: 96150-96154,97810-97814,98966-98969,99078,99201-99215,99224,99324-99350,99366,99406,99407,99441-99449,99487-99496,99605-99607
HCPCS: D1320,G0425-G0427,G0436,G0437,G0459,G0463,G8402,G8453,G9016,H0038,S9075,S9453
- Line: 7**
Condition: REPRODUCTIVE SERVICES (See Guideline Notes 64,65,68)
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
ICD-9: V24.2,V25.01-V25.2,V25.40-V25.9,V26.41-V26.49
CPT: 11976,11981-11983,55250,55450,57170,58300,58301,58340,58565,58600-58615,58670,58671,74740,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S4981,S4989,T1015
- Line: 8**
Condition: OBESITY (See Guideline Notes 5,64,65)
Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
ICD-9: 278.00-278.01,278.03,V65.3
CPT: 96150-96154,97802-97804,98966-98969,99051,99078,99201-99215,99224,99354-99357,99366,99381-99412,99441-99449,99487-99496,99605-99607
HCPCS: G0425-G0427,G0447,G0463
- Line: 9**
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,65,69,102)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.23-296.24,296.30-296.36,298.0
CPT: 90785,90832-90840,90846-90853,90867,90868,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 10**
Condition: TYPE I DIABETES MELLITUS (See Guideline Notes 64,65,108)
Treatment: MEDICAL THERAPY
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.41,250.43,250.51,250.53,250.61,250.63,250.71,250.73,250.81,250.83,250.91,250.93,251.3,V53.91,V65.46
CPT: 49435,49436,90935-90947,90989-90997,92002-92014,92227,95250,95251,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0108,G0245,G0246,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9145,S9353
- Line: 11**
Condition: ASTHMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 493.00-493.92
CPT: 31600-31603,31820,31825,86486,94002-94005,94640,94644-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,S9441
- Line: 12**
Condition: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 401.0-401.9,402.00-402.91,405.09,405.19,405.99,437.2,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 13**
Condition: GALACTOSEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 271.1
CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 14**
Condition: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 748.2,769,770.0,770.10-770.6,770.81-770.9,786.31
CPT: 31580,31603,39501,39503,39545,94002-94005,94610,94640,94660-94668,94772-94777,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 15**
Condition: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 042,V08
CPT: 90284,94642,96150-96154,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 16**
Condition: CONGENITAL HYPOTHYROIDISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 243
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 17**
Condition: PHENYLKETONURIA (PKU) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 270.1
CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 18**
Condition: CONGENITAL INFECTIOUS DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.0-771.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 19**
Condition: CONGENITAL SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 090.0-090.3,090.40-090.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 20**
Condition: VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 765.01-765.05,765.11-765.15,765.20-765.29,772.10-772.2,778.1
CPT: 94772,96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 21**
Condition: NEONATAL MYASTHENIA GRAVIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 22**
Condition: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 331.3-331.5,348.2,742.3-742.4,V53.01
CPT: 20664,31294,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746,67570,92002-92014,92081-92083,92250,96150-96154,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496
HCPCS: G0396,G0397,G0463
- Line: 23**
Condition: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.0,775.6
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 24**
Condition: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.4-771.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 25**
Condition: LOW BIRTH WEIGHT (1500-2500 GRAMS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 765.00,765.06-765.10,765.16-765.29
CPT: 94772,96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 26**
Condition: CYSTIC FIBROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 277.00-277.09
CPT: 31600,31603,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 27**
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.10-295.95,298.4,299.10-299.11,299.90-299.91
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 28**
Condition: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.0-779.1
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 29**
Condition: CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 30**
Condition: VESICoureTERAL REFLUX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, SURGERY
ICD-9: 593.70-593.73
CPT: 50220,50225,50234-50240,50760-50820,50845,50860,50947,50948,52281,52327,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 31**
Condition: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA (See Guideline Notes 64,65,66)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 233.1,622.0,622.10-622.2,623.0-623.1,623.7,795.00-795.09,V13.22,V67.01
CPT: 57061,57065,57150,57180,57400,57452-57530,57540,57550-57558,58120,58150,58260-58263,58290,58291,58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 32**
Condition: BIPOLAR DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.00-296.16,296.40-296.89,301.13
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,S9537,T1005,T1016
- Line: 33**
Condition: TYPE II DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 7,8,64,65)
Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI >= 35
ICD-9: 250.00,250.02,250.10,250.12,250.20,250.22,250.30,250.32,250.40,250.42,250.50,250.52,250.60,250.62,250.70,250.72,250.80,250.82,250.90,250.92,V53.51
CPT: 43644,43645,43770-43775,43846-43848,90935-90947,90989-90997,92002-92014,92227,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0108,G0245,G0246,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2083,S9145,S9353,S9537
CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43775 (laparoscopic adjustable gastric banding and sleeve gastrectomy) are only included on this line as treatment according to the requirements in Guideline Note 8 when paired with:
1) a primary diagnosis of 250.x0 or 250.x2 (Type II Diabetes with or without complication);
2) a secondary diagnosis of 278.00 (Obesity, Unspecified) or 278.01 (Morbid Obesity); AND,
3) a tertiary diagnosis code of V85.35-V85.45 (BMI >= 35).
- Line: 34**
Condition: DRUG WITHDRAWAL SYNDROME IN NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.5
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 35**
Condition: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE (See Guideline Notes 9,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 538,555.0-555.9,556.0-556.9,557.1-557.9,569.41,569.81-569.82,569.86,V53.50,V53.59
CPT: 35471,44110,44120-44125,44139-44160,44187-44227,44300-44320,44345,44391,44393,44397,44620-44661,44701,45112-45119,45123,45136,45303,45308-45320,45334,45335,45339,45340,45345,45381-45383,45386,45387,45397,45805,45825,46710,46712,49442,86711,91110,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 36**
Condition: EPILEPSY AND FEBRILE CONVULSIONS (See Guideline Notes 64,65,84)
Treatment: MEDICAL THERAPY
ICD-9: 345.00-345.91,780.31-780.39
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 37**
Condition: SEVERE BIRTH TRAUMA FOR BABY (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 767.0,767.11,767.4,768.0-768.6
CPT: 96154,97001-97004,97022,97110-97124,97140-97530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 38**
Condition: NEONATAL THYROTOXICOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 39**
Condition: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.1,776.0-776.3
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 40**
Condition: SPINA BIFIDA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 741.00-741.93
CPT: 27036,61070,61343,62160,62180-62258,63700-63710,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 41**
Condition: TERMINATION OF PREGNANCY (See Guideline Notes 64,65,99) (Note: This line item is not priced as part of the list)
Treatment: INDUCED ABORTION
ICD-9: 635.00-635.92,636.00-636.92,637.00-637.92,638.0-638.9,639.0-639.9,655.00-655.93,779.6,V25.3
CPT: 01966,58520,59100,59160,59200,59812,59830-59857,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S0199,S2260

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 42**
Condition: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 244.0-244.9,246.1
CPT: 60210-60240,60270,60271,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 43**
Condition: ECTOPIC PREGNANCY (See Guideline Notes 64,65,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 633.00-633.91
CPT: 57020,58520,58660-58662,58673,58700-58740,58770,58940,59120-59151,76801-76810,76815-76817,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 44**
Condition: PRIMARY, AND SECONDARY SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 091.0-091.4,091.50-091.9,092.0-092.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 45**
Condition: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 766.0-766.1,766.21-766.22
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 46**
Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 253.2,253.4,253.7-253.8
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 47**
Condition: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.4-775.5,775.7,775.81-775.9
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 48**
Condition: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.0,560.2,560.30,560.32-560.9,564.7,935.2,936-938,V53.50,V53.59,V90.01-V90.9
CPT: 43247,43500,43870,44005,44010,44020-44055,44110-44130,44139-44213,44300,44310,44320,44370,44379,44383,44390,44392-44397,44615,44625,44626,44701,45303,45307-45315,45320-45327,45332,45333,45335-45338,45340,45345,45379,45381,45383-45387,45915,46604,46608,49402,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 49
Condition: CONGENITAL AIRWAY OBSTRUCTION WITH OR WITHOUT CLEFT PALATE (See Guideline Notes 36,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-9: 519.19,748.3,749.00-749.04
CPT: 15732,30140,30520,30620,31527,31545-31561,31582,31587,31588,31630,31631,31636-31638,31641,31780,31781,31820,33800,41510,42820-42836,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D8010-D8040,D8070-D8694,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 50
Condition: COARCTATION OF THE AORTA (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 747.10,747.20-747.29,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33720,33722,33802,33803,33840-33853,35452,35472,75557-75561,75565,92960-92971,92978-92998,93797,93798,96154,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496
HCPCS: G0157-G0161,G0396,G0397,G0422,G0423,G0463

Line: 51
Condition: CORONARY ARTERY ANOMALY (See Guideline Note 6)
Treatment: REIMPLANTATION OF CORONARY ARTERY
ICD-9: 746.85,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33500-33510,33530,35572,92920-92938,92943,92944,92960-92998,93797,93798,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496
HCPCS: G0157-G0161,G0396,G0397,G0422,G0423,G0463

Line: 52
Condition: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES (See Guideline Notes 6,64,65,105)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 099.3,696.0,714.0-714.2,714.30-714.9,716.20-716.29,719.30-719.39,720.0,720.89-720.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550,20600-20610,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 53
Condition: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 770.7
CPT: 31601,31603,31820,31825,94774-94777,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 54
Condition: CONGENITAL HYDRONEPHROSIS (See Guideline Notes 64,65)
Treatment: NEPHRECTOMY/REPAIR
ICD-9: 753.20-753.29
CPT: 50100,50220-50240,50400-50500,50540,50544,50546,50553,50572,50575,50600,50605,50722-50728,50845,50900,50970,51535,52290-52301,52310,52334-52346,52352-52354,52356,52400,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 55
Condition: TUBERCULOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 010.00-010.96,011.00-011.96,012.00-012.86,031.0,V12.01,V71.2
CPT: 32662,32906,32960,33015-33050,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 56**
Condition: ACUTE PELVIC INFLAMMATORY DISEASE (See Guideline Notes 64,65,110)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 614.0,614.2-614.5,614.8-614.9,615.0,615.9
CPT: 44960,57010,58150-58200,58260-58294,58541-58544,58550-58554,58570-58573,58660-58662,58700-58740,58820,58822,58925,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 57**
Condition: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 054.10-054.13,098.0,098.10-098.39,098.50-098.86,099.0-099.2,099.40-099.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 58**
Condition: PREVENTIVE DENTAL SERVICES (See Guideline Notes 17,91)
Treatment: CLEANING, FLUORIDE AND SEALANTS
ICD-9: 520.3-520.4,521.81-521.89,V07.31,V72.2
CPT: 98966-98969,99051,99060,99201-99215,99366,99441-99449,99487-99496,99605-99607
HCPCS: D0120,D0145,D0150,D0180,D0191,D0601-D0603,D1110-D1310,D1330,D1351,D1510-D1555,D4355,D5986,D9920,G0463
- Line: 59**
Condition: HYDATIDIFORM MOLE (See Guideline Notes 64,65)
Treatment: D & C, HYSTERECTOMY
ICD-9: 630,V13.1
CPT: 58120,58150,58180,58260,58541-58544,58550-58554,58570-58573,59100,59135,59870,76801,76805,76815-76817,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 60**
Condition: DENTAL CONDITIONS (EG. INFECTION, PAIN, TRAUMA)
Treatment: EMERGENCY DENTAL SERVICES
HCPCS: D0140,D0160,D0170,D3110,D3221,D7140,D7210,D7260-D7270,D7510,D7520,D7530,D7560,D7670,D7770,D7910,D7911,D7997,D9110,D9410,D9420,D9440,D9610,D9612
- Line: 61**
Condition: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 574.00-574.11,574.30-574.91,575.0,575.10-575.5,575.8,576.0-576.4
CPT: 43260-43265,43273-43278,47015,47420-47490,47510-47530,47554-47630,47701-47900,48548,49422,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 62**
Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 9,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.7,530.82,531.00-531.91,532.00-532.91,533.00-533.91,534.00-534.91,535.00-535.71,537.0,537.3,537.81-537.84,569.84-569.85,578.0-578.9
CPT: 37244,43192,43201,43204,43205,43227,43241,43243-43245,43255,43280,43327,43328,43501,43502,43520,43610-43641,43800,43820,43825,43840,43850,43855,43865,43870,44160,44186,44320,44391,44393,44602,44603,44620-44626,45308-45320,45334,45335,45339,45381-45384,64680,87338,91110,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 63**
Condition: FLAIL CHEST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.4
CPT: 21750-21825,32110-32124,32820,32905,32906,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 64**
Condition: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Notes 6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 906.5-906.9,940.0-940.9,941.30-941.35,941.40-941.59,942.35,942.40-942.59,943.40-943.59,944.35,944.40-944.58,945.32,945.40-945.59,946.3-946.5,947.0-947.9,949.4-949.5,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000,11042,11045,11960-11971,14000-14302,15002-15574,15770,16000-16036,25900-25931,26910-26952,27888,28800-28825,65778-65782,68371,92002-92014,92507,92508,92521-92524,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463,S9152
- Line: 65**
Condition: BRONCHIECTASIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 494.0-494.1
CPT: 32320,32480-32488,32501,32505-32507,32666-32670,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463
- Line: 66**
Condition: END STAGE RENAL DISEASE (See Guideline Notes 7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 250.40-250.43,403.91,583.81-583.9,585.1-585.9,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0420,G0421,G0425-G0427,G0463,S9339,S9537
- Line: 67**
Condition: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 202.50-202.58,272.0-272.5,272.7,272.9,277.1,277.5-277.6,277.81-277.87,277.89-277.9,330.1,374.51
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9357
- Line: 68**
Condition: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5,291.9,292.11-292.2,292.89-292.9,303.00-303.03
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239,99281-99285,99291,99292,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0005,H0010,H0011,H0013-H0016,H0020,H0033-H0035,H0045,H0048,H2013,T1006,T1007
- Line: 69**
Condition: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION (See Guideline Notes 64,65,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 632,634.00-634.12
CPT: 58150,58152,58520,59135,59136,59200,59812-59830,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 70**
Condition: SUBSTANCE-INDUCED DELIRIUM (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.0,291.3,291.81-291.9,292.0,292.81-292.89
CPT: 90785,90832-90840,97810-97814,99217-99239,99281-99285,99291,99292
HCPCS: G0406-G0408,H0010,H0011,H0013-H0015,H0033,H0035,H0048,H2013
- Line: 71**
Condition: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.84,750.21-750.9,758.32
CPT: 31750,31760,42145,42200,42215,42815-42826,42950,43112-43124,43196,43226,43248,43249,43279,43283,43300-43331,43338-43361,43420,43450,43453,43496,43520,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 72**
Condition: CANCRUM ORIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 528.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 73**
Condition: DISSEMINATED INFECTIONS WITH LOCALIZED SITES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 003.20-003.29,006.3-006.8,014.00-014.86,015.00-015.96,016.00-016.96,017.00-017.96,018.00-018.96,040.81-040.82,093.0-093.1,093.20-093.9,094.0-094.3,094.81-094.9,095.0-095.9,096.097.0-097.9,137.0,137.2-137.4
CPT: 47015,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 74**
Condition: VENTRICULAR SEPTAL DEFECT (See Guideline Notes 6,64,65)
Treatment: CLOSURE
ICD-9: 745.4,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33610,33620,33621,33647,33665,33675-33688,33735-33737,75557-75565,75573,92960-92971,92978-92998,93581,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 75**
Condition: ACUTE BACTERIAL MENINGITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 036.0-036.3,036.40-036.9,320.0-320.7,320.81-320.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 61000-61070,61107,61210,61215,92507,92508,92521-92526,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152
- Line: 76**
Condition: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 6,13,64,65,111)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 410.00-410.92,411.0-411.1,411.81-411.89,429.2,785.51,998.01,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33202,33206-33210,33212-33229,33233-33238,33261,33310,33315,33361-33430,33465,33475,33500,33508-33545,33572,33608,33681,33922,33967-33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92944,92960-92998,93279-93284,93286-93289,93292-93296,93724,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0290,G0291,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,S0340-S0342,S2205-S2209

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 77**
Condition: CONGENITAL PULMONARY VALVE STENOSIS (See Guideline Notes 64,65)
Treatment: PULMONARY VALVE REPAIR
ICD-9: 746.02,746.83
CPT: 33470-33496,33530,33620,33621,33768,35452,75557-75565,75573,92986-92990,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 78**
Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.2,094.81-094.9,137.1,138,139.0,139.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83,263.2,270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0,290.10-290.9,294.10-294.8,299.00-299.81,310.0-310.1,310.9,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.90-333.93,334.0-334.9,335.0,335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.3,340,341.0-341.1,341.20-341.9,342.00-342.92,343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81,348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1,359.21-359.4,359.71-359.9,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,564.81,596.4,596.53-596.54,728.10-728.3,740.0-740.2,741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.5,759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89,772.0,772.10-772.9,773.0-773.5,779.7,780.72,781.8,787.20-787.29,797,850.4,851.00-851.99,852.00-852.59,853.00-853.19,854.00-854.19,905.0,907.0-907.3,907.5-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9,982.0-982.8,984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4,995.50-995.69,995.80-995.89,997.00-997.09,V53.50,V53.59,V55.0-V55.6,V55.8,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 10160,15845,31600-31614,31630,31631,31636-31638,31641,31730-31760,31820-31830,43810-43825,44130,44139-44160,44186-44188,44204-44213,44300-44320,44372,44701,46750-46760,49442,50398,51040,51102,51705,51710,51880,51960,52277,53431-53442,53445,61215,62311,62350-62362,62367-62370,77401-77432,77469,77470,92526,94002-94005,94640,94660-94668,95990,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5937,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 79**
Condition: AGRANULOCYTOSIS (See Guideline Notes 7,11,14,64,65)
Treatment: BONE MARROW TRANSPLANTATION
ICD-9: 284.11,288.01-288.02,288.09,288.4,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2142,S2150,S9537
- Line: 80**
Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE (See Guideline Notes 6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.20-941.35,941.38-941.39,942.20-942.29,942.35,943.20-943.29,944.20-944.28,944.35,945.20-945.29,945.32,946.2-946.3,949.2-949.3,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,15756-15758,15770,16020-16036,92507,92508,92521-92524,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463,S9152
- Line: 81**
Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 776.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 82**
Condition: DERMATOMYOSITIS, POLYMYOSITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 710.3-710.5
CPT: 90284,96150-96154,97001-97004,97110,97116,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 83**
Condition: ADDISON'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 255.41-255.5
CPT: 92081-92083,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 84**
Condition: DEEP ABSCESES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS; INTESTINAL PERFORATION (See Guideline Notes 36,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 245.0,254.1,289.2,324.0-324.9,325,376.00-376.04,386.33,475,478.21-478.24,478.29,510.0-510.9,511.1,513.0,540.0-540.9,541-542,543.0-543.9,567.0-567.1,567.21-567.9,569.5,569.83,572.0-572.1,590.10-590.3,611.0,675.13-675.14,727.89,777.6
CPT: 10030,10060,10061,10160,10180,19020,20600-20610,20930-20938,22010,22015,22532-22632,22840-22855,23031,23405,23406,23930,25000,25031,25085,25118,26020-26034,26990,27301,27603,28001,31610,31612,31613,31645,31646,32035,32036,32200-32320,32480-32488,32550,32552,32554-32562,32650-32652,32655,32656,32664,32665,32810,32815,32906,32940,33015-33050,39220,42700-42725,42808-42972,43840,44120-44125,44139-44160,44187-44227,44300-44316,44602-44605,44620-44626,44900-44970,45000,47010,47015,48140-48154,49020,49322,49405-49407,49423,49424,50020,50220,50391,50400,50405,50520-50526,50542-50546,50548,50575,50947,50948,52332,52334,61105-61253,61312-61323,61501,61514,61522,61570,61571,61582,61600,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,63295,67405,67414,67445,68400,92002-92014,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 85**
Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA (See Guideline Notes 6,64,65)
Treatment: LIGATION
ICD-9: 417.0,747.0,747.83,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33500-33504,33702,33710,33813-33824,92960-92971,92978-92998,93582,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 86**
Condition: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES AND NECK
Treatment: LIGATION/REPAIR
ICD-9: 900.00,900.01,900.02,900.03,900.1,900.81,900.82,900.89,900.9,903.00-903.9,904.0-904.3,904.40-904.9
CPT: 35189-35207,35226-35236,35256,35266,35286,35500,37565,37615,37618,37650
- Line: 87**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 451.11-451.19,451.81,451.83,453.40-453.52,V58.61
CPT: 11042,11045,32661,35476,35700,35860,35875,35876,35903,37187-37193,37202,37212-37214,37500,37650,37660,37735-37761,37785,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 88**
Condition: INJURY TO INTERNAL ORGANS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 861.00-861.32,862.0-862.1,862.21,862.29-862.39,862.9,863.0-863.1,863.20-863.99,864.00-864.19,865.00-865.19,866.00-866.13,867.0-867.9,868.00-868.19,869.0-869.1,958.4,958.7
CPT: 31775,31805,32110-32124,32653,32654,32658,32820,33300-33335,34841-34848,37619,39501,39540,39545,43840,44015,44120-44125,44139-44160,44227,44320,44602-44605,44620-44626,44701,45562,45563,47120-47130,47350-47362,47510,47802,47900,48545,50220,50546,50740-50760,50947,50948,51102,51860,51865,52310,52315,52332,53502-53515,58520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 89**
Condition: FRACTURE OF HIP (See Guideline Notes 6,15,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.96,820.00,820.01,820.02-820.09,820.10,820.11,820.12,820.13,820.19,820.20-820.22,820.30,820.31,820.32,820.8,820.9,V54.01,V54.09,V54.13,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20680,20900,27125-27132,27230-27248,27267,27268,27506,27656,29035-29046,29305,29325,29700,29710,29720,77014,77261-77290,77295,77300,77305-77315,77331-77336,77401-77417,77427,77470,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 90**
Condition: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 420.90,420.99,421.0,421.9,422.90,422.92-422.99,423.0-423.9,429.0-429.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31750,31760,32659,32661,33010-33050,33361-33403,33405-33413,33425-33465,33475,33530,33975-33993,35820,92960-92971,92978-92998,93750,93797,93798,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,S9348
- Line: 91**
Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-9: 807.5-807.6,874.00-874.9,V58.30
CPT: 11010-11012,12001-12007,13131-13133,15004-15040,15115-15121,15135,15136,15155-15157,15240,15241,20100,21495,31528,31529,31584,31630,31766,31780,31781,31800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 92**
Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.41,250.43,250.51,250.53,250.61,250.63,250.81,250.83,250.91,250.93,996.81,996.86-996.87
CPT: 48160,48550-48556,50300-50365,76776,86825-86835,96150-96154
HCPCS: S2065

SPK included for type I diabetes mellitus with end stage renal disease (250.41, 250.43), PAK only included for other type I diabetes mellitus with secondary diagnosis of V42.0.
- Line: 93**
Condition: DISORDERS OF PANCREATIC ENDOCRINE SECRETION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 249.00-249.91,251.4-251.9
CPT: 48155,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 94
Condition: ENDOCARDIAL CUSHION DEFECTS (See Guideline Notes 6,64,65)
Treatment: REPAIR
ICD-9: 745.60-745.69,745.8-745.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33620,33621,33645-33670,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 95
Condition: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Notes 6,64,65)
Treatment: SHUNT/REPAIR
ICD-9: 746.00-746.01,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33470-33474,33530,33608,33620,33621,33750-33766,33920,33925,33926,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 96
Condition: CONGENITAL ANOMALIES OF URINARY SYSTEM (See Guideline Notes 64,65)
Treatment: RECONSTRUCTION
ICD-9: 752.81-752.89,753.0,753.10-753.19,753.3-753.9
CPT: 14020,14301,14302,15002-15261,15570-15574,15600-15620,15650,15736,15738,45820,50040,50045,50100,50125,50135,50220-50290,50390,50400,50405,50540,50542-50546,50548,50553,50572,50650,50722-50728,50825-50845,50947,50948,50970,51020-51045,51080-51597,51715,51800-51980,52214,52290,52300,53020,53025,53080,53085,53210,53215,53400-53460,53621,55175,55180,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463

Line: 97
Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 777.50-777.53,V53.50,V53.59
CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 98
Condition: TRANSPOSITION OF GREAT VESSELS (See Guideline Notes 6,64,65)
Treatment: REPAIR
ICD-9: 745.10-745.19,758.32,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33611,33612,33620,33621,33684,33735-33766,33770-33783,42225,42226,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 99
Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Notes 6,64,65)
Treatment: MITRAL VALVE REPAIR/REPLACEMENT
ICD-9: 746.5-746.6,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33420-33430,33496,33620,33621,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 100
Condition: GUILLAIN-BARRE SYNDROME (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 357.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31600,31610,36514-36516,90284,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 101
Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH PERSISTENT SYMPTOMS (See Guideline Notes 6,64,65,90,121)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 800.02-800.99,801.02-801.99,803.02-803.99,804.00-804.99,850.0,850.11-850.9,851.02-851.06,851.10-851.19,851.22-851.26,851.30-851.39,851.42-851.46,851.50-851.59,851.62-851.66,851.70-851.79,851.82-851.86,851.90-851.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,11971,14041,14301,14302,21100,21110,61107,61108,61210,61312-61322,61340,61345,61571,62000-62010,62140-62148,92507,92508,92521-92526,92607-92609,92633,96118,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152

Line: 102
Condition: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 204.00-204.02,284.11
CPT: 32553,49411,62350-62370,77014,77261-77295,77300-77321,77331-77370,77401-77427,77469,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 103
Condition: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 204.00-204.02,205.00-205.02,206.00-206.02,207.00-207.02,208.00-208.02,238.71-238.79,284.11,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: 104
Condition: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
ICD-9: 752.51-752.52
CPT: 54512-54522,54550,54560,54620-54660,54690,54692,55200,99201-99215,99446-99449,99487-99496
HCPCS: G0463

Line: 105
Condition: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 279.10-279.2,284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: 106
Condition: DIABETIC AND OTHER RETINOPATHY (See Guideline Notes 64,65,116)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-9: 115.92,228.03,250.50-250.53,362.01,362.02,362.03,362.04,362.05,362.06,362.07,362.10-362.29,362.81,363.00-363.20,363.22-363.30,363.32-363.9
CPT: 67027,67028,67036-67043,67208,67210,67220,67227-67229,67515,92002-92060,92081-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 107
Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.83
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 108**
Condition: HEART FAILURE (See Guideline Notes 6,18,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 416.0-416.9,428.0-428.1,428.20-428.9,429.83,514,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33967-33993,92920-92938,92943,92944,92960-92998,93750,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,S9348
- Line: 109**
Condition: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Notes 6,64,65,124)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 086.0,425.0,425.11-425.9,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 21630,33010,33215,33216,33218,33220,33223-33226,33230,33231,33240-33249,33262-33264,33414-33416,33508-33530,92960-92971,92978-92998,93282-93284,93287,93289,93292,93295,93296,93583,93724,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463,S0340-S0342,S9348
- Line: 110**
Condition: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
ICD-9: 250.40-250.43,272.7,274.10-274.19,282.60-282.69,283.11,287.0,403.01,403.11,403.91,446.0,446.21,446.4,580.4,580.81-580.89,581.0-581.3,581.81-581.9,582.0-582.4,582.81-582.9,583.0-583.7,583.81-583.9,584.5-584.9,585.5-585.6,587,590.00-590.01,592.0,593.70-593.81,593.89,710.0-710.1,753.0,753.12-753.16,753.20-753.29,753.6,756.71,759.89,996.81,V59.4
CPT: 36825,36830,50300-50370,50547,76776,86825-86835,96150-96154
- Line: 111**
Condition: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 537.4,750.5,751.0-751.5,751.7-751.9,756.6,756.70-756.79,770.10-770.18,777.1-777.4,777.8-777.9,996.86, V53.50,V53.59
CPT: 31750,31760,32905,32906,39503,39545,43500-43520,43620-43640,43800-43825,43840,43850,43860,43870,43880,44005-44021,44050,44055,44110-44130,44139-44227,44300-44346,44363-44373,44378,44379,44383,44391-44701,44715-44721,44800-44955,45000-45020,45108-45123,45130-45150,45303,45308-45320,45327,45333-45335,45338-45340,45345,45381-45387,45395,45397,45800,45905,45910,46040,46045,46060-46080,46270,46275,46604,46610-46614,46705-46754,46762,47300,47510-47530,47554-47556,47600-47620,47701,47715-47999,48120-48146,48150,48500-48556,49203-49250,49324,49325,49421-49424,49442,49600-49611,49904,49905,51500,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 112**
Condition: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 277.4,772.0,772.3-772.4,773.0-773.2,773.4-773.5,774.0-774.2,774.30-774.4,774.6-774.7,776.5
CPT: 96900,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 113**
Condition: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 278.2,278.4,779.4,960.0-960.9,961.0-961.9,962.0-962.9,963.0-963.9,964.0-964.9,965.00-965.9,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,972.0-972.9,973.0-973.9,974.0-974.7,975.0-975.8,976.0-976.9,977.0-977.9,978.0-978.9,979.0-979.9,980.0-980.9,981,982.0-982.8,983.0-983.9,984.0-984.9,985.0-985.9,986,987.0-987.9,988.0-988.9,989.0-989.7,989.81-989.9,995.20-995.29,995.86,V87.01-V87.39
CPT: 43241,43247,49435,49436,90935-90947,90989-90997,94640,95017,95018,95076,95079,96154,98966-98969,99051,99060,99070,99078,99175,99201-99239,99281-99366,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9355

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 114**
Condition: BOTULISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 005.1,040.41-040.42
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 115**
Condition: TETRALOGY OF FALLOT (TOF) (See Guideline Notes 6,64,65)
Treatment: TOTAL REPAIR TETRALOGY
ICD-9: 745.2,746.09,746.87,746.9,747.31-747.39,747.42-747.49,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33606,33608,33620,33621,33692-33697,33726,33735-33750,33764,33917,33924-33926,34502,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 116**
Condition: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Notes 6,64,65)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-9: 746.3-746.4,746.81,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33361-33400,33404-33417,33496,33530,33620,33621,35452,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 117**
Condition: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 443.1,446.1,446.20-446.29,446.5
CPT: 36514-36516,37609,90284,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 118**
Condition: FRACTURE OF RIBS AND STERNUM, OPEN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.10-807.19,807.3,V54.19,V54.29
CPT: 11010-11012,21805,21810,21825,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 119**
Condition: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 013.00-013.96,117.5,117.9,130.8,322.0-322.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 120**
Condition: PNEUMOCYSTIS CARINII PNEUMONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 136.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 121**
Condition: COAGULATION DEFECTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 286.0-286.4,286.52-286.59,286.7-286.9,719.10-719.19,V83.01-V83.02
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9345

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 122
Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 746.84,746.86,746.89,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33530,33620,33621,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 123
Condition: CANCER OF TESTIS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 186.0-186.9,236.4,284.11,V10.47,V58.0,V58.11
CPT: 32553,38564,38571,38572,38780,49327,49411,49412,54512-54535,54690,77261-77290,77295,77300,77305-77321,77331-77370,77401-77421,77424-77431,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 124
Condition: CANCER OF EYE AND ORBIT (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 190.0-190.9,234.0,238.8,284.11,V10.84,V58.0,V58.11
CPT: 11420,11440,13132,15756-15758,20969,32553,49411,65091,65101-65114,65900,66600,66605,66770,67208-67218,67412,67414,67445,68135,68320-68328,68335,68340,77014,77261-77295,77300-77370,77401-77432,77469,77470,77520-77525,77750,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 125
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14,19)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 201.00-201.98,284.11,996.85,V10.72,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: G0235,S2142,S2150,S9537

Line: 126
Condition: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS (See Guideline Notes 64,65)
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 933.0-933.1,934.0-934.9,935.0-935.1,V90.01-V90.9
CPT: 31511,31512,31530,31531,31635,32150,32151,40804,41805,42809,43020,43045,43194,43215,43247,43249,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 127
Condition: NUTRITIONAL DEFICIENCIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 260-262,263.0-263.9,264.0-264.9,265.0-265.2,266.0-266.9,267,268.0-268.9,269.0-269.3,280.0-280.9,285.1
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 128
Condition: PERNICIOUS AND SIDEROBLASTIC ANEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 281.0-281.9,285.0
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9355

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 129
Condition: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Notes 6,64,65)
Treatment: REPAIR SEPTAL DEFECT
ICD-9: 745.5,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33641,33647,92960-92971,92978-92998,93580,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 130
Condition: AMEBIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 006.0-006.2,006.9,007.0,007.3,007.8,136.21-136.29,136.4-136.8
CPT: 92002-92060,92081-92226,92230,92235,92250-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 131
Condition: OTHER SPECIFIED APLASTIC ANEMIAS (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.11-284.12,284.81-284.9,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: 132
Condition: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 959.9,994.2-994.3,995.50-995.59,995.80-995.85,V61.11,V61.21,V71.5,V71.81
CPT: 46700,46706,46707,56800,56810,57023,57200,57210,57415,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 133
Condition: ATTENTION DEFICIT/HYPERACTIVITY DISORDERS (See Guideline Notes 20,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 314.00-314.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: 134
Condition: PYODERMA; MODERATE/SEVERE PSORIASIS (See Guideline Notes 21,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 686.00-686.1,696.1
CPT: 96150-96154,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 135
Condition: MALARIA AND RELAPSING FEVER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 084.0-084.9,086.1-086.9,087.0-087.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 136
Condition: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
ICD-9: 242.00-242.91,245.1-245.9,246.8,376.21-376.22
CPT: 32553,36514-36516,49411,60210-60240,60270,60271,60512,67414,67440,67445,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,92002-92014,92081,92082,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 137**
Condition: BENIGN NEOPLASM OF THE BRAIN (See Guideline Notes 64,65)
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 225.0-225.4,228.02,228.04,237.0,377.04,V12.41
CPT: 12034,14301,14302,20926,32553,49411,61312-61330,61333-61480,61500-61512,61516-61521,61524-61530,61534,61536-61564,61571-61626,61781,61782,61796-61800,62100,62140-62160,62163-62165,62223,62272,62350-62370,63265,63275-63295,63615,77014,77261-77295,77300-77321,77331-77372,77402-77432,77469,77470,77520-77790,79005-79445,95990,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 138**
Condition: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (See Guideline Notes 7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.4,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36514-36516,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9339,S9537
- Line: 139**
Condition: COMMON TRUNCUS (See Guideline Notes 6,64,65)
Treatment: TOTAL REPAIR/REPLANT ARTERY
ICD-9: 745.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33608,33620,33621,33786,33788,33813,33814,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 140**
Condition: WEGENER'S GRANULOMATOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY AND RADIATION THERAPY
ICD-9: 446.3-446.4
CPT: 31528,32553,36514-36516,49411,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 141**
Condition: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Notes 6,64,65)
Treatment: COMPLETE REPAIR
ICD-9: 746.82,747.41,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33620,33621,33724,33730,33732,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 142**
Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.0,728.88,729.71-729.79,862.8,902.0,902.10-902.9,903.00-903.4,903.8-903.9,904.0-904.3,904.40-904.9,906.4,925.1-925.2,926.0,926.11-926.9,927.00-927.21,927.8-927.9,928.00-928.21,928.8-928.9,929.0,958.5-958.6,958.8,958.90-958.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11043-11047,11740,15040,15100-15261,20101-20103,20950,20972,21627,21630,23395,24495,25020-25025,25274,25295,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26037,26357-26390,26437,27025,27027,27057,27305,27465-27468,27496-27499,27600-27602,27656-27659,27665,27695-27698,27892-27894,28008,35141,35206,35207,35221,35236,35261,35266,35521,36514-36516,37616-37618,54230,74445,92960-92971,92978-92998,93797,93798,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0440,G0441,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 143**
Condition: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 809.1,810.10-810.13,811.10-811.19,812.10-812.19,812.30-812.31,812.50-812.59,813.10-813.18,813.30-813.33,813.50-813.54,813.90-813.93,814.10-814.19,815.10-815.19,816.10-816.13,817.1,818.1,819.1,821.10-821.11,821.30-821.39,822.1,823.10-823.12,823.30-823.32,823.90-823.92,824.1,824.3,824.5,824.7,824.9,825.1,825.30-825.39,826.1,827.1,828.1,830.1,831.10-831.19,832.10-832.19,833.10-833.19,834.10-834.12,835.10-835.13,836.4,836.60-836.69,837.1,838.10-838.19,V54.01-V54.16,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,11740,11760,12001-12020,12031-12057,20150,20650,20663,20670-20694,20900,21485,21490,22848,23395,23400,23515,23530,23532,23550,23552,23585,23615,23630,23660,23670,23680,24130,24300,24332,24343,24345,24346,24515,24516,24545,24546,24575,24579,24586,24587,24615,24635,24640,24665,24666,24685,25119,25210-25240,25275,25310,25320,25337,25390-25392,25394,25430,25431,25441-25447,25450-25492,25515,25525,25526,25545,25574,25575,25606-25609,25628,25645,25652,25670,25676,25685,25695,25810-25825,26340,26615,26645,26665,26685,26686,26715,26727,26735,26746,26756,26765,26775-26785,27235,27244,27248,27253-27258,27275,27350,27430,27435,27465-27468,27502,27506,27507,27511-27514,27519,27524,27535,27536,27540,27556-27566,27610,27656,27695-27698,27712,27756-27759,27766,27769,27784,27792,27814,27822-27832,27846,27848,28415,28420,28445,28465,28485,28505,28525,28531-28675,28730,29035-29105,29126-29131,29305-29445,29505,29515,29700-29710,29720,29850-29856,29861-29863,29871,29874-29879,29882,29888-29898,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 144**
Condition: CANCER OF CERVIX (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 180.0-180.9,284.11,V10.41,V58.0,V58.11
CPT: 32553,38562,38564,38571,38572,38770,44188,44320,44700,49327,49411,49412,53444,55920,57155,57156,57505,57520,57522,57531-57550,57558,58150,58200,58210,58260,58548-58554,58570-58573,58953-58956,77014,77261-77295,77300-77370,77402-77421,77424-77431,77469,77470,77761-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2270,S9537
- Line: 145**
Condition: INTERRUPTED AORTIC ARCH (See Guideline Notes 6,64,65)
Treatment: TRANSVERSE ARCH GRAFT
ICD-9: 747.11,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33608,33852,33853,33870,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 146**
Condition: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 897.0-897.7,905.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,15100,15101,20920-20924,27290,27295,27590-27598,27880-27886,27889,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 147**
Condition: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 003.9,007.2,007.4-007.5,007.9,031.2,031.9,039.0-039.9,053.0,053.10-053.9,054.0,054.10-054.9,078.5,110.0,110.2-110.9,111.1,112.0,112.2,112.84,115.00-115.91,115.93-115.99,117.5,118,130.0-130.9,136.3
CPT: 11720,11721,17110,17111,92002-92014,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

Line: 148
Condition: EBSTEIN'S ANOMALY (See Guideline Notes 64,65)
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-9: 746.2
CPT: 33460,33465,33468,33620,33621,33641-33647,75557-75565,75573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 149
Condition: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 360.19,365.00-365.01,365.03-365.15,365.31-365.9
CPT: 65820-65855,66150,66155,66165-66172,66180-66250,66700-66711,66740,66762,66920-66984,67255,67500,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 150
Condition: MYASTHENIA GRAVIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-9: 358.00-358.9
CPT: 32673,36514-36516,60520-60522,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 151
Condition: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 710.0,710.8-710.9,729.30
CPT: 20610,36514-36516,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 152
Condition: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 778.2-778.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 153
Condition: PNEUMOTHORAX AND HEMOTHORAX (See Guideline Notes 64,65)
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
ICD-9: 511.81-511.9,512.0-512.2,512.81-512.89,860.0-860.5
CPT: 31634,32110,32124,32200-32220,32310,32550,32552,32554-32562,32650-32653,32655,32664,32665,33015-33050,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 154
Condition: HYPOTHERMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-9: 991.6
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 155
Condition: ANEMIA OF PREMATUREITY OR TRANSIENT NEONATAL NEUTROPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 776.6-776.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 156
Condition: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 001.0-001.9,003.0,003.8-003.9,004.0-004.9,005.0,005.2-005.4,005.81-005.9,008.00-008.8,009.0-009.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 157
Condition: ACQUIRED HEMOLYTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 283.0,283.10-283.9,446.6
CPT: 36514-36516,90935,90937,90945,90947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 158
Condition: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Notes 6,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.00-805.18,805.3,805.5,805.7,805.9,806.00-806.9,839.00-839.18,839.30-839.31,839.50-839.59,839.71-839.79,839.9,952.00-952.9,V54.01,V54.09,V54.17,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,20660,20661,20665,20690-20694,20900,20930-20938,22100-22116,22305-22505,22532-22819,22840-22855,27202-27216,29015,29025,29040,29710-29720,63001-63173,63295,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 159
Condition: CHORIOCARCINOMA (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 181,284.11
CPT: 32553,49327,49411,49412,58120,58150,58180,58200,58260,58541-58544,58550-58554,58570-58573,58953,58956,77014,77261-77290,77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 160
Condition: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 275.01-275.3,275.8-275.9
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9355

Line: 161
Condition: PYOGENIC ARTHRITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 711.00-711.09,711.90-711.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20600-20610,23040,23044,24000,24006,24101,24102,25040,25101-25109,26070-26080,27030,27310,27610,28022,28024,29819,29821,29823,29825,29843,29848,29861-29863,29871,29894,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 162**
Condition: BENIGN NEOPLASM OF PITUITARY GLAND (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 227.3,253.8,349.81
CPT: 32553,49411,61070,61545-61548,61781,61782,61796-61800,62100,62165,77014,77261-77295,77300-77315,77331-77372,77402-77432,77469,77470,79005-79445,92002-92014,92083,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 163**
Condition: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 557.0,V53.50,V53.59
CPT: 34151,34421,34451,44120-44125,44130,44139-44160,44202-44213,44310,44701,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 164**
Condition: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 050.0-050.9,053.0,053.10-053.9,054.3,054.40-054.49,054.72,058.21-058.29,331.81
CPT: 64483,64484,65430,69676,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 165**
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS (See Guideline Notes 7,11,12,19,23,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 152.0-152.9,153.0-153.9,154.0-154.8,209.00-209.17,230.3-230.7,235.2,235.5,284.11,569.44,V10.05-V10.06,V10.09,V53.50,V53.59,V58.0,V58.11
CPT: 32553,43245,44120-44125,44139-44160,44187,44188,44204-44227,44300-44346,44391-44397,44620-44626,44701,45110-45113,45119,45123,45126,45136,45171-45190,45303,45308-45320,45333-45335,45338,45340-45345,45381-45387,45395,45397,45402,45505,45550,46604,46900-46924,49203-49205,49411,49442,57156,58150,77014,77261-77295,77300-77370,77401-77421,77424-77432,77469,77470,77761-77790,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 166**
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14,19,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 201.00-201.98,284.11,V10.72
CPT: 32553,38100,38120,49203-49205,49220,49411,77014,77261-77295,77300-77321,77331-77370,77401-77427,77469,77470,78811-78816,79403,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 167**
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 885.0-885.1,886.0-886.1,887.0-887.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000,11001,11010-11047,15050-15101,15620,20802-20924,20972,20973,23900-23921,24900-24940,25900-25909,26350-26356,26410-26418,26551-26556,26910-26952,64831,64832,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 168**
Condition: CHRONIC GRANULOMATOUS DISEASE (See Guideline Notes 7,11,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 284.11,288.01-288.2,288.4,288.8
CPT: 79005-79445,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 169**
Condition: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
ICD-9: 751.61,996.82,V59.6
CPT: 47133-47147,86825-86835,96150-96154
- Line: 170**
Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,14,19)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 200.00-200.88,202.00-202.28,202.70-202.98,284.11,996.85,V10.71,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: G0235,S2142,S2150,S9537
- Line: 171**
Condition: LEUKOPLAKIA AND CARCINOMA IN SITU OF ORAL MUCOSA, INCLUDING TONGUE (See Guideline Notes 64,65)
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-9: 230.0,528.6,528.71-528.79
CPT: 40500-40530,40810-40816,40819,40820,41000-41018,41110-41510,41520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 172**
Condition: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
ICD-9: 250.60-250.73,356.0-356.9,357.2,357.5,440.20-440.29,443.1
CPT: 11719-11732,11750
HCPCS: G0245-G0247
- Line: 173**
Condition: ANAL, RECTAL AND COLONIC POLYPS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 209.50-209.57,211.3-211.4,569.0,V12.72
CPT: 44140-44160,44204-44213,44391-44394,44620-44626,45113-45116,45171,45172,45308-45320,45333-45335,45338,45339,45381-45385,46610-46612,46615,96150-96154,99211-99239,99446-99449,99487-99496
HCPCS: G0463
- Line: 174**
Condition: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 077.98,098.40-098.49
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 175**
Condition: COMPLICATED HERNIAS (OTHER THAN DIAPHRAGMATIC HERNIA); UNCOMPLICATED INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE (See Guideline Notes 24,63,64,65)
Treatment: REPAIR
ICD-9: 550.00-550.93,551.00-551.29,551.8-551.9,552.00-552.29,552.8-552.9,603.0,603.8-603.9
CPT: 44050,44120,49491-49572,49582,49587,49590,49650-49659,55040-55060,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 176**
Condition: NON-DIABETIC HYPOGLYCEMIC COMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 251.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 177**
Condition: RUPTURED SPLEEN
Treatment: REPAIR/SPLENECTOMY/INCISION
ICD-9: 865.00-865.19
CPT: 38100,38115,38120
- Line: 178**
Condition: ACUTE MASTOIDITIS (See Guideline Notes 64,65,76)
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
ICD-9: 383.00-383.02,383.20-383.22
CPT: 69420-69436,69501-69540,69601-69646,69670,69700,69801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 179**
Condition: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 404.00-404.93,405.01,405.11,405.91,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 180**
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 25,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81,995.52-995.54
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 181**
Condition: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 205.00-205.02,206.00-206.02,207.00-207.02,208.00-208.02,284.11,V10.62-V10.69
CPT: 32553,38100,38120,38760,49411,62350-62370,77014,77261-77290,77295,77300,77305-77321,77331-77370,77401-77427,77469,77470,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 182**
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Guideline Note 19)
Treatment: SINGLE FOCAL SURGERY
ICD-9: 345.10-345.11,345.40-345.51,345.90-345.91,V53.02-V53.09
CPT: 61531-61537,61540,61541,61543,61566,61567,61720,61735,61760,61850-61888,64568-64570,78608,78609,78811,78814,96150-96154
HCPCS: G0235
- Line: 183**
Condition: POLYARTERITIS NODOSA AND ALLIED CONDITIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 136.1,437.4,446.0,446.6-446.7
CPT: 36514-36516,92002-92014,92235,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 184**
Condition: COMMON VENTRICLE (See Guideline Notes 6,64,65)
Treatment: TOTAL REPAIR
ICD-9: 745.3,745.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33600,33602,33608,33610,33615,33617,33620-33622,33692,33694,33735-33750,33764-33768,33924,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 185**
Condition: INTRACEREBRAL HEMORRHAGE (See Guideline Notes 6,64,65,90)
Treatment: MEDICAL THERAPY
ICD-9: 431,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152
- Line: 186**
Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 591,593.3-593.5,593.89
CPT: 50070,50075,50100,50382-50389,50392,50393,50395,50398-50405,50544,50553,50572,50575,50576,50605,50700-50740,50840,50845,50900,50940,50953,50970,50972,51535,52276,52290,52301,52310,52315,52327,52332-52346,52352-52354,52356,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 187**
Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, BURN TREATMENT
ICD-9: 692.77,991.0-991.5,991.8-991.9,992.0-992.8,993.2,994.0-994.1,994.4,994.7-994.9,995.89
CPT: 11000,11960-11971,14020,14040,14041,14301,14302,15002-15574,15770,16000-16036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463
- Line: 188**
Condition: SEPTICEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 002.0-002.9,003.1,038.0,038.10-038.9,054.5,079.81,098.89,771.81-771.89,785.52,995.90-995.94,998.02
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 189**
Condition: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.81,733.98,808.0-808.3,808.41-808.9,V54.01,V54.09,V54.19,V54.29,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,20690-20694,20900,27033,27193,27194,27215-27228,27280,27282,29035-29046,29305,29325,29710,29720,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0412-G0415,G0425-G0427,G0463
- Line: 190**
Condition: ACUTE OSTEOMYELITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 526.4,730.00-730.09,730.31-730.39,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11752,20150,20955-20973,21025,21026,21510,22010,22015,23035,23105,23130,23170-23184,23405,23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210-25240,25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070,27071,27290,27295,27303,27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 191**
Condition: DIVERTICULITIS OF COLON (See Guideline Notes 64,65)
Treatment: COLON RESECTION, MEDICAL THERAPY
ICD-9: 562.00-562.13
CPT: 33238,44005,44139-44147,44160,44188,44204-44208,44213,44227,44320,44391,44393,44620-44626,44701,45308-45320,45334,45335,45381,45382,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 192**
Condition: MULTIPLE VALVULAR DISEASE (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 396.0-396.9,397.0-397.9,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33361-33496,33530,33620,33621,33768,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 193**
Condition: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION (See Guideline Notes 64,65,93)
Treatment: MEDICAL THERAPY/ADRENALECTOMY
ICD-9: 255.0,255.10-255.14,255.3,255.6-255.9,259.1,259.3,349.81
CPT: 11981-11983,60540,60545,60650,61546,62100,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9560
- Line: 194**
Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Notes 6,64,65)
Treatment: REPAIR
ICD-9: 746.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33460-33464,33496,33608,33615,33617,33620,33621,33735-33750,33766,33768,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 195**
Condition: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 6,13,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 277.7,412,413.0-413.9,414.00-414.9,429.2,429.71-429.79,747.89,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33202,33206-33210,33212-33229,33233-33238,33261,33361-33430,33465,33475,33500,33508-33542,33572,33681,33922,33973,33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92938,92943,92944,92960-92998,93279-93284,93286-93289,93292-93296,93724,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0290,G0291,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,S0340-S0342,S2205-S2209
- Line: 196**
Condition: NEOPLASMS OF ISLETS OF LANGERHANS
Treatment: EXCISION OF TUMOR
ICD-9: 157.4,211.7
CPT: 43260-43265,43274-43278,48120,48140,49324,49325,49421,49422,96150-96154,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496
HCPCS: G0396,G0397,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 197**
Condition: CANCER OF BREAST (See Guideline Notes 3,7,11,12,26,64,65,79,88)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
ICD-9: 174.0-174.9,175.0-175.9,233.0,238.3,284.11,611.83,612.0-612.1,V10.3,V45.71,V50.41-V50.42,V51.0,V52.4,V58.0,V58.11
CPT: 11970,13153,14000,14001,14301,14302,15200,15201,19110,19120-19126,19296-19298,19301-19318,19328-19369,32553,38740,38745,49411,58300,58301,58661,58940,77014,77261-77295,77300-77370,77402-77421,77427,77431,77470,77600-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2066-S2068,S9537,S9560
- Line: 198**
Condition: MULTIPLE MYELOMA (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 203.00-203.82,284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537
- Line: 199**
Condition: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 282.0-282.3,282.40-282.45,282.47-282.9,285.8,289.0,289.4,289.50-289.89
CPT: 36514-36516,38100-38102,38120,47562,47563,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9355
- Line: 200**
Condition: ACUTE PANCREATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 577.0
CPT: 43260-43265,43273-43278,48000-48020,48105,48120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 201**
Condition: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; CEREBRAL ANEURYSM; COMPRESSION OF BRAIN (See Guideline Notes 6,64,65,90)
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
ICD-9: 348.4-348.5,349.81,430-431,432.0-432.9,437.3,437.5,747.81,852.00-852.59,853.00-853.19,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31290,31291,61107-61120,61150-61154,61210,61312-61316,61322,61323,61343,61522-61630,61640-61711,61781-61783,62100,62220,62223,62272,77263-77290,77295,77300,77332-77336,77370-77372,77402-77416,77432,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152
- Line: 202**
Condition: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE (See Guideline Notes 6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.26-941.27,941.36-941.37,942.20-942.24,942.29-942.34,942.39,943.20-943.39,944.20-944.24,944.26-944.34,944.36-944.38,945.20-945.21,945.23-945.31,945.33-945.39,946.2-946.3,949.2-949.3,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,16000-16036,92507,92508,92521-92524,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463,S9152

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 203**
Condition: TETANUS NEONATORUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 204**
Condition: CONGENITAL CYSTIC LUNG - MILD AND MODERATE (See Guideline Notes 64,65)
Treatment: LUNG RESECTION, MEDICAL THERAPY
ICD-9: 518.89,748.4,748.61
CPT: 32140,32141,32480-32488,32501,32505-32507,32662,32663,32666-32670,32800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 205**
Condition: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 070.0-070.1,070.20-070.9,571.40-571.49,571.8-571.9,573.0
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 206**
Condition: CONSTITUTIONAL APLASTIC ANEMIAS (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.01-284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537
- Line: 207**
Condition: CANCER OF SOFT TISSUE (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.1,171.0-171.9,238.1,284.11,V10.29,V10.88,V58.0,V58.11
CPT: 14040,14301,14302,15040,15100-15116,15130-15157,15732-15756,15758,20555,21011-21016,21121,21552-21558,21930-21936,22900-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27130,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,33120,33130,49203-49205,49411,64774-64783,69110,69120,69145-69155,77014,77261-77295,77300-77370,77402-77432,77469,77470,77761-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463,S9537
- Line: 208**
Condition: CANCER OF BONES (See Guideline Notes 6,7,11,12,19,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 170.0-170.9,198.5,238.0,284.11,V10.81,V57.1,V57.21-V57.3,V57.81-V57.89,V58.0,V58.11
CPT: 14000,14001,14301,14302,19260-19272,20930-20938,20955-20973,21025,21026,21034,21044,21045,21081,21610,21620,22532-22819,22851,23140,23200-23330,23470-23474,23900,24150-24155,24363,24370,24371,24498,24900-24931,25110-25119,25210-25240,25320,25335,25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26200,26910-26952,27025,27054,27065-27067,27075-27078,27187,27290,27334,27335,27365,27465-27468,27495,27590-27598,27640-27647,27656,27745,27880-27889,28800-28825,31200,31201,31225,32553,32900,36680,49411,61583,61601,63081-63103,63276,63295,63620,63621,67412,69970,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5934,D5935,D5984,D5992,D5993,D7440,D7441,G0157-G0161,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 209
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,65,86,90,121)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 290.0,290.10-290.9,291.2,292.82-292.84,293.81-293.89,294.0,294.10-294.9,310.1-310.2,310.89,V10.91
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96118,97001-97004,97532,98966-98969,99051,99060,99201-99239,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: 210
Condition: SLEEP APNEA AND NARCOLEPSY (See Coding Specification Below) (See Guideline Notes 27,64,65,118)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.03,327.20-327.21,327.23-327.29,347.00-347.01,780.51,780.53,780.57
CPT: 31600-31610,31820,31825,42820-42836,94660,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

42299 Unlisted procedure, palate, uvula (use for laser assisted uvulopalatoplasty (LAUP), somnoplasty, palatal implants) does not pair on Line 210 with obstructive sleep apnea in adults.

Line: 211
Condition: ERYSIPELAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 035
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 212
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 28,64,65,92)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.20-296.22,296.25-296.26,296.90-296.99,298.0,311,312.39
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 213
Condition: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 073.0,481,482.0-482.2,482.30-482.9,483.0-483.8,485-486,507.0-507.8
CPT: 31600,31603,31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 214
Condition: SUPERFICIAL ABSCESES AND CELLULITIS (See Coding Specification Below) (See Guideline Notes 64,65,113)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.3,040.89,373.13,380.14,454.1,457.2,459.12,459.32,478.5,478.71,478.79,527.3,528.3,528.5,529.0,566,597.0,601.2,601.8,603.1,607.2,608.4,616.3-616.4,680.0-680.9,681.00-681.9,682.0-682.9,684,685.0,686.8,703.0,744.41,744.46,744.49
CPT: 10030,10060-10081,10160,11000-11047,11730-11752,11765-11772,20005,20102,21501,21502,22010,22015,23030,23930,25028,26010,26011,26990,27301,27603,28001-28003,29130,31300,31360-31420,31511-31513,31530,31531,31540-31571,31577,31578,31587-31595,31600-31605,31820,31825,40801,41000-41009,41800,42000,45005,45020,46020,46040-46060,46270,53040,53060,53270,54700,55100,56405,56420,56740,60280,67700,69000,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Spastic dysphonia (478.79) is not included on this line, but on Line 583.

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 215**
Condition: ZONOTIC BACTERIAL DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 020.0-020.9,021.0-021.9,022.0-022.9,023.0-023.9,024-025,026.0-026.9,027.0-027.9,073.7-073.9,078.3,V71.82-V71.83
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 216**
Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 736.05-736.06,870.0-870.1,872.00-872.12,872.62-872.9,873.0-873.1,873.20-873.59,873.70-873.9,875.0-875.1,876.0-876.1,877.0-877.1,878.0-878.9,879.0-879.9,880.00-880.29,881.00-881.22,882.0-882.2,883.0-883.2,884.0-884.2,890.0-890.2,891.0-891.2,892.0-892.2,893.0-893.2,894.0-894.2,895.0-895.1,906.0-906.1,953.4-953.9,954.0-954.9,955.0-955.9,956.0-956.9,957.0-957.9,958.2-958.3,V04.5,V57.1,V57.21-V57.3,V57.81-V57.89,V58.30
CPT: 10120,10121,11000-11047,11730,11732,11750,11760,12001-14302,15002-15770,15845,20101-20150,20525,23040,23044,23397,24000,24006,24101,24102,24341,25101-25109,25260-25272,25295-25310,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,25922,26080,26350-26510,26540,26591,26951,26990,27310,27372,27603,27830,27831,28022,28024,28140,28200,28208,28810-28825,29075,29130,29515,29580,30901-30906,32653,40650-40654,40830,40831,41250-41252,42180,42182,49904,54440,54520,54670,56800,57200,57210,64702-64714,64718,64719,64727-64792,64820,64831-64862,64872-64911,67930,67935,67950,90675,90676,97001-97004,97022,97036,97110,97112,97140-97530,97535,97760,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7912,D7920,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463
- Line: 217**
Condition: CHOANAL ATRESIA (See Guideline Notes 64,65)
Treatment: REPAIR OF CHOANAL ATRESIA
ICD-9: 748.0
CPT: 30520-30545,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 218**
Condition: CANCER OF UTERUS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 179,182.0-182.8,233.2,236.0,284.11,621.30-621.35,V10.42,V58.0,V58.11
CPT: 32553,38562,38564,38571,38572,38770,38780,49203-49205,49327,49411,49412,55920,57155,57156,58120,58150-58294,58346,58541-58544,58548-58554,58570-58573,58953-58956,77014,77261-77295,77300-77370,77402-77421,77424-77427,77469,77470,77761-77790,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2270
- Line: 219**
Condition: RUPTURE OF LIVER (See Guideline Notes 64,65)
Treatment: SUTURE/REPAIR
ICD-9: 573.4,573.8,864.04
CPT: 47350-47362,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 220**
Condition: CANCER OF THYROID (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 193,237.4,284.11,V10.87,V58.0,V58.11
CPT: 32553,32674,38700-38724,38746,49411,60200-60271,60512,77014,77261-77295,77300-77321,77331-77370,77401-77427,77469,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5984,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 221**
Condition: NON-HODGKIN'S LYMPHOMAS (See Coding Specification Below) (See Guideline Notes 7,11,12,19,64,65,115)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 200.00-200.88,202.00-202.38,202.60-202.98,238.5-238.6,238.71-238.79,284.11,V10.71,V10.79
CPT: 32553,36522,38100,38120,38542,38720,49411,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9355,S9537

Malignant and systemic mastocytosis (202.3) are included on Line 221. Mastocytosis limited to the skin (757.3) resides on Line 688.
- Line: 222**
Condition: PATHOLOGICAL GAMBLING (See Guideline Notes 64,65) (Note: This line is not priced as part of the list as funding comes from non-OHP sources)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.31
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016
- Line: 223**
Condition: BULLOUS DERMATOSES OF THE SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 694.0-694.5,694.60-694.9
CPT: 15731,36514-36516,65778-65782,68371,77014,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 224**
Condition: ESOPHAGEAL VARICES (See Guideline Notes 64,65,77)
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
ICD-9: 456.0-456.1,456.20-456.21
CPT: 37145,37160,37181-37183,37244,38100,43107-43124,43192,43201,43204,43205,43227,43243,43244,43255,43400,43401,43410,43415,43460,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 225**
Condition: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 054.0,695.12-695.15
CPT: 36514-36516,65778-65782,68371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 226**
Condition: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 415.0,415.11-415.19,958.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33910-33916,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 227**
Condition: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.4-112.5,112.81,112.83-112.89
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 228
Condition: CANCER OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 7,11,12,64,65,96)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 189.0-189.1,189.3-189.9,198.0,209.24,233.9,236.90-236.99,284.11,V10.50,V10.52-V10.59,V58.0,V58.11
CPT: 32553,32674,38746,49411,50125,50220-50290,50340,50391,50542,50543,50545,50546,50548,50553,50557,50572,50650,50660,50825-50840,51530,51550-51597,51700,51720,52214-52250,52281,52282,52354,52355,52500,53210-53220,58200,58960,77014,77261-77290,77295,77300,77305-77321,77331-77370,77402-77417,77424-77432,77469,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 229
Condition: CANCER OF STOMACH (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 151.0-151.9,209.23,230.2,235.2,284.11,V10.04,V58.0,V58.11
CPT: 32553,38747,43122,43245,43248,43249,43611-43635,43653,44110-44130,44186,49327,49411,49412,77014,77261-77295,77300-77321,77331-77370,77402-77418,77424-77432,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 230
Condition: PORTAL VEIN THROMBOSIS (See Guideline Notes 64,65,77)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 452
CPT: 37140,37180,37182,37183,49425-49429,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 231
Condition: TESTICULAR CANCER (See Guideline Notes 7,11,12,14,30)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 186.0-186.9,284.11,V58.0,V58.11,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: 232
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE) (See Guideline Note 53)
Treatment: BASIC PERIODONTICS
HCPCS: D4210-D4212,D4341,D4342,D4910

Line: 233
Condition: PULMONARY FIBROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 515,516.0-516.2,516.30-516.9,517.1-517.8
CPT: 31600-31603,31820,31825,32997,94002-94005,94640,94660-94668,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 234
Condition: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 478.6,995.0,995.4,995.60-995.69
CPT: 86486,95004,95017-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 235
Condition: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Notes 7,64,65)
Treatment: MEDICAL THERAPY, DIALYSIS
ICD-9: 276.0-276.4,276.50-276.9,277.88,785.50,785.59,996.88,998.00,998.09,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36818-36821,36832,36835,36838,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9339,S9537

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 236**
Condition: OCCUPATIONAL LUNG DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 495.0-495.9,500-505
CPT: 31600,86486,94002-94005,94640,94660-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,S9441
- Line: 237**
Condition: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Notes 6,64,65)
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
ICD-9: 395.0-395.9,424.1,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33361-33413,33417,33496,33530,33620,33621,35452,75557-75565,75573,92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 238**
Condition: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 227.1,252.00-252.9,275.40-275.5,588.81
CPT: 60500-60512,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 239**
Condition: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 391.0-391.9,392.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 240**
Condition: RUPTURED VISCUS (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-9: 530.4,568.81,569.3,569.49,569.89,862.22
CPT: 43405,44391,44602-44605,45317,45334,45382,45500,45560,45915,57268,57270,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 241**
Condition: INTestinal MALABSORPTION (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 040.2,579.0-579.9
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- ICD-9 code 579.8 (Other specified intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.
- Line: 242**
Condition: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 802.1,802.20-802.9,950.0-950.9,951.0-951.9,V54.19,V54.29
CPT: 10121,11010-11012,20670,20680,20694,21085,21210,21215,21310-21470,30420,30450,31292-31294,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5988,G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 243
Condition: MALIGNANT MELANOMA OF SKIN (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 172.0-172.9,284.11,V10.82
CPT: 11600-11646,12001-12020,12031-15261,15570-15770,21011-21016,21552-21558,21632,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,32674,38700-38780,49411,77014,77261-77295,77300-77321,77331-77370,77401-77432,77469,77470,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0219,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463,S9537

Line: 244
Condition: LEPTOSPIROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 100.0,100.81-100.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 245
Condition: URINARY FISTULA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 593.81-593.82
CPT: 45820,50040,50045,50382-50389,50395,50398,50520-50526,50688,50900-50930,50961,50970,50980,52234,53080,53085,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 246
Condition: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 031.8-031.9,039.0-039.9,130.0-130.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 247
Condition: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR
ICD-9: 746.7
CPT: 33615-33622,33750,33764-33768,33924,75557-75565,75573

Line: 248
Condition: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 079.82,506.0-506.9,508.0,508.2,518.4,518.51-518.53,518.81-518.82,518.84
CPT: 31600-31610,31645,31646,31820,31825,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463

Line: 249
Condition: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 203.00-203.02,203.80-203.82,204.00-204.02,277.30,277.39,284.11,V10.61,V10.79
CPT: 32553,36514-36516,49411,62350-62370,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,79005-79445,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 250
Condition: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.0,250.70-250.73,440.20-440.4,728.0,728.86,785.4
CPT: 10030,10060,11000-11057,15002,15003,15100,15101,23900-23921,23930,24900-24940,25028,25900-25931,26025,26030,26910-26952,26990,26991,27025,27290,27295,27301,27305,27590-27598,27603,27880-27889,28001-28003,28008,28150,28800-28825,29893,35302-35321,35351-35372,35500,35682,35683,35860,35875,35876,35903,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 251
Condition: TETANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 037
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 252
Condition: CANCER OF OVARY (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.0,198.6,236.2,284.11,V10.43,V58.0,V58.11
CPT: 32553,38571,38572,38770,44110,44120,44140,49203-49205,49327,49411,49412,49419,49422,57156,58150,58180-58210,58260,58541-58544,58548-58554,58570-58573,58660-58662,58720,58740,58925-58960,77014,77261-77290,77295,77300,77305-77321,77331-77370,77401-77421,77424-77427,77469,77470,77750,77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2270,S9537

Line: 253
Condition: SHORT BOWEL SYNDROME - AGE 5 OR UNDER
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-9: 557.0-557.9,579.3,777.50-777.53,996.87
CPT: 44132,44135,44715-44721,47133-47147,86825-86835,96150-96154
HCPCS: S2053

Line: 254
Condition: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA
Treatment: HEART-LUNG AND LUNG TRANSPLANT
ICD-9: 135,273.4,277.00-277.09,277.6,491.8,492.8,494.0-494.1,495.0-495.9,500-505,515,947.9,996.84
CPT: 32850-32856,33930-33935,86825-86835,94640,96150-96154
HCPCS: G0424,S2060,S2061

Line: 255
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)
Treatment: LIVER TRANSPLANT
ICD-9: 270.0,270.2-270.4,270.6,270.9,271.0,271.8,272.0,273.4,275.01-275.1,277.6,570,571.49,996.82,V59.6
CPT: 47133-47147,86825-86835,96150-96154,97802-97804

Line: 256
Condition: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE (See Guideline Notes 64,65)
Treatment: HEART-LUNG AND LUNG TRANSPLANTS
ICD-9: 238.1,416.0,516.30-516.4,516.63-516.69,745.0,745.4-745.5,747.0,996.84
CPT: 32850-32856,33930-33935,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2060,S2061

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 257
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU (See Guideline Notes 64,65)
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
ICD-9: 232.0-232.9,607.0,692.75
CPT: 11300-11446,11600-11646,13100-14350,17000-17108,17260-17286,69110,69120,69300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 258
Condition: PRIMARY ANGLE-CLOSURE GLAUCOMA (See Guideline Notes 64,65)
Treatment: IRIDECTOMY, LASER SURGERY
ICD-9: 365.02,365.20-365.24,365.83
CPT: 65860-65880,66150,66160,66165,66180,66183,66250-66505,66625-66635,66761,66762,66990,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 259
Condition: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA (See Guideline Notes 64,65)
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-9: 370.00-370.07,370.35,370.55,918.0-918.9
CPT: 65275,65430,65600,65778-65782,67505,67515,68200,68360,68371,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 260
Condition: TORSION OF OVARY (See Guideline Notes 64,65)
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-9: 620.5
CPT: 58660-58662,58700-58740,58770,58925-58943,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 261
Condition: TORSION OF TESTIS (See Guideline Notes 64,65)
Treatment: ORCHIECTOMY, REPAIR
ICD-9: 608.20-608.24
CPT: 54512-54522,54600-54640,54660,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 262
Condition: LIFE-THREATENING EPISTAXIS (See Guideline Notes 64,65)
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
ICD-9: 784.7
CPT: 30520-30560,30620-30930,31238,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 263
Condition: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC (See Guideline Notes 64,65)
Treatment: FOREIGN BODY REMOVAL
ICD-9: 360.50-360.69,V90.01-V90.9
CPT: 65235-65265,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 264
Condition: GLYCOGENOSIS (See Guideline Notes 64,65,67)
Treatment: MEDICAL THERAPY
ICD-9: 271.0
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9357

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 265
Condition: METABOLIC BONE DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 731.0,733.00-733.09,V58.68
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 266
Condition: PARKINSON'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 332.0-332.1
CPT: 61781,61782,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 267
Condition: CHRONIC PANCREATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 577.1,577.8-577.9
CPT: 43260-43265,43273-43278,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 268
Condition: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM (See Guideline Notes 64,65,95)
Treatment: MEDICAL THERAPY
ICD-9: 334.0-334.9,340,341.0-341.1,341.20-341.9,V53.09
CPT: 31600,31610,86711,90284,92081-92083,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 269
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S9484,T1005,T1016

Line: 270
Condition: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Note 6)
Treatment: SURGICAL TREATMENT
ICD-9: 443.1,444.01-444.1,444.81-444.89,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33320-33335,33916,34001-34101,34201,34203,34841-34848,35081,35331,35363-35390,35535-35540,35560,35623-35638,35646,35647,35654,35681-35683,35691-35695,35741-35800,35875,35876,35901,36825,36830,37184-37186,37202,37211,37213,37214,37236,37237,49324-49326,49421,49422,49435,49436,92960-92971,92978-92998,93797,93798,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496
HCPCS: G0157-G0161,G0396,G0397,G0422,G0423,G0463

Line: 271
Condition: CHRONIC OSTEOMYELITIS (See Guideline Notes 6,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 730.10-730.19,730.34,730.91-730.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000-11047,15734,20005,20150,20690-20694,20900,20930-20938,20955-20973,21620,21627,22532-22819,22840-22848,22851,23035,23105,23130,23170-23184,23220,23395,23935,24134-24147,24150,24152,24420,24498,25035,25085,25119,25145-25151,25210-25240,25320,25337,26034,26230-26236,26320,26951,26992,27070-27078,27187,27303,27360,27465-27468,27598,27607,27620,27640,27641,27745,27880-27888,28005,28120-28124,28800-28825,29075,29345,63045-63048,63081-63091,96150-96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 272
Condition: MULTIPLE ENDOCRINE NEOPLASIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 246.0,258.01-258.9,758.5
CPT: 60210-60240,60270,60271,60500-60512,60540,60545,60650,96150-96154,98966-98969,99201-99215,99221-99233,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

Line: 273
Condition: DEFORMITIES OF HEAD (See Guideline Notes 6,64,65,81)
Treatment: CRANIOTOMY/CRANIECTOMY
ICD-9: 733.3,738.10-738.19,756.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11971,14040,14041,14301,14302,20660,20661,20665,21076,21077,21137-21180,21182-21188,21256-21275,21282,61312-61330,61340,61345,61550-61559,62115-62148,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5915,D5919,D5924,D5925,D5928-D5931,D5933,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152

Line: 274
Condition: DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES (See Guideline Notes 6,64,65)
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
ICD-9: 391.1,394.0-394.9,396.0-396.9,424.0,424.2-424.3,746.89,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33420-33465,33470-33496,33530,33620,33621,75557-75565,75573,92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 275
Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 187.1-187.9,233.5-233.6,236.6,284.11,V10.45,V10.48-V10.49,V58.0,V58.11
CPT: 11620-11626,15574,17272-17276,32553,49327,49411,49412,52240,54065,54120-54135,54220,54230,54520-54535,55150-55180,55920,58960,74445,77014,77261-77295,77300-77370,77402-77417,77424-77427,77469,77470,77469,77470,77470,77470,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 276
Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.0,194.0-194.9,198.7,209.20,209.22,209.25-209.29,234.8,237.1-237.4,259.2,284.11,V10.29,V10.91,V58.0,V58.11
CPT: 32553,32673,49411,60500,60512-60650,62165,64788,77014,77261-77295,77300-77321,77331-77370,77402-77432,77469,77470,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 277
Condition: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 158.0-158.9,235.4-235.5,284.11,V10.09,V58.0,V58.11
CPT: 32553,39010,44820,44850,49203-49205,49255,49327,49411,49412,77014,77261-77290,77295,77300,77305-77370,77402-77418,77424-77427,77469,77470,77761-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

Line: 278
Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS (See Coding Specification Below) (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 162.0-162.9,163.0-163.9,164.2-164.9,165.0-165.9,209.21,231.1-231.2,231.9,235.7-235.8,284.11,459.2,V10.11-V10.20,V10.29,V58.0,V58.11
CPT: 19260-19272,21552,21610,22900,31600-31603,31630,31631,31636-31646,31770,31775,31785,31786,31820,31825,32320,32440-32488,32501-32550,32552,32553,32650,32662,32666-32671,32674,32900-32906,38542,38746,38794,39000-39220,49411,77014,77261-77295,77300-77370,77401-77432,77469,77470,77761-77790,78811-78816,81235,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

ICD-9 code 459.2 is included on this line for superior vena cava syndrome only.

Line: 279
Condition: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes 6,18,64,65,70)
Treatment: CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT
ICD-9: 135.412,414.00-414.3,414.8-414.9,422.0,422.90-422.99,425.0,425.11-425.9,428.0-428.1,428.20-428.9,429.1,674.80-674.84,745.10-745.19,745.3,746.7,996.83,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33620,33621,33940-33945,33975-33993,50300-50370,50547,75557-75565,75573,76776,86825-86835,92960-92971,92978-92998,93750,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 280
Condition: CHRONIC NON-LYMPHOCYTIC LEUKEMIA (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 205.10-205.12,206.10-206.12,284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: 281
Condition: TRACHOMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 076.0-076.9,085.1-085.4,139.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 282
Condition: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 360.12,364.00-364.3
CPT: 67515,68200,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 283
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS)
Treatment: URGENT DENTAL SERVICES
ICD-9: 520.1,520.6,521.6,521.81-521.89,522.0-522.9,525.3,526.4-526.5
CPT: 41000,41800,41806,98966-98969,99051,99060,99201-99215,99366,99441-99449,99487-99496,99605-99607
HCPCS: D2910-D2921,D2940,D2950,D2970,D3120,D3220,D3222-D3240,D3351-D3353,D4920,D5410-D5510,D5850,D5851,D6930,D7111,D9120,D9951,G0463

Line: 284
Condition: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 080,081.0-081.9,082.0-082.3,082.40-082.9,083.0-083.9,085.0,085.5-085.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 285**
Condition: DIABETES INSIPIDUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 253.5
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 286**
Condition: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE (See Guideline Notes 64,65)
Treatment: ENUCLEATION
ICD-9: 360.11,360.14,360.20,360.23-360.29,360.40-360.44,360.81-360.89
CPT: 65091,65093,65105,65125-65175,67218,67560,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 287**
Condition: CANCER OF BLADDER AND URETER (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 188.0-188.9,189.2,198.1,233.7,236.7,284.11,V10.51,V58.0,V58.11
CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,50125,50220-50290,50340,50400,50405,50542-50548,50553,50572,50605,50650,50660,50780,50825-50840,50976,51530,51550-51597,51700,51720,52214-52250,52281,52282,52327,52332,52354,52355,52500,53210-53220,55840,55920,57156,58960,77014,77261-77295,77300-77370,77402-77417,77421,77424-77427,77469,77470,77761-77790,79005-79445,88120,88121,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 288**
Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 896.0-896.3,897.6-897.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,20838,20920-20924,27888,28800-28810,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 289**
Condition: ACUTE POLIOMYELITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 045.00-045.93,V12.02,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92507,92508,92521-92526,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152
- Line: 290**
Condition: LEPROSY, YAWS, PINTA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 030.0-030.9,031.1,040.1,040.3,102.0-102.9,103.0-103.9,104.0-104.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 291**
Condition: UROLOGIC INFECTIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 590.00-590.01,590.80,590.9,595.0,595.2-595.3,595.81-595.9,599.0,601.0,604.0,604.90,604.99,608.0
CPT: 50391,51100,51101,51700,52260,53450,54700,54860,54861,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 292
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 173.01-173.09,173.11-173.19,173.21-173.29,173.31-173.39,173.41-173.49,173.51-173.59,173.61-173.69,173.71-173.79,173.81-173.89,173.91-173.99,176.0-176.9,198.2,209.31-209.36,238.2,284.11,V10.83,V58.0,V58.11
CPT: 11000-11047,11300-11446,11600-11646,12001-12020,12031-15040,15100,15110-15261,15570-15770,17000-17108,17260-17315,21011-21014,21016,21552-21558,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27048,27059,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,38700-38745,38760,38765,40530-40654,49411,67950-67975,69110,69120,69145,69910,77014,77261-77295,77300-77321,77331-77370,77401-77432,77469,77470,78811-78816,79005-79445,92002-92014,92285,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463,S9537

Line: 293
Condition: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Notes 6,64,65)
Treatment: REPAIR
ICD-9: 901.0-901.3,901.40-901.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 32654,33320-33335,33880-33891,34502,34841-34848,35211,35216,35241,35246,35271,35276,35506,35516,35616,37616,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 294
Condition: RUPTURE OF BLADDER, NONTRAUMATIC (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.6
CPT: 51860,51865,53080,53085,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 295
Condition: OTHER PSYCHOTIC DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.3,298.1-298.3,298.8-298.9,299.80-299.81
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

ICD-9-CM code 299.8x is included on Line 295 for treatment of 'atypical childhood psychosis' and 'borderline psychosis of childhood.' It is included on Line 334 for treatment of Asperger's syndrome.

Line: 296
Condition: HYDROPS FETALIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 773.3,778.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 297
Condition: DEFORMITY/CLOSED DISLOCATION OF JOINT (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 718.12,718.17,718.22-718.27,718.29-718.30,718.32-718.39,718.44,718.71-718.79,728.6,732.4,736.21-736.22,736.5,736.73-736.75,736.81,754.40-754.41,754.51-754.53,754.62,754.71,755.01,755.11-755.12,755.20-755.4,755.54-755.55,755.58,830.0,831.00-831.09,832.00-832.09,832.2,833.00-833.09,834.00-834.02,835.00-835.03,836.3,836.50-836.59,837.0,838.00-838.09,839.61-839.69,839.8,905.6,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11200,20527,20690-20694,20900,20920-20924,21480,23455,23470,23520-23552,23650-23700,24000,24006,24101,24102,24300,24332,24343,24345,24346,24600-24640,25001,25101-25109,25259,25275,25320,25335,25337,25390-25394,25430,25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035,26040,26045,26060,26121-26180,26320-26341,26390,26440-26596,26641-26715,26770-26863,26951,27097,27100-27122,27138-27170,27179,27185,27250-27258,27265-27275,27306,27307,27350,27420-27495,27550-27598,27603-27612,27615,27618-27630,27634-27692,27698,27705,27715,27727-27742,27829-27860,28008-28035,28043-28072,28086-28092,28110-28118,28126-28160,28220-28280,28288,28289,28300-28305,28307-28341,28360,28540-28760,29049-29105,29126-29131,29305-29515,29700-29720,29750,29806-29819,29828,29834,29861-29863,29873,29874,29881,29882,29891,29892,29894,29904-29907,64702,64704,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7810-D7830,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2115

Line: 298
Condition: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Note 31)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.11-389.12,389.14,389.16,389.18
CPT: 69717,69718,69930,92562-92565,92571-92577,92590,92591,92601,92602,92626-92633

Line: 299
Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS (See Guideline Notes 64,65)
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-9: 361.00-361.2,361.31,361.81-361.9,379.25-379.26
CPT: 66990,67005-67113,67145,67208,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 300
Condition: ARTHROPOD-BORNE VIRAL DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 060.0-060.9,061,062.0-062.9,063.0-063.9,064,065.0-065.9,066.0-066.3,066.40-066.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 301
Condition: HYPOPLASIA AND DYSPLASIA OF LUNG (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 31601,31603,31820,31825,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 302
Condition: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 393,398.0,398.90-398.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 303**
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS (See Guideline Notes 64,65,77)
Treatment: THROMBECTOMY/LIGATION
ICD-9: 453.0-453.3,453.72-453.9,V12.51
CPT: 34101,34401,34451-34530,35206-35226,35236-35256,35266-35286,35476,35572,35681,35761-35840,35875,35876,35905,35907,37140,37160,37182,37183,37187,37188,37202,37212-37214,37238,37239,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 304**
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 426.82,427.1,427.41-427.5,428.20-428.9,429.4,746.86,V12.53,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31603,31605,32160,33202-33266,33820,33967,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93656,93724,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463
- Line: 305**
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 306**
Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE (See Guideline Notes 64,65,112)
Treatment: MEDICAL THERAPY
ICD-9: 491.1,491.20-491.22,492.0-492.8,496,508.1,508.8-508.9,518.2-518.3,518.83
CPT: 31600,32480-32491,32672,94002-94005,94640,94644-94668,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,S9346
- Line: 307**
Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 441.00-441.1,441.3,441.5-441.6,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 32110-32124,32820,33320-33335,33530,33860-33891,33916,34520,34800-34805,34825,34826,34841-34848,35081-35103,35306,35311,35331,35500-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35663,35697,35820,35840,35870-35876,35905,35907,36825,36830,37236,37237,75956-75959,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 308
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Coding Specification Below)
(See Guideline Notes 6,64,65,76,90)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 199.2,279.50-279.53,323.51-323.52,338.12-338.18,349.1,360.30-360.34,414.12,443.21-443.29,518.7,519.01,
519.09,536.41,539.01,539.81,569.61,674.10-674.14,674.30-674.34,780.66,996.00-996.2,996.39-996.51,996.56,
996.60-996.87,996.89-996.99,997.00-997.5,997.62,997.71-997.79,998.11,998.2,998.30-998.33,998.51-998.6,
999.0-999.1,999.31-999.49,999.80-999.89,V46.14,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 10030,10060,10121-10180,11008,11042-11047,11982,12020,12021,13160-14302,15002-15005,15100,15101,
19328,20600-20610,20670,20680,20693,20694,20975,21120,21501,21627,21750,22010,22015,22849,22850,
22852,22855,23334,23335,23472-23474,23800,23802,24160,24164,24430,24435,24800,24802,24925-24935,
25109,25250,25251,25415,25420,25431-25446,25449,25907-26035,26060-26110,26115-26117,26121-26340,
26350-26556,26565,26568-26910,26991,27030,27090,27091,27130-27138,27236,27265,27266,27284,27286,
27301,27303,27310,27331,27486-27488,27580-27596,27786,27870,27884,27886,28715,31613,31614,31750-
31781,31800-31830,32120,33206-33215,33217-33223,33226-33249,33262-33264,33284,33361-33496,33510-
33536,33768,33863,34830,35188-35190,35301-35390,35471,35472,35476-35571,35583-35587,35601-35671,
35700,35800-35907,36147,36261,36514-36516,36818-36821,36825-36870,37182,37183,37192,37193,37197,
37607,42960-42962,43260-43265,43274-43278,43772-43774,43848,43860,43870,44137,44312,44314,44340,
44640,47802,49020,49402-49407,49422,49423,50065,50135,50225,50370,50398-50405,50525,50544,50727,
50728,50830,50920-50940,51705,51710,51860-51925,52001,52310,54340-54352,54390,54406-54417,57296,
58301,61070,61880-61888,62160,62194,62225,62230,62256,62258,62272,62350-62365,63661-63664,63688,
63707,63709,63744,63746,64569,64570,64585,64595,65150-65175,65710-65757,65920,67005-67028,67036-
67043,69424,75791,75984,76514,92002-92014,92507,92508,92521-92526,92607-92609,92633,97001-97004,
97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,
99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-
99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0448,G0463,S9152
360.3 (hypotony) is only included on this line when resulting from a complication of a procedure. Non-procedure
related cases are included on Line 686.

Line: 309
Condition: RUPTURE OF PAPILLARY MUSCLE (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 429.5-429.6,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33425,33430,33542,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-
99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

Line: 310
Condition: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLIDE THERAPY
ICD-9: 202.40-202.48,203.10-203.12,203.82,204.10-204.92,205.10-205.92,206.10-206.92,207.10-207.82,208.10-208.92,
238.4,284.11,V10.69,V10.79
CPT: 32553,49411,77014,77261-77290,77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,
79101,90284,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,
99195,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,
99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 311
Condition: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.2-183.9,184.0-184.9,233.30-233.39,236.1,236.3,284.11,V10.44,V58.0,V58.11
CPT: 11620-11626,32553,38562,38564,38571,38572,49327,49411,49412,55920,56501,56515,56620-56640,57065,
57106-57112,57156,57520,57530,57550,58150,58180-58260,58275,58285,58290,58541-58544,58548-58554,
58570-58573,58943-58960,77014,77261-77290,77295,77300,77305-77370,77401-77417,77424-77427,77469,
77470,77750-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,
99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,
99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2270,S9537

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 312
Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX (See Coding Specification Below) (See Guideline Notes 6,7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 140.0-140.9,141.0-141.9,142.0-142.9,143.0-143.9,144.0-144.9,145.0-145.9,146.0-146.9,147.0-147.9,148.0-148.9,149.0-149.9,160.0-160.9,161.0-161.9,210.2,231.0,231.8,235.0-235.1,235.6,235.9,284.11,V10.01-V10.02,V10.21-V10.22,V58.0,V58.11
CPT: 13132,13151,14040-14302,15570,15732,15734,15756-15760,21011-21014,21016,21552-21555,21557,21558,30117,30118,30520,31075-31230,31237,31300,31360-31370,31380-31395,31540,31541,31600-31603,31611,31820,31825,32553,38700-38724,40500-40530,40810-40816,40819,40845,41019,41110-41155,41820,41825-41827,41850,42104-42120,42280,42281,42410-42500,42826,42842-42845,42890-42894,43450,43496,49411,60220,69110,69150,69155,69502,77014,77261-77295,77300-77370,77401-77432,77469,77470,77750-77790,78811-78816,79005-79445,92507,92508,92521-92526,92607-92609,92633,96150-96154,96405,96406,96420-96450,96542-96571,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5983-D5985,D7440,D7441,D7920,D7981,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152,S9537

ICD-9 code 210.2 is only covered on this line for parotid gland pleomorphic adenomas.

Line: 313
Condition: CONSTITUTIONAL APLASTIC ANEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 284.01-284.09
CPT: 38242,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9355

Line: 314
Condition: OSTEOPETROSIS (See Guideline Notes 7,11,14)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 284.11,756.52,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,96150-96154,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: 315
Condition: CRUSH INJURIES OF DIGITS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 903.5,906.4,927.3,928.3
CPT: 11730,11740,11760,20973,25300,25301,29130,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 316
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 308.0-308.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99224,99231-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0038,H0045,H2010-H2013,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016

Line: 317
Condition: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 772.5-772.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 318
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.2,094.81-094.9,137.1,138,139.0,139.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83,263.2,270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0,290.10-

**PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014**

290.9,294.10-294.8,299.00-299.81,310.0-310.1,310.9,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.85,333.90-333.93,334.0-334.9,335.0,335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.20-337.9,340,341.0-341.1,341.20-341.9,342.00-342.9,343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81,348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1,359.21-359.4,359.71-359.9,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,718.40-718.43,718.45-718.49,727.81,728.10-728.4,740.0-740.2,741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89,772.0,772.10-772.9,773.0-773.5,779.7,780.72,781.8,797,850.4,851.03-851.06,851.10-851.39,851.43-851.46,851.50-851.79,851.83-851.86,851.90-851.99,852.00-852.59,853.00-853.19,854.00-854.19,905.0,907.0-907.3,907.5-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9,982.0-982.8,984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4,995.50-995.69,995.80-995.89,997.00-997.09,V53.09,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89

CPT: 20550,20664,21610,23020,23800,23802,24149,24301-24331,24800,24802,25280,25290,25310-25332,25337,25800,25805,25830,26442,26474,26490,27000-27006,27036,27097-27122,27140,27306,27307,27325,27326,27390-27400,27430,27435,27605,27606,27612,27676-27692,27705,27870,27871,28005,28010,28011,28130,28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29405,29425,29895,29904-29907,32501,61215,61343,62161,62162,62311,62360-62362,62367-62370,63600,63610,63650,63655,63685,64642-64647,64763,92531-92542,92544-92548,95873,95874,95990,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G9156

Spinal cord stimulation (63655-63688) is not included on this line for coverage when paired with 337.20 (reflex sympathetic dystrophy). Chemodenervation with botulinum toxin injection (CPT 64642-64647) is included on this line for treatment of upper and lower limb spasticity (ICD-9 333.6x, 333.7x, 340.xx, 341.0, 342.xx, 343.xx, 344.0x, 344.1, 344.2, 344.3x, 344.4x, 344.5, 344.89, 344.9, 359.0-359.2,438.2x-438.5x)

Line: 319

Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 573.8,751.60-751.69

CPT: 43260-43265,43273-43278,47010,47400-47490,47510-47530,47554-47556,47564,47570,47600-47630,47701-47900,48548,49324,49325,49421,49422,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 320

Condition: CANCER OF BRAIN AND NERVOUS SYSTEM (See Guideline Notes 7,11,12,64,65)

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

ICD-9: 191.0-191.9,192.0-192.9,198.3-198.4,237.5-237.6,237.70-237.9,284.11,V10.85-V10.86,V58.0,V58.11

CPT: 20926,32553,37202,49411,61107,61140,61210,61215,61312-61321,61500-61512,61516-61521,61530,61582,61583,61586,61592,61600-61608,61615,61616,61750,61751,61770-61783,61796-61800,62140-62148,62164,62165,62223,62272,62350-62370,63265,63275-63308,63615-63621,64784-64792,64802-64818,77014,77261-77295,77300-77372,77401-77432,77469,77470,77520-77790,79005-79445,92002-92014,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 321

Condition: CATARACT, EXCLUDING CONGENITAL (See Guideline Notes 32,64,65)

Treatment: EXTRACTION OF CATARACT

ICD-9: 366.00-366.34,366.45-366.46,366.8-366.9,V43.1

CPT: 65770,66250,66682,66825-66984,66986,66990,67010,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 322

Condition: AFTER CATARACT

Treatment: DISCISSION, LENS CAPSULE

ICD-9: 366.50-366.53

CPT: 66820-66830,66985-66990,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 323**
Condition: FISTULA INVOLVING FEMALE GENITAL TRACT (See Guideline Notes 64,65)
Treatment: CLOSURE OF FISTULA
ICD-9: 619.0-619.9
CPT: 44625,44626,44660,46715,50650,50660,50930,51900,51920,57300-57330,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 324**
Condition: VITREOUS DISORDERS (See Guideline Notes 64,65)
Treatment: VITRECTOMY
ICD-9: 379.21-379.23
CPT: 67036,67040-67043,67210,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 325**
Condition: CLEFT PALATE AND/OR CLEFT LIP (See Guideline Notes 64,65,80)
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-9: 749.00-749.25,750.25
CPT: 14060,14301,14302,15732,20900,21076,21079,21080,21082,21083,30460,30462,30600,40500-40520,40650-40761,40810-40845,42145,42200-42281,92507,92508,92521-92526,92607-92609,92633,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5932,D5933,D5954-D5960,D5987,D5992,D5993,D7111-D7210,D7250,D7260,D7340,D7350,D7912,D8010-D8694,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152
- Line: 326**
Condition: GOUT AND CRYSTAL ARTHROPATHIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 274.00-274.9,712.10-712.99
CPT: 20600-20610,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 327**
Condition: PERTUSSIS AND DIPHTHERIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 032.0-032.3,032.81-032.9,033.0-033.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 328**
Condition: THROMBOCYTOPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 287.1,287.30-287.5
CPT: 38100,38102,38120,90284,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 329**
Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 270.0,270.2-270.9
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 330
Condition: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 474.00-474.02,480.1
CPT: 31600-31603,31820,31825,94640,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 331
Condition: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 445.81-445.89,447.0,447.2-447.6,447.8-447.9,449,593.81,747.82
CPT: 34151,35256,35471,35501-35515,35526,35531,35535-35540,35560,35563,35601-35616,35626-35646,35663,35761,37607,62294,63250-63252,63295,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 332
Condition: PARALYTIC ILEUS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.1,560.31
CPT: 47562,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 333
Condition: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-9: 277.03,453.0,571.2,571.5-571.6,573.5,751.62,774.4,777.8,996.82,V59.6
CPT: 47133-47147,50300,50323-50365,76776,86825-86835,96150-96154

Liver-kidney transplant only covered for a documented diagnosis of Caroli's disease (751.62).

Line: 334
Condition: AUTISM SPECTRUM DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65,75)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 299.00-299.91
CPT: 90785,90832-90840,90846-90849,90882,90887,96101,96118,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99441-99449,99487-99496
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0023,H0032,H0034,H0038,H2010,H2011,H2014,H2027,H2032,S9484,T1016

ICD-9-CM code 299.8x is included on Line 295 for treatment of 'atypical childhood psychosis' and 'borderline psychosis of childhood.' It is included on Line 334 for treatment of Asperger's syndrome.

Line: 335
Condition: CHRONIC INFLAMMATORY DISORDER OF ORBIT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 376.10-376.13
CPT: 67515,68200,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 336
Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 736.31-736.32,754.30-754.35,755.61-755.62,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 27001-27006,27036,27140-27165,27179-27185,27256-27259,29305,29325,29861-29863,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 337**
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA (See Guideline Notes 64,65)
Treatment: KERATOPLASTY
ICD-9: 370.00-370.07,370.55,371.00-371.16,371.21,371.23,371.40-371.73
CPT: 65286,65400,65450,65710-65757,65772-65782,65920,66250,66825,66985-66990,68371,76514,92002-92060,92072-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 338**
Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM (See Guideline Notes 64,65,115)
Treatment: MEDICAL THERAPY
ICD-9: 279.00-279.9,287.0,759.0
CPT: 36514-36522,86486,90284,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 339**
Condition: CANCER OF ESOPHAGUS (See Guideline Notes 7,11,12,19,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 150.0-150.9,230.1,284.11,V10.03,V53.50,V53.59,V58.0,V58.11
CPT: 15734,31540,31600,32553,38542,38720,38724,38794,43100-43124,43192,43195,43196,43201,43212-43214,43216-43229,43233,43248,43249,43266,43270,43340,43341,43360,43361,43496,44139-44147,44186,44204-44208,44213,44300,49411,49442,77014,77261-77295,77300-77321,77331-77370,77402-77427,77469,77470,77761-77790,78811-78816,79005-79445,96150-96154,96405,96420-96450,96542-96571,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 340**
Condition: CANCER OF LIVER (See Guideline Notes 7,11,12,33,64,65,78)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.0,155.2,197.7,235.3,284.11,V10.07,V58.0,V58.11
CPT: 32553,36260-36262,37243,37617,43274-43277,47120-47130,47370,47371,47380-47382,47562,47600-47620,47711,47712,48150,49411,77014,77261-77295,77300-77321,77331-77370,77402-77417,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 341**
Condition: CANCER OF PANCREAS (See Guideline Notes 7,11,12,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 157.0-157.3,157.8-157.9,230.9,284.11,V10.09,V58.0,V58.11
CPT: 32553,43260-43265,43273-43278,44130,47721,47741,47760,47785,48140-48155,49324,49325,49327,49411,49412,49421,49422,77014,77261-77290,77295,77300-77321,77331-77370,77402-77421,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 342**
Condition: STROKE (See Guideline Notes 6,64,65,90,125)
Treatment: MEDICAL THERAPY
ICD-9: 338.0,433.01,433.11,433.21,433.31,433.81,433.91,434.00-434.91,436,437.0-437.1,437.6,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 34001,35301,35390,37195,37211,37213-37217,61322,61323,61343,61781,61782,61796-61800,77014,77261-77295,77300,77301,77336,77370-77372,77417-77423,77427-77432,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 343**
Condition: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 277.6,995.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 344**
Condition: PURULENT ENDOPHTHALMITIS (See Guideline Notes 64,65)
Treatment: VITRECTOMY
ICD-9: 360.00-360.04,360.13
CPT: 65101,65800,66020,66030,67005-67036,67041-67043,67515,68200,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 345**
Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC (See Guideline Notes 64,65)
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
ICD-9: 930.0-930.9,V90.01-V90.9
CPT: 65205-65222,67938,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 346**
Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
ICD-9: 442.0,442.3,442.9
CPT: 24900-24931,25900-25931,26910-26952,27590-27598,27880-27889,28800-28825,35001,35002,35011-35021,35141-35152,35572,35682,35683,35875,35876,35903,36002,37609,64802-64818
- Line: 347**
Condition: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.2-527.4
CPT: 40810-40816,42300-42340,42408,42410-42420,42440-42509,42600-42665,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7980-D7983,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 348**
Condition: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 123.1-123.9,124
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 349**
Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 441.2,441.4,441.7-441.9,442.0-442.3,442.81-442.9,447.70-447.73,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33320-33335,33530,33860-33891,33916,34800-35081,35091,35102,35111-35152,35188,35301-35372,35500-35515,35526,35531,35535-35540,35560,35563,35572,35601-35671,35682,35683,35697,35820,35840,35875,35876,35905,35907,36002,36825,36830,37236,37237,37600-37606,37618,38100,75561-75565,75956-75959,92960-92971,92978-92998,93797,93798,93982,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 350
Condition: ARTERIAL ANEURYSM OF NECK (See Guideline Note 6)
Treatment: REPAIR
ICD-9: 442.81-442.82,442.89,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 35301,35321,35516,35518,35572,35691-35695,35800,35820,35875,35876,35901,35905,92960-92971,92978-92998,93797,93798
HCPCS: G0157-G0161,G0422,G0423

Line: 351
Condition: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 595.1,596.0,596.3-596.4,596.51-596.59,596.7,596.81-596.9,598.00-598.9,599.82-599.89,600.01,600.11,600.21,600.91,607.3,608.1,608.83,608.87,753.6,939.0,939.3-939.9,V53.6
CPT: 50845,51040,51100-51102,51525,51700,51705-51715,51800-51845,51880-51980,52001,52214-52240,52260-52287,52305-52315,52355,52400,52500-52649,53020,53040,53400-53500,53600-53665,53855,54115,54161,54220-54250,54420-54435,54520,54640,54670,54680,54700,54830-54861,54900,54901,55400,55450,55520,55600-55680,55801,55821,55831,55862,55865,57220,57287,74445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: C9739,C9740,G0396,G0397,G0406-G0408,G0425-G0427,G0463

ICD-9-CM codes 600.01, 600.11, 600.21, and 600.91, benign prostatic hypertrophy with urinary obstruction, are only included on this line when post-void residuals are at least 150 cc's.

Line: 352
Condition: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See Guideline Notes 7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 277.88,580.0,580.81-580.9,583.0-583.7,584.5-584.9,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36800-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9339,S9537

Line: 353
Condition: VESICULAR FISTULA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.1-596.2
CPT: 44320,44625,44626,51800-51845,51880-51980,53080,53085,53660,53661,57330,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 354
Condition: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 114.0-114.9,115.00-115.91,115.93-115.99,116.0-116.2,117.0-117.4,117.6-117.8,118,518.6
CPT: 32662,33361-33369,33405-33430,35180-35184,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 355
Condition: DISSEMINATED INTRAVASCULAR COAGULATION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 286.6
CPT: 15200-15261,25900,25905,25915,25920,25927,26910-26952,27598,27880-27882,27888,27889,28800-28825,30150,54130,54135,69110,69120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 356
Condition: CANCER OF PROSTATE GLAND (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 185.233.4,236.5,284.11,V10.46,V58.0,V58.11
CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,51700,52234,52240,52281,52400,52601-52649,53600,53601,53855,54520,54530,55810-55866,58960,77014,77261-77295,77300-77370,77402-77421,77424-77427,77469,77470,77776-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0458,G0463,S9537,S9560

Line: 357
Condition: SYSTEMIC SCLEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 710.1
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 358
Condition: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN (See Guideline Note 107)
Treatment: HYPERBARIC OXYGEN
ICD-9: 040.0,526.4,526.89,639.0,639.6,670.02-670.04,673.00-673.04,686.00-686.09,709.3,728.0,730.91-730.99,785.4,958.0,990,996.52,996.70-996.79,999.1
CPT: 99183

Line: 359
Condition: BENIGN CEREBRAL CYSTS
Treatment: DRAINAGE
ICD-9: 348.0,349.2
CPT: 61120,61150,61151,61314-61316,61516,61522,61524,61781,61782,62223

Line: 360
Condition: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER (See Guideline Notes 64,65,77)
Treatment: MEDICAL THERAPY
ICD-9: 571.0-571.3,571.5-571.6,572.2-572.3,572.8,573.8
CPT: 37182,37183,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 361
Condition: SCLERITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 379.00,379.03-379.19
CPT: 66130,66220-66250,67250,67255,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 362
Condition: RUBEOSIS IRIDIS (See Guideline Notes 64,65)
Treatment: LASER SURGERY
ICD-9: 364.42,364.70-364.77
CPT: 65870,65875,66170,66680,66682,66720,67228,67500,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 363
Condition: DISEASES OF ENDOCARDIUM (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 424.0-424.3,424.90-424.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33310,33315,67027,67028,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 364
Condition: WOUND OF EYE GLOBE (See Guideline Notes 64,65)
Treatment: SURGICAL REPAIR
ICD-9: 871.0-871.9,V58.30
CPT: 65105,65235-65273,65280,65285,65290,66680,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 365
Condition: ACUTE NECROSIS OF LIVER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 570,573.3,573.8
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 366
Condition: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS (See Guideline Notes 7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 403.00-403.90,581.0-581.3,581.81-581.9,582.0-582.4,582.81-582.9,587,588.0-588.1,588.89,589.0-589.9,593.9,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36514-36516,36800-36821,36825-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9339,S9355,S9537

Line: 367
Condition: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 420.91,422.91,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31750,31760,32659,32661,33010-33050,33975-33993,92960-92971,92978-92998,93750,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,S9348

Line: 368
Condition: HEREDITARY HEMORRHAGIC TELANGIECTASIA
Treatment: EXCISION
ICD-9: 448.0
CPT: 11400-11426,45382,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496
HCPCS: G0396,G0397,G0463

Line: 369
Condition: RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 390,392.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 370
Condition: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 271.2-271.9
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 371**
Condition: ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 226.227.0,227.4-227.9,253.0-253.1,253.6,253.9
CPT: 32553,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,79005-79445,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 372**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Notes 91,123)
Treatment: BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
ICD-9: 521.00-521.09,521.30-521.35
HCPCS: D2140-D2394,D2930-D2933,D2941,D2950,D2951,D2954,D2957,D2980,D6980
- Line: 373**
Condition: DENTAL CONDITIONS (EG. SEVERE CARIES, INFECTION) (See Guideline Notes 34,48,91)
Treatment: ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
CPT: 41870,41872
HCPCS: D7220-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7540,D7550,D7960-D7971,D9930
- Line: 374**
Condition: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
ICD-9: 362.21
CPT: 67101-67121,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371
- Line: 375**
Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 6,64,65,90)
Treatment: MEDICAL THERAPY
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.3,094.81-094.9,137.1,138,139.0,139.8,161.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83,263.2,270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0,290.10-290.9,294.10-294.8,299.00-299.81,307.0,310.0-310.1,310.9,315.31-315.39,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.90-333.93,334.0-334.9,335.0,335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.3,340,341.0-341.1,341.20-341.9,342.00-342.92,343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81,348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1,359.21-359.4,359.71-359.9,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,728.10-728.3,740.0-740.2,741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.5,759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89,772.0,772.10-772.9,773.0-773.5,779.7,780.72,781.8,797,850.4,851.03-851.06,851.10-851.39,851.43-851.46,851.50-851.79,851.83-851.86,851.90-851.99,852.00-852.59,853.00-853.19,854.00-854.19,905.0,907.0-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9,982.0-982.8,984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4,995.50-995.69,995.80-995.89,997.00-997.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 21084,31611,61215,92507,92508,92521-92524,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9152
- Line: 376**
Condition: CARDIAC ARRHYTHMIAS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY, PACEMAKER
ICD-9: 426.0,426.10-426.81,426.89-426.9,427.0,427.2,427.31-427.32,427.60-427.9,429.4,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33202-33229,33233-33238,33250-33261,33265,33266,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93657,93724,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 377
Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 767.19-767.3,767.5-767.9,768.9
CPT: 96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 378
Condition: ATHEROSCLEROSIS, PERIPHERAL (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 440.20-440.9,444.21-444.22,445.01-445.02,447.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 27590,27880-27886,34101,34111,34201,34203,35081,35256,35302-35321,35351-35372,35450-35500,35510,35512,35516-35525,35533,35539-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35701-35761,35860,35875-35881,35903,36002,37184-37186,37202,37211,37213,37214,37220-37235,37609,64802-64818,64821-64823,93668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 379
Condition: URINARY SYSTEM CALCULUS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 592.0-592.9,594.0-594.9,V13.01
CPT: 50060-50081,50130,50382-50389,50392,50393,50395,50553,50557,50561,50572,50580,50590,50600-50630,50700,50715,50900,50945,50947,50961-50972,50976,50980,51050-51065,52310-52325,52330-52334,52352,52353,52356,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 380
Condition: CONGENITAL ABSENCE OF VAGINA
Treatment: ARTIFICIAL VAGINA
ICD-9: 752.45,752.49,V55.7
CPT: 56441,56800,57291-57295,57426,57800,99201-99215,99446-99449,99487-99496
HCPCS: G0463

Line: 381
Condition: PENETRATING WOUND OF ORBIT (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 376.6,870.3-870.9,950.0-950.9,V58.30
CPT: 12011,12013,12051,12052,13132,13151,13152,67405-67414,67420-67445,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 382
Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline Notes 6,64,65)
Treatment: OPEN OR CLOSED REDUCTION
ICD-9: 732.1-732.2,733.10-733.19,733.93-733.95,733.97,810.00-810.03,811.00-811.09,812.00-812.09,812.20-812.21,812.40-812.49,813.00-813.08,813.20-813.23,813.40-813.47,813.80-813.83,814.00-814.09,815.00-815.09,816.00-816.03,817.0,818.0,819.0,821.00-821.01,821.20-821.29,822.0,823.00-823.02,823.20-823.22,823.40-823.82,824.0,824.2,824.4,824.6,824.8,825.0,825.20-825.29,827.0,828.0,905.2-905.5,V54.01-V54.12,V54.14-V54.16,V54.20-V54.27,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11740,20650,20670-20694,20900,23470,23500-23515,23570-23630,24130,24500-24587,24620,24635,24650-24685,25119,25210-25240,25259,25320,25337-25393,25440-25447,25450-25652,25671,25800-25830,26520,26600-26615,26645-26665,26676,26720-26770,27130,27175-27181,27230-27236,27244,27267,27268,27350,27409,27424,27430,27435,27465-27468,27500-27540,27610,27656,27664,27712,27750-27829,27846,27848,28400-28531,28730,29049-29105,29126-29131,29240,29305-29445,29505,29515,29700-29710,29720,29850-29856,29874-29879,29897,29898,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 383**
Condition: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 51,64,65,103)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00,388.02-388.2,388.40-388.5,388.8,389.00-389.9,V53.2
CPT: 69210,69424-69436,69714,69715,92590-92595,92597,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 384**
Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Coding Specification Below) (See Guideline Notes 6,15,64,65,71,83,104,114)
Treatment: ARTHROPLASTY/RECONSTRUCTION
ICD-9: 714.0,714.30-714.33,715.10-715.38,715.90-715.98,716.10-716.19,718.05,719.10-719.19,719.85,732.7,733.40-733.49,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20610,20690-20694,23120,23470-23474,23800,23802,24000,24006,24101,24102,24130,24160,24164,24360-24371,24800,24802,25000,25101-25109,25115-25119,25210,25215,25240,25270,25320,25337,25390-25393,25441-25492,25800,25810-25830,26320,26516-26536,26820-26863,26990-26992,27036,27090,27091,27122-27132,27187,27284,27286,27358,27437-27454,27457,27580,27620-27626,27641,27700-27704,27870,27871,28090,28104,28114,28116,28122,28715,28725,28740,28750,29819-29826,29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29891,29892,29894-29899,29904-29916,77014,77261-77290,77295,77300,77305-77315,77331-77336,77401-77423,77427,77470,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2118,S2325

Knee arthroscopy (29871, 29873- 29876, 29884-29887) is not included on this line for coverage when paired with osteoarthritis/osteoarthrosis of the knee (715.16, 715.26, 715.36, and 715.96).
- Line: 385**
Condition: ANEURYSM OF PULMONARY ARTERY (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 417.0-417.9,901.41,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 32480-32488,32501,32505-32540,32666-32670,33726,33917-33922,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463
- Line: 386**
Condition: BODY INFESTATIONS (EG. LICE, SCABIES) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 132.0-132.9,133.0-133.9,134.0-134.9
CPT: 96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 387**
Condition: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 088.0,088.81-088.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 388**
Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 333.0-333.6,333.71-333.81,333.83,333.89-333.90,333.92,478.74-478.75,V53.09
CPT: 31513,31528,31529,31570,31571,31582,31641,64612,64616,95873,95874,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Chemodenervation with botulinum toxin injection (CPT 64612, 64616) is included on this line only for treatment of blepharospasm (ICD-9 333.81), spasmodic torticollis (ICD-9 333.83), and other fragments of torsion dystonia (ICD-9 333.89).

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 389
Condition: CYST AND PSEUDOCYST OF PANCREAS (See Guideline Notes 64,65)
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-9: 577.2
CPT: 43240,48000-48020,48105-48148,48152-48154,48500-48540,48548,49322,49324,49325,49421-49424,64680,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 390
Condition: CONVERSION DISORDER, CHILD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0038,H2010-H2014,H2021,H2022,H2027,H2032,S9484,T1016

Line: 391
Condition: ACUTE SINUSITIS (See Guideline Notes 35,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 461.0-461.9
CPT: 31000-31090,31256,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2342

Line: 392
Condition: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
ICD-9: 364.41
CPT: 65810,65815,65930,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: 393
Condition: ENTROPION
Treatment: REPAIR
ICD-9: 374.00-374.05
CPT: 67820-67850,67880,67882,67921-67924,67950-67975,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: 394
Condition: SPONTANEOUS ABORTION (See Guideline Notes 64,65,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 631.0-631.8,634.20-634.92
CPT: 59812-59821,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 395
Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL (See Guideline Notes 36,64,65)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-9: 034.0-034.1,101.474.00-474.02,474.11,474.8
CPT: 42820-42826,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 396
Condition: GIARDIASIS, INTESTINAL HELMINTHIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 007.1,120.0-120.9,121.0-121.9,122.0-122.9,123.0,125.0-125.9,126.0-126.9,127.0-127.9,128.0-128.9,129
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 397**
Condition: AMBLYOPIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 368.00-368.03
CPT: 65778-65782,66820-66986,67311-67343,67901-67909,68135,68320-68328,68335,68340,68371,92002-92065,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 398**
Condition: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER (See Guideline Notes 64,65)
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.7,300.81-300.82,300.9,306.0-306.4,306.50-306.9,307.80,307.89
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0034,H0037,H0038,H2010,H2021-H2023,H2027,H2033,S9484,T1016
- Line: 399**
Condition: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN (See Guideline Note 107)
Treatment: HYPERBARIC OXYGEN
ICD-9: 986,987.0-987.9,993.3
CPT: 99183
- Line: 400**
Condition: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,37,64,65,72,92,94,100,101,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 336.0,344.60-344.61,349.2,722.0,722.10-722.2,722.70-722.73,723.4,724.4,742.59,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20660-20662,20665,20930-20938,22532-22819,22840-22865,62287,62311,62355,62365-63091,63170-63200,63270-63273,63295-63610,63650,63655,63685,64483,64484,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2350,S2351
- Line: 401**
Condition: ENCEPHALOCELE
Treatment: SURGICAL TREATMENT
ICD-9: 742.0
CPT: 20664,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746
- Line: 402**
Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (See Guideline Notes 64,65)
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 209.61-209.62,212.0-212.9
CPT: 19260-19272,21627,21630,31512,31541-31546,31630,31631,31636-31641,31770,31775,32320,32480-32488,32505-32540,32553,32661,32662,32666-32670,32673,33120,33130,39000,39010,39220,49411,60520-60522,77014,77261-77290,77295,77315,77326-77370,77402-77432,77469,77470,77520-77790,79005-79445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 403**
Condition: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM
Treatment: SURGICAL TREATMENT
ICD-9: 621.4,623.2-623.3,626.8,752.40,752.42,752.44,752.46-752.47
CPT: 56442,56700,57130,57400,58120,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496
HCPCS: G0396,G0397,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 404**
Condition: RETINAL TEAR (See Guideline Notes 64,65)
Treatment: LASER PROPHYLAXIS
ICD-9: 361.30,361.32-361.33
CPT: 67141,67145,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 405**
Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 380.00-380.03,380.11,380.21,383.30-383.89,384.1,384.81-384.82,385.00-385.9
CPT: 21235,69220,69420-69540,69601-69646,69662,69670,69700,69905,69910,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 406**
Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, POTENTIALLY RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,98,120)
Treatment: REPAIR
ICD-9: 726.5,727.59,727.62-727.65,727.67-727.69,728.83,728.89,736.1,756.89,841.0-841.9,842.00-842.19,843.0-843.9,845.00-845.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550,20610,23430,24340-24342,24344,25310,26055,26350-26412,26418-26437,26474,26497,26530,26540,26775,26776,27380-27386,27650-27654,27658-27675,27695-27698,27829,28200-28210,29065-29105,29126-29280,29345-29425,29440,29445,29505-29540,29700,29705,29828,29861-29863,29901,29902,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 407**
Condition: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION (See Guideline Notes 6,38,64,65,90)
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.3,094.81-094.9,137.1,138,139.0,139.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83,263.2,270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0,290.10-290.9,294.10-294.8,299.00-299.81,310.0-310.1,310.9,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.90-333.93,334.0-334.9,335.0,335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.20-337.3,340,341.0-341.1,341.20-341.9,342.00-342.92,343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81,348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1,359.21-359.4,359.71-359.9,369.00-369.8,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,728.10-728.3,736.00-736.09,736.20-736.9,740.0-740.2,741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.5,759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89,772.0,772.10-772.9,773.0-773.5,779.7,780.72,781.8,797,850.4,851.03-851.06,851.10-851.39,851.43-851.46,851.50-851.79,851.83-851.86,851.90-851.99,852.00-852.59,853.00-853.19,854.00-854.19,905.0,907.0-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9,982.0-982.8,984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4,995.50-995.69,995.80-995.89,997.00-997.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 61215,92002-92014,92083,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2117
- Line: 408**
Condition: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 284.12,284.81-284.9,285.21-285.3,285.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 409
Condition: ESOPHAGEAL STRICTURE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.3,V53.50,V53.59
CPT: 32110-32124,32820,43192,43195,43196,43201,43212-43214,43220,43226,43229,43233,43248,43249,43266,43279,43330,43410-43453,44300,44372,44373,49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 410
Condition: CHRONIC ULCER OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 454.0,454.2,459.11,459.13,459.31,459.33,707.00-707.9,V58.30
CPT: 10060,10061,11000-11047,14000-15136,15200-15221,15241-15770,15920-15958,27598,28122,28810,29445,29580-29584,37700-37785,96150-96154,97036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7920,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463

Line: 411
Condition: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS
Treatment: SURGICAL TREATMENT
ICD-9: 530.10-530.11,530.13-530.19,530.6,530.81-530.83,530.89,551.3,552.3,553.3
CPT: 39503-39541,39560,39561,43030,43130,43135,43192,43201,43227,43279-43282,43327-43337

Line: 412
Condition: BULIMIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.51,307.54
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 413
Condition: CENTRAL SEROUS RETINOPATHY (See Coding Specification Below) (See Guideline Note 10)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 360.30-360.34,362.40-362.41,362.60-362.77,363.21
CPT: 66020,67005-67028,67036-67043,67210,67515,68200,92002-92060,92081-92100,92134-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99223,99231-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

CPT 67027 (Implantation of intravitreal drug delivery system) is included on this line for use with medications other than intraocular steroid implants.

Line: 414
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3310,D3332

Line: 415
Condition: SUPERFICIAL INJURIES WITH INFECTION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 910.1,910.3,910.5,910.7,910.9,911.1,911.3,911.5,911.7,911.9,912.1,912.3,912.5,912.7,912.9,913.1,913.3,913.5,913.7,913.9,914.1,914.3,914.5,914.7,914.9,915.1,915.3,915.5,915.7,915.9,916.1,916.3,916.5,916.7,916.9,917.1,917.3,917.5,917.7,917.9,919.1,919.3,919.5,919.7,919.9,958.3
CPT: 10120-10160,11000,11001,12001-12014,28190,29515,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 416
Condition: PITUITARY DWARFISM (See Guideline Notes 64,65,74)
Treatment: MEDICAL THERAPY
ICD-9: 253.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9558

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 417
Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.21
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005,T1016

Line: 418
Condition: ACUTE OTITIS MEDIA (See Guideline Notes 29,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 381.00-381.06,381.51,381.81-381.9,382.00-382.02,382.4-382.9,384.00-384.09,993.0
CPT: 69210,69420-69436,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 419
Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.01,300.21-300.22
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 420
Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-9: 464.01-464.4,464.51
CPT: 31600-31605,31820-31830,94640,94664,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 421
Condition: ACHALASIA, NON-NEONATAL (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 513.1,519.2,530.0,530.5
CPT: 39000,39010,43192,43195,43196,43201,43212-43214,43220,43226,43229,43233,43248,43249,43266,43279,43280,43325-43331,43450,43460,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2079

Chemodenervation with botulinum toxin injection (CPT 43201) is included on this line for treatment of achalasia (ICD-9 530.0)

Line: 422
Condition: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Notes 39,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 617.0-617.9
CPT: 49203-49205,49322,58145-58150,58260-58263,58290-58292,58550-58554,58570-58573,58660-58662,58740,58940,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9560

Line: 423
Condition: ESOPHAGITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 530.10-530.21,530.6,530.81,530.83,530.85,530.89-530.9,551.3,552.3,553.3
CPT: 43248,43249,43255,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 424**
Condition: INFLUENZA (See Guideline Note 87)
Treatment: MEDICAL THERAPY
ICD-9: 487.0-487.8,488.01-488.89
CPT: 94640,98966-98969,99051,99060,99070,99078,99201-99223,99231-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 425**
Condition: EATING DISORDER NOS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50,307.54-307.59
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 426**
Condition: ANOGENITAL VIRAL WARTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 078.11
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 427**
Condition: LYMPHADENITIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 289.1,289.3,683
CPT: 10030,10060,10061,38300-38308,38542,49405-49407,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 428**
Condition: UTERINE LEIOMYOMA (See Guideline Notes 40,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 218.0-218.9,219.0-219.9,621.0-621.2
CPT: 37243,58120-58180,58260-58263,58290-58292,58541-58554,58559,58561,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9560
- Line: 429**
Condition: APHAKIA AND OTHER DISORDERS OF LENS (See Guideline Notes 64,65)
Treatment: INTRAOCULAR LENS
ICD-9: 379.31-379.39
CPT: 65750,65765,65767,66825,66985-66990,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 430**
Condition: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING (See Guideline Notes 64,65)
Treatment: RECONSTRUCT OF EAR CANAL
ICD-9: 380.50-380.53,744.00-744.09
CPT: 15040,15110-15120,15130-15157,69310,69320,69631-69637,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 431**
Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.12-300.15,300.6
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 432**
Condition: EPIDERMOLYSIS BULLOSA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 757.39
CPT: 11000,11001,96150-96154,96900-96913,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 433**
Condition: DELIRIUM DUE TO MEDICAL CAUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 293.0-293.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 434**
Condition: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 6,41,64,65,100,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 721.1,721.41-721.6,721.91,723.0,724.00-724.09,732.0,737.0,737.10-737.39,737.8-737.9,754.2,756.13-756.19,756.3,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,29000-29046,29710-29720,62287,63001-63091,63170,63180-63200,63295-63610,63650,63655,63685,77014,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 435**
Condition: MIGRAINE HEADACHES (See Guideline Notes 64,65,92)
Treatment: MEDICAL THERAPY
ICD-9: 339.00-339.09,346.00-346.93
CPT: 64615,92002-92014,92081-92083,96150-96154,97810-98925,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 436**
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3320,D3332
- Line: 437**
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.00-295.05,301.22
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 438**
Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 607.1,607.81-607.83,607.85-607.89
CPT: 53431,54000-54015,54110-54112,54200,54205,54230-54250,54450,74445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 439
Condition: SICCA SYNDROME; POLYMYALGIA RHEUMATICA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 710.2,725
CPT: 68760,68761,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 440
Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION (See Guideline Notes 64,65,119,125)
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
ICD-9: 362.34,388.02,433.00,433.10,433.20,433.30,433.80,433.90,435.0-435.9,V12.54
CPT: 34001,35301,35390,35606,37202,37215-37217,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 441
Condition: PERIPHERAL NERVE ENTRAPMENT (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 354.0,354.2,355.3,355.5,728.6,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20526,25109,25111,25118,25447,26035,26060,26121-26180,26320,26440-26498,28035,29105,29515,29848,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,97001-97004,97012,97022,97110-97124,97140-97530,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 442
Condition: MENIERE'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 386.00-386.04
CPT: 69666,69667,69801-69806,69915,69950,92531-92542,92544-92548,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 443
Condition: DISORDERS OF SHOULDER,POTENTIALLY RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,97)
Treatment: REPAIR, MEDICAL THERAPY
ICD-9: 718.01,718.11,718.21,718.31,718.51,718.81,726.0,726.10-726.11,726.13-726.2,727.61,840.0-840.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550,20600-20610,20615,23000,23020,23105-23130,23190,23195,23334,23335,23395,23410-23466,23490,23491,23650-23700,29806-29828,97001-97004,97012,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 444
Condition: INCONTINENCE OF FECES (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 787.60-787.61,787.63
CPT: 46750-46762,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 445
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 42,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.9,313.81
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 446**
Condition: MENSTRUAL BLEEDING DISORDERS (See Guideline Notes 44,64,65,88)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 621.7,626.2-626.6,626.8-626.9,627.0,752.43
CPT: 57800,58120,58150,58180,58260,58262,58290,58291,58300,58301,58353,58356,58541-58544,58550-58554,58561-58563,58570-58573,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 447**
Condition: SARCOIDOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 135
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 448**
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Notes 6,43,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 338.22,349.0,349.31-349.39,457.0-457.1,519.00,519.02,530.86-530.87,536.40,536.42-536.49,539.09,539.89,569.60,569.62-569.79,629.31-629.32,990,996.30-996.32,996.52-996.55,996.57-996.59,997.60-997.61,997.69,997.91-997.99,998.12-998.13,998.4,998.7,998.82-998.89,999.2,999.51-999.79,V53.02,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 10140,10160,11042-11047,11976,11982,11983,13160-14001,15002-15040,15100-15157,19328,19330,19371,19380,20661,20680,20694,21120,21501,22849,22850,22852,22855,24160,24164,25250,25251,25449,25909,26320,26990,27090,27091,27132-27138,27265,27266,27301,27486-27488,27570,27603,27704,27884,27886,29582-29584,31613,31614,31630,31631,31636-31638,31641,31750-31781,31800-31830,33922,35875,35876,35901-35905,36860,36861,37224,37228,43772-43774,43848,43870,44227,44312,44314,44340-44346,44620-44626,47525,47530,49422,49429,53442,53446-53449,57295,57296,58301,58562,62100,62273,63661-63664,63688,63707,63709,64595,64788,65150-65175,65920,66825,66985,66986,67036,67121,67560,69711,75984,92002-92014,92507,92508,92521-92526,92607-92609,92633,97001-97004,97012,97022,97036,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,G0463,S9152
- Line: 449**
Condition: ADRENOGENITAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 255.2,752.7
CPT: 50700,54690,56800-56810,57335,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 450**
Condition: NON-MALIGNANT OTITIS EXTERNA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.82,380.10,380.12-380.13,380.15-380.16,380.22-380.23
CPT: 69000,69020,69210,92633,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 451**
Condition: VAGINITIS, TRICHOMONIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.1,131.00-131.9,616.10-616.11,623.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

Line: 452
Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;
CONGENITAL ANOMALIES OF EYE (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 378.00-378.9,743.00-743.9
CPT: 65778-65782,66820-66986,67311-67345,67901-67909,68135,68320-68328,68335,68340,68371,92002-92065,
92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,
99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-9 378.73).

Line: 453
Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND
UTERUS; OVARIAN CYSTS; STREAK OVARIES (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 220,221.0,620.0-620.2,620.4,620.7,752.0
CPT: 49322,58559,58561,58562,58660-58662,58700-58740,58800,58805,58900-58943,98966-98969,99051,99060,
99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-
99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 454
Condition: URETHRAL FISTULA (See Guideline Notes 64,65)
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 599.1-599.2,599.4
CPT: 45820,53230-53250,53520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,
99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 455
Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, POTENTIALLY
RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,98,104)
Treatment: REPAIR, MEDICAL THERAPY
ICD-9: 717.0-717.3,717.40-717.49,717.6,717.81-717.89,718.56,727.66,836.0-836.2,844.0-844.9,V57.1,V57.21-V57.3,
V57.81-V57.89
CPT: 20610,27332-27335,27340,27350,27380,27381,27403-27416,27420-27430,29345-29445,29505,29530,29705,
29871-29889,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,
99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-
99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 456
Condition: OPEN WOUND OF EAR DRUM
Treatment: TYMPANOPLASTY
ICD-9: 872.61
CPT: 69450,69610-69643

Line: 457
Condition: PERSISTENT DEPRESSIVE DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.4-300.5
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-
99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,
H2014,H2021-H2023,H2027,H2032,H2033,S9480,S9484,T1016

Line: 458
Condition: HYPOSPADIAS AND EPISPADIAS (See Guideline Notes 64,65,73,89)
Treatment: REPAIR
ICD-9: 752.61-752.63,752.65-752.69,959.13
CPT: 14040,51715,53431,54230-54390,54420,54430,54440,55175,55180,74445,98966-98969,99051,99060,99070,
99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,
99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 459
Condition: CANCER OF GALLBLADDER AND OTHER BILIARY (See Guideline Notes 7,11,12,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.1,156.0-156.9,230.8,284.11,V10.09,V58.0,V58.11
CPT: 32553,43260-43265,43273-43278,47510-47525,47562-47570,47600-47620,47711,47712,47741,47785,48145-48155,49327,49411,49412,60540,77014,77261-77290,77295,77300,77305-77327,77331-77370,77402-77421,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 460
Condition: DYSTROPHY OF VULVA (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 624.01-624.1,701.0
CPT: 56501,56515,56620,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

ICD-9 701.0 is included on this line only for the diagnosis of lichen sclerosis.

Line: 461
Condition: RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65)
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-9: 371.42
CPT: 65435,65436,65600,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 462
Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 307.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0023,H0032,H0034-H0039,H2010-H2014,H2021-H2023,H2027,H2032,S9125,S9480,S9484,T1016

Line: 463
Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 939.1-939.2,V90.01-V90.9
CPT: 57415,58120,58562,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 464
Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
ICD-9: 374.86,729.6,V90.01-V90.9
CPT: 10120,10121,20520,20525,23330,23333,24200,24201,25248,27086,27087,27372,28190-28193,40804,41805,55120

Line: 465
Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,65,117)
Treatment: SURGICAL TREATMENT INCLUDING LASER SURGERY, MEDICAL THERAPY INCLUDING INJECTION
ICD-9: 362.30,362.35-362.36
CPT: 67028,67228,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 466
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 350.1-350.9,352.0-352.9,V53.02
CPT: 32553,49411,61450,61458,61790-61800,64568-64570,64600-64610,64716,77014,77261-77295,77300,77301,77336-77372,77417-77432,77469,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 467
Condition: MALUNION AND NONUNION OF FRACTURE (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 733.81-733.82,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20680-20694,20900,20902,20955-20975,21244,21462,21750,21825,23472-23485,24130,24140,24400,24410,24430,24435,25259,25400-25440,25628,26185,26546,26565,26567,26841,27125,27130,27165,27170,27217,27465-27472,27656,27707,27720-27726,27824-27829,27880-27888,28315-28322,28485,28725,29075,29345,29405,29425,29825,29826,29904-29907,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 468
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3330,D3332

Line: 469
Condition: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Notes 45,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.0-309.1,309.23-309.4,309.82-309.9,V61.20,V62.82
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0459,G0463,H0004,H0023,H0032-H0038,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016

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

Line: 470
Condition: HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 64,65,103)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00-388.01,388.10-388.5,389.00-389.9,V53.2
CPT: 69210,69714,69715,92562-92565,92571-92577,92590-92595,92597,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 471
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.20-307.23
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0034,H0036-H0038,H2010-H2014,H2021,H2022,H2027,H2032,S9484,T1016

Line: 472
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 440.0-440.1
CPT: 35450,35452,35471,35501-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35654,35663,35697,35820,35840,35875,35876,35905,35907,37184-37186,37211,37213,37214,37236,37237,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 473**
Condition: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65)
Treatment: VITRECTOMY, LASER SURGERY
ICD-9: 362.50-362.57,362.83
CPT: 66990,67028,67039-67043,67210,67221,67225,67515,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 474**
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016
- Line: 475**
Condition: DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 360.21,360.34,367.0-367.1,367.20-367.9,368.10-368.11,368.13-368.34,368.51-368.9,V53.1
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 476**
Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 364.61-364.64,364.81-364.89,376.30-376.40,376.42-376.47,376.81
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 477**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH, PROSTHESIS FAILURE) (See Guideline Note 62)
Treatment: REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES)
HCPCS: D5110-D5212,D5520-D5761,D5820,D5821
- Line: 478**
Condition: URINARY INCONTINENCE (See Guideline Notes 6,47,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 599.81,625.6,788.31-788.33,788.38,788.91
CPT: 20922,51840-51845,51990,51992,53446,53448,57160,57220,57260,57267,57280-57289,57423,57425,90911,96150-96154,97001,97002,97110,97140,97530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 479**
Condition: DISORDERS OF PLASMA PROTEIN METABOLISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 273.0-273.3,273.8-273.9
CPT: 36514-36516,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 480**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3346,D3410,D3430

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 481**
Condition: FACTITIOUS DISORDERS (See Guideline Notes 64,65)
Treatment: CONSULTATION
ICD-9: 300.16-300.19,301.51
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0037,H2010,H2011,H2013,H2021,H2022,H2033,S9484,T1016
- Line: 482**
Condition: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.6-771.7
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 483**
Condition: SIMPLE PHOBIAS AND SOCIAL ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.23-300.29
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9484,T1016
- Line: 484**
Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 466.0,466.11-466.19,519.11
CPT: 31600-31603,31820,31825,94640,94664,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 485**
Condition: CENTRAL PTERYGIUM (See Guideline Notes 64,65)
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-9: 372.43
CPT: 32553,49411,65420,65426,77326,77336-77370,77424-77427,77469,77789,79005-79445,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 486**
Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX (See Guideline Notes 64,65)
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 478.25-478.26,744.41-744.46,744.49,759.2
CPT: 38550,38555,42808,42810,42815,60000,60280,60281,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 487**
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3,625.4
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S9480,S9484,T1005,T1016

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 488**
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.00,300.02-300.09,307.46,313.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016
- Line: 489**
Condition: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Notes 6,64,65,92,104)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 713.5,715.00-715.98,716.00-716.19,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11042,11045,20600-20610,25000,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 490**
Condition: ATELECTASIS (COLLAPSE OF LUNG) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 518.0-518.1
CPT: 31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 491**
Condition: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Note 49)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.11-389.12,389.14,389.16,389.18
CPT: 69717,69718,69930,92562-92565,92571-92577,92590,92591,92601-92604,92626-92630,96150-96154
- Line: 492**
Condition: UTERINE PROLAPSE; CYSTOCELE (See Guideline Notes 50,64,65)
Treatment: SURGICAL REPAIR
ICD-9: 618.00-618.9
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220-57289,57423,57425,57545,57555,57556,58150,58152,58260-58280,58290-58294,58550-58554,58570-58573,97001,97002,97110,97140,97530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 493**
Condition: BRACHIAL PLEXUS LESIONS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 353.0
CPT: 21615,21616,21700,21705,97001-97004,97022,97024,97110,97112,97116,97124,97140,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 494**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: ADVANCED RESTORATIVE (I.E. BASIC CROWNS)
HCPCS: D2710,D2712,D2751,D2752
- Line: 495**
Condition: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT (See Guideline Notes 64,65,74,88)
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
ICD-9: 256.1-256.2,256.31-256.9,257.0-257.9,259.0,259.50-259.52,608.3,620.3,627.1-627.9,716.30-716.39,752.0,758.6-758.7
CPT: 54520,54690,58300,58301,58660-58662,58740,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9558

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 496
Condition: FUNCTIONAL ENCOPRESIS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: 497
Condition: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT (See Guideline Notes 64,65)
Treatment: PTOSIS REPAIR
ICD-9: 374.20-374.43,374.46
CPT: 15822,15823,67710,67875-67912,67917,67961,67971,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 498
Condition: CHRONIC SINUSITIS (See Guideline Notes 35,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 473.0-473.9
CPT: 30000,30020,30110-30140,30200-30930,31000-31230,31237-31297,42830,42835,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Funding Level as of January 1, 2012

Line: 499
Condition: KERATOCONJUNCTIVITIS AND CORNEAL NEOVASCULARIZATION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.20-370.54,370.59-370.9,371.43-371.44,371.48
CPT: 67515,67880,67882,68200,68760,68761,68801-68840,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 500
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.23
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016

Line: 501
Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, INCISION
ICD-9: 455.1-455.2,455.4-455.5,455.7-455.8
CPT: 44391,45317,45320,45334,45335,45339,45381,45382,46083,46220,46221,46250-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 502
Condition: CHRONIC OTITIS MEDIA (See Guideline Notes 51,64,65,76)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 380.50-380.53,381.10-381.89,382.1-382.3,382.9,383.1,383.20-383.31,383.9,384.20-384.9
CPT: 42830-42836,69210-69222,69310,69400-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 503
Condition: RECTAL PROLAPSE (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 569.1-569.2,569.89
CPT: 44139-44144,44204-44208,44213,44701,45130,45135,45303,45400,45402,45505-45541,45900,46500,46604,46700,46705,46750,46751,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 504
Condition: OTOSCLEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 387.0-387.9
CPT: 69650-69662,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 505
Condition: FOREIGN BODY IN EAR AND NOSE (See Guideline Notes 64,65)
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 931-932,V90.01-V90.9
CPT: 30300-30320,69200,69205,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 506
Condition: ANAL FISTULA; CHRONIC ANAL FISSURE (See Guideline Notes 52,64,65)
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-9: 565.0-565.1
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46505,46700,46706,46707,46940,46942,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 507
Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY (See Guideline Notes 6,64,65,100,109)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.2,805.4,805.6,805.8,809.0,839.42-839.49,905.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20930-20938,22305,22310,22325-22328,22520-22819,22840-22855,27216,27218,29035-29046,29700,29710,29720,63001-63011,72291,72292,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 508
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.00-312.23,312.4,312.81-312.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016

Line: 509
Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 610.0-610.9,611.2,611.5,611.89
CPT: 10160,19000,19001,19110-19126,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 510
Condition: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 616.0,623.6,623.8-623.9,624.5
CPT: 56405,56501,56515,57135,57200,57210,57511-57520,57530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 511
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 616.2,616.50-616.9
CPT: 10060,10061,11004,56440,56501,56515,56740,57135,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 512
Condition: LICHEN PLANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 697.0-697.9
CPT: 11900,11901,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 513
Condition: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-9: 727.51
CPT: 27345

Line: 514
Condition: ENOPHTHALMOS (See Guideline Notes 64,65)
Treatment: ORBITAL IMPLANT
ICD-9: 372.64,376.50-376.52
CPT: 20902,21076,21077,67550,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D5915,D5928,D5992,D5993,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 515
Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: TARSORRHAPHY
ICD-9: 351.0-351.9,370.34,374.44-374.45,374.89
CPT: 15840-15842,64864-64870,67875-67882,67911,67917,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 516
Condition: PERIPHERAL ENTHESOPATHIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 720.1,726.12,726.30-726.4,726.60-726.91,728.81,V53.02,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 517
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 110.0-110.9,111.0-111.9
CPT: 11720-11732,11750,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

Line: 518
Condition: CONVERSION DISORDER, ADULT (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10-300.11
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0039,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S9484,T1016

Line: 519
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 805.6,807.00-807.09,807.2,839.41
CPT: 21800,21820,27200,29200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 520
Condition: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
ICD-9: 343.0
CPT: 21720,21725,62350-62370,63185,63190,63295,95990

Line: 521
Condition: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4,302.50,302.6,302.85,302.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S9484,T1016

Line: 522
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)
Treatment: ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING)
HCPCS: D4240-D4245,D4260,D4261,D4268-D4321,D4381,D5982

Line: 523
Condition: HEPATORENAL SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 572.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 524
Condition: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID
Treatment: ECTROPION REPAIR
ICD-9: 216.1,224.0-224.9,372.63,374.10-374.14,374.85
CPT: 21280,21282,67343,67700-67808,67820-67850,67880,67882,67914-67924,67950-67975,68110-68135,68320-68340,68362,68705,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: 525
Condition: PHIMOSIS
Treatment: SURGICAL TREATMENT
ICD-9: 605
CPT: 54150-54161

Line: 526
Condition: CERUMEN IMPACTION (See Guideline Notes 64,65)
Treatment: REMOVAL OF EAR WAX
ICD-9: 380.4
CPT: 69210,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 527**
Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.5-527.9
CPT: 40810-40816,42300,42305,42330-42340,42408-42425,42440-42510,42600-42665,64611,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7980-D7982,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 528**
Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 372.10-372.13,372.20-372.39,372.53,372.73,374.55
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 529**
Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSSTROPHY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4
CPT: 20550-20553,20600,20610,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 530**
Condition: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.34,695.0,695.2-695.4,695.50-695.9
CPT: 17340,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 531**
Condition: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
ICD-9: 720.1,726.12,726.30-726.4,726.60-726.91,728.81
CPT: 20550-20553,20600-20610,21032,23931,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26556,26565-26596,26820-26863,27060,27062,27096,27097,27100-27122,27140-27185,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907
- Line: 532**
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 471.0-471.9,478.11-478.19,993.1
CPT: 30000,30020,30110-30140,30200-30930,31000-31230,31237-31297,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 533**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3347,D3421,D3426,D3430,D3450
- Line: 534**
Condition: CIRCUMSCRIBED SCLERODERMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 701.0
CPT: 11900,11901,17000-17004,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 535**
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 353.0-353.9,354.1,354.3-354.9,355.0,355.71-355.8,357.2,357.5-357.7,357.81-357.9,723.2
CPT: 90284,97001-97004,97022,97024,97110,97112,97116,97124,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 536**
Condition: CLOSED FRACTURE OF GREAT TOE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0,V54.19,V54.29
CPT: 11740,28470,28490-28496,29425,29550,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 537**
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 375.00-375.9,710.2,743.65,870.2
CPT: 67880,67882,68530,68760,68761,68801-68840,92002-92060,92071,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 538**
Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 64,65,96)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 209.64,223.0-223.3,223.81-223.9
CPT: 50542,50543,50545,50546,50562,52224,52282,53260,53265,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 539**
Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 379.54,386.10-386.2,386.40-386.9,994.6
CPT: 69666,69667,69805,69806,69915,69950,92531-92542,92544-92548,95992,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 540**
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0
CPT: 28510,28515
- Line: 541**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 451.0,451.2,451.82,451.84-451.9,453.6,453.71,V58.61
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 542
Condition: DISORDERS OF SWEAT GLANDS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 705.0-705.1,705.21-705.9,780.8
CPT: 11450-11471,64650,64653,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Chemodenervation with botulinum toxin injection (CPT 64650, 64653) is included on this line for the treatment of axillary hyperhidrosis and palmar hyperhidrosis (ICD-9 705.2 and 780.8)

Line: 543
Condition: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,65)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-9: 478.30-478.34,478.70
CPT: 31582,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 544
Condition: DELUSIONAL DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.0-297.2,297.8-297.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99304-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 545
Condition: CYSTIC ACNE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 705.83,706.0-706.1
CPT: 10040-10061,11450-11471,11900,11901,17000,17340,17360,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 546
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-9: 302.70-302.79,607.84
CPT: 54400-54417,90785,90832-90840,90846-90853,90882,90887,93980,93981,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0035,H0038,H2011,H2014,H2027,H2032,S9484,T1016

Line: 547
Condition: UNCOMPLICATED HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA) (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-9: 550.90-550.93,553.00-553.29,553.8-553.9
CPT: 44050,49250,49505,49520,49525-49550,49555,49560,49565,49568,49570,49580,49585,49590,49650-49659,55540,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 548
Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
ICD-9: 212.0
CPT: 30117-30150,30520,31020,31032,31201,69145,69501-69554,69960

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 549**
Condition: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 213.0-213.9,215.0-215.9,526.0-526.3,526.89,719.20-719.29,733.20-733.29,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20610,20615,20900,20930-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600,21930-21936,22532-22819,22851,23071-23076,23101,23140-23156,23200,24071-24079,24105-24126,24420,24498,25000,25071,25073,25110-25136,25170-25240,25295-25301,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27337,27339,27355-27358,27365,27465-27468,27495,27630-27638,27645-27647,27656,27745,28039-28045,28100-28108,28122,28124,28171-28175,28820,28825,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,96405,96406,96420-96440,96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 550**
Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,65)
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-9: 718.02-718.05,718.09,718.13-718.15,718.19,718.52-718.55,718.59-718.65,718.82-718.86,718.89,719.81-719.89,728.79,732.3,732.6,732.8-732.9,733.90-733.91,736.00-736.04,736.07-736.09,736.20,736.29-736.30,736.39-736.42,736.6,736.76-736.79,736.89-736.9,738.6,738.8,754.42-754.44,754.61,754.81-754.89,755.50-755.53,755.56-755.57,755.59-755.60,755.63-755.64,755.69-755.8,756.82-756.89,V49.60-V49.77
CPT: 11042,11045,14040,14041,14301,14302,15040,15110-15120,15130-15261,20150,20690-20694,20900,20920-20924,21740-21743,24000,24006,24101,24102,25101-25109,25320,25335,25337,25390-25393,25441-25492,25810-25830,26035,26055,26060,26121-26180,26320,26390,26432,26440-26556,26565-26596,26820-26863,27096,27097,27100-27122,27140,27185,27306,27307,27435,27448-27455,27465-27468,27475-27485,27590,27656,27676,27685-27690,27705,27715,27727-27742,28300,29075,29130,29345,29540,29861-29863,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 551**
Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 536.0-536.3,536.8-536.9,537.1-537.2,537.5-537.6,537.89-537.9,564.00-564.6,564.89-564.9,839.40
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 552**
Condition: CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSpareunia (See Guideline Notes 55,64,65,110)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 300.81,614.1-614.2,614.4-614.9,615.1-615.9,620.6,625.0-625.2,625.5,625.70-625.9
CPT: 49322,58150,58180,58260,58262,58290,58291,58400,58410,58541-58544,58550-58554,58562,58570-58573,58660-58662,58700-58740,58805,58925,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 553**
Condition: ATOPIC DERMATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 691.8
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 554**
Condition: CONTACT DERMATITIS AND OTHER ECZEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 692.0-692.6,692.70,692.72-692.74,692.79-692.9
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 555**
Condition: HYPOTENSION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 337.01,458.0-458.1,458.21-458.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 556**
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 056.00-056.71,323.81-323.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 557**
Condition: PERIPHERAL NERVE DISORDERS
Treatment: SURGICAL TREATMENT
ICD-9: 353.0-353.9,354.1,354.3-354.9,355.0,355.4,355.71-355.8,723.2
CPT: 23397,64702-64719,64722-64727,64774-64792,64820,64856,64857,64872-64907
- Line: 558**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3348,D3425,D3426,D3430,D3450
- Line: 559**
Condition: ICHTHYOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 757.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 560**
Condition: RAYNAUD'S SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 443.0,443.82-443.9
CPT: 64821-64823,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 561**
Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 355.6,728.71
CPT: 20550,20605,28008,28060,28080,29893,64455,64632,64726,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 562**
Condition: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,37,56,64,65,72,92,94,101,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 336.0,349.2,720.2,721.0,721.2-721.3,721.7-721.8,721.90,722.0,722.10-722.93,723.1,723.3-723.9,724.1-724.2,724.4-724.6,724.70-724.9,739.0-739.9,742.59,754.1,839.20-839.21,847.0-847.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550,20660,20661,20665,22856-22865,27035,62367-62370,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 563
Condition: TENSION HEADACHES (See Coding Specification Below) (See Guideline Notes 64,65,92)
Treatment: MEDICAL THERAPY
ICD-9: 307.81,339.10-339.89,784.0
CPT: 97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

OMT and CMT (CPT 98926- 98929, 98940-98943) pair on this line only with cervicogenic headache.

Line: 564
Condition: MILD PSORIASIS ; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED (See Guideline Notes 57,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 110.0,110.2,110.5-110.6,696.1-696.2,696.8
CPT: 11900,11901,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 565
Condition: DEFORMITIES OF FOOT (See Guideline Notes 64,65)
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-9: 718.07,718.57,718.87,727.1,732.5,735.0-735.9,736.70-736.72,754.50,754.59-754.60,754.69-754.70,754.79,755.65-755.67
CPT: 20920-20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160,28220-28341,28360,28705-28760,29405,29425,29450,29750,29904-29907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 566
Condition: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE (See Guideline Notes 64,65)
Treatment: REMOVAL OF GRANULOMA
ICD-9: 709.4,728.82
CPT: 21011-21014,21552-21556,21930-21933,22901-22903,23071-23076,24071-24076,25071-25076,26111-26116,27043-27048,27327,27328,27337,27339,27618,27619,27632,27634,28039-28045,28192,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 567
Condition: HYDROCELE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 608.84,629.1,778.6
CPT: 54840,55000-55060,55500,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 568
Condition: SYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 708.0-708.1,708.5-708.8,995.7
CPT: 96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 569
Condition: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING (See Guideline Notes 58,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.32-312.35
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

Line: 570
Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,65)
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-9: 456.3-456.5
CPT: 36470,37241,37242,55530,55535,55550,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 571
Condition: ASEPTIC MENINGITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 047.0-047.9,048,049,0-049.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 572
Condition: TMJ DISORDER (See Guideline Notes 64,65)
Treatment: TMJ SPLINTS
ICD-9: 524.60-524.69,848.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7880,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 573
Condition: XEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 706.8
CPT: 11010-11047,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 574
Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 36,64,65)
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-9: 474.00-474.2,474.9
CPT: 42820-42836,42860,42870,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 575
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 558.1-558.3,558.41-558.9
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 576
Condition: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.21-313.22
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016

Line: 577
Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR (See Guideline Notes 64,65)
Treatment: DRAINAGE
ICD-9: 380.30-380.39,380.81-380.89,738.7
CPT: 10140,69000-69020,69140,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 578**
Condition: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.31-373.33,690.10-690.8,698.0-698.9,701.1-701.3,701.8-701.9
CPT: 11000-11057,11200,11201,11401-11406,11900,11950-11954,17000-17004,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 579**
Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 601.1,601.3,601.9,602.0-602.9
CPT: 55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 580**
Condition: CHONDROMALACIA (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 733.92,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 581**
Condition: DYSMENORRHEA (See Guideline Notes 59,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 625.3
CPT: 58150,58180,58260,58290,58541-58544,58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 582**
Condition: OPEN WOUND OF EAR DRUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 872.61
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 583**
Condition: SPASTIC DYSPHONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 478.79
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2340,S2341
- Line: 584**
Condition: MACROMASTIA
Treatment: BREAST REDUCTION
ICD-9: 611.1
CPT: 19318
- Line: 585**
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 372.01-372.06,372.14,372.54,372.56,472.0-472.2,477.0-477.9,995.3,V07.1
CPT: 30420,86486,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 586**
Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS (See Guideline Note 12)
Treatment: LIVER TRANSPLANT
ICD-9: 155.0-155.1,996.82,V58.0,V58.11,V59.6
CPT: 47133-47147,86825-86835
- Line: 587**
Condition: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-9: 221.1-221.9
CPT: 56440,56441,56501,57130,57135
- Line: 588**
Condition: RUMINATION DISORDER OF INFANCY (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.53
CPT: 90785,90832-90840,90846,90849,90887,99051,99060,99217-99239,99324-99350
HCPCS: G0406-G0408,G0410,G0411,G0459,H0023,H0035,H0038,H2011,H2027,S9125,S9484
- Line: 589**
Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 373.11-373.12,373.2,374.50,374.54,374.56,374.84
CPT: 67700,67800-67808,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 590**
Condition: CONDUCTIVE HEARING LOSS
Treatment: AUDIANT BONE CONDUCTORS
ICD-9: 389.00-389.08,389.20-389.22
CPT: 69710,69711,92562-92565,92571-92577,92590,92591
- Line: 591**
Condition: ACUTE ANAL FISSURE (See Guideline Notes 64,65)
Treatment: FISSURECTOMY, MEDICAL THERAPY
ICD-9: 565.0
CPT: 46200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 592**
Condition: PLEURISY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 511.0
CPT: 32200-32310,32550,32552,32560-32562,32650-32652,32655,32664,32665,32940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 593**
Condition: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-9: 568.0,568.82-568.9
CPT: 44005,44180,44603,44604,49423,49424,58660-58662,58740,58940
- Line: 594**
Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 693.0-693.9
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 595**
Condition: BLEPHARITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.00-373.02,373.8-373.9,374.87
CPT: 92002-92060,92071,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 596**
Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 599.60-599.69,600.00-600.91
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 597**
Condition: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,43,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 371.82,457.0,998.81,998.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 598**
Condition: LYMPHEDEMA (See Guideline Notes 43,64,65)
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-9: 457.8-457.9,757.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 29581-29584,38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97110,97124,97140,97530,97760,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 599**
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 386.30-386.32,386.34-386.35
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 600**
Condition: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT (See Guideline Notes 64,65)
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-9: 470,478.0,738.0,754.0,802.0
CPT: 14060,14301,14302,20912,21325-21335,30115,30117,30124-30430,30465,30520,30580,30620,30630,31020-31200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7260,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 601**
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 528.00-528.09,528.9
CPT: 40650,40805,40810-40816,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 602
Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, ORTHOTIC
ICD-9: 734.736.73,755.00,755.02-755.10,755.13-755.14
CPT: 11200,26951,28344,28345,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 603
Condition: ERYTHEMA MULTIFORME MINOR (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 695.10-695.11,695.19
CPT: 65778-65782,68371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 604
Condition: INFECTIOUS MONONUCLEOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 075
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 605
Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 597.80-597.89,599.3-599.5,599.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 606
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 752.0,752.10-752.39,752.41
CPT: 57135,57720,58400,58540,58559-58562,58660-58662,58700-58740,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 607
Condition: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Notes 60,64,65,100,105)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-9: 349.2,721.5-721.6,723.0,724.00-724.02,724.09,731.0,737.0,737.10-737.39,737.8-737.9,738.4-738.5,754.2,756.10-756.19,756.3
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,63050,63051,97001-97004,97010,97012,97022,97110-97124,97140-97530,97535,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 608
Condition: ANTI-SOCIAL PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032,H0034,H2010,H2011,H2014,H2027,H2032,S9484,T1016

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 609
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59-301.6,301.81-301.82,301.84-301.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9484,T1005,T1016

Line: 610
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.0,112.3,112.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 611
Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 222.0,222.2-222.3,222.8-222.9
CPT: 54231,54512,54522,54900,54901,55200,55600-55680,55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 612
Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-9: 525.20-525.26
CPT: 15574,20902,21210,21215,21244-21249,40840,40842,40845
HCPCS: D7340,D7350

Line: 613
Condition: OLD LACERATION OF CERVIX AND VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 621.5,622.3,624.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 614
Condition: VULVAL VARICES (See Guideline Notes 64,65)
Treatment: VASCULAR SURGERY
ICD-9: 456.6
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 615
Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 703.8-703.9,704.00-704.3,704.8-704.9,706.3,706.9,757.4-757.5,V50.0
CPT: 11000,11001,11720-11765,11900,11901,17380,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 616
Condition: OBESITY (See Guideline Notes 8,64,65)
Treatment: NON-INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; BARIATRIC SURGERY FOR OBESITY WITH A SIGNIFICANT COMORBIDITY OTHER THAN TYPE II DIABETES & BMI >=35 OR BMI >=40 WITHOUT A SIGNIFICANT COMORBIDITY
ICD-9: 278.00-278.01
CPT: 43644,43645,43770-43775,43846-43848,98966-98969,99051,99078,99201-99239,99281-99360,99366,99374,99375,99381-99412,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0447,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 617
Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 463
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 618
Condition: CORNS AND CALLUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 700
CPT: 11055-11057,17000-17004,17110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S0390

Line: 619
Condition: SYNOVITIS AND TENOSYNOVITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 726.12,727.00,727.03-727.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 620
Condition: PROLAPSED URETHRAL MUCOSA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 599.3,599.5
CPT: 51840,51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,77321,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 621
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS,ONLAYS,GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS: D2410-D2544,D2720-D2750,D2780-D2794,D2929,D2949,D2952,D2953,D2971,D2981,D2982,D4249,D5213,D5214,D5281,D5810,D5811,D5862,D5867,D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790,D6793-D6920,D6940,D6950,D9950

Line: 622
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 159.0-159.9,195.0-195.8,196.0-196.9,197.0-197.6,197.8,198.81-198.89,199.0-199.2,209.30,209.70-209.79,284.11,V10.91
CPT: 11600-11646,32553,36260-36262,38720,38724,38745,41110-41114,41130,42120,42842-42845,43195,43196,43212-43214,43216-43229,43233,43248-43250,43266,43270,47420,47425,47610,47741,47785,49411,58951,60600-60650,61500,61510,61517-61521,61546,61548,61586,77014,77261-77295,77300-77370,77401-77432,77469,77470,77761-77790,79005-79445,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537

Line: 623
Condition: GANGLION (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-9: 727.02,727.40-727.49
CPT: 10140,10160,20551-20553,20600-20612,25111,25112,26160,28090,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 624**
Condition: EPISCLERITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 379.01-379.02
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 625**
Condition: DIAPER RASH (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 691.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 626**
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE
ICD-9: 529.5,750.0,750.10-750.19
CPT: 40806,40819,41010,41115
- Line: 627**
Condition: CYSTS OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE
ICD-9: 527.1,528.4,528.8
CPT: 40800,41005-41009,41015-41018,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7460,D7461,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 628**
Condition: CONGENITAL DEFORMITIES OF KNEE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 727.83,755.64
CPT: 27403-27416,27420-27429,27435,27465-27468,27656,29871-29889,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 629**
Condition: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
ICD-9: 577.1
CPT: 48020,48120,48548
- Line: 630**
Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 054.2,054.6,054.73,054.9,058.81-058.89
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 631**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)
HCPCS: D5863-D5866,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6975
- Line: 632**
Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
ICD-9: 744.00-744.04,744.09-744.3
CPT: 21086,21089,69110,69300
HCPCS: D5914,D5927,D5992,D5993

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 633
Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-9: 701.4-701.5
CPT: 11200-11446,11900,11901,12032,17000-17004,32553,49411,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445

Line: 634
Condition: DISORDERS OF SOFT TISSUE (See Guideline Notes 64,65,72)
Treatment: MEDICAL THERAPY
ICD-9: 374.86,729.0-729.2,729.31-729.99,V53.02
CPT: 11042,11045,14040,14041,14301,14302,20550,20600-20610,62367-62370,95990,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 635
Condition: MINOR BURNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 692.71,692.76,941.00-941.29,942.00-942.29,943.00-943.29,944.00-944.28,945.00-945.29,946.0-946.2,949.0-949.1
CPT: 11000,11001,11042-11047,11960-11971,16000-16030,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 636
Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 291.82,292.85,307.41-307.45,307.47-307.49,327.00,327.09-327.13,327.19,327.22,327.30-327.8,333.94-333.99,780.50,780.52,780.55-780.56,780.58-780.59
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 637
Condition: ORAL APHTHAE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 528.2
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 638
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes 6,64,65,97,98,105)
Treatment: MEDICAL THERAPY
ICD-9: 355.1-355.2,355.9,717.0-717.3,717.40-717.9,718.26,718.36,718.56,836.0-836.2,840.0-840.9,841.0-841.9,842.00-842.19,843.0-843.9,844.0-844.9,845.00-845.03,845.10-845.19,846.0-846.9,848.3,848.40-848.9,905.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 24341,27347,27590,29240-29280,29520-29550,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 639
Condition: ASYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 708.2-708.4,708.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 640
Condition: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-9: 883.0
CPT: 12001,12002,14040,14041,14301-14350

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 641**
Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO PERSISTENT SYMPTOMS (See Guideline Notes 64,65,121)
Treatment: MEDICAL THERAPY
ICD-9: 800.00-800.01,801.00-801.01,803.00-803.01,850.0,850.9,851.00-851.01,851.09,851.20-851.21,851.29,851.40-851.41,851.49,851.60-851.61,851.69,851.80-851.81,851.89
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 642**
Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
ICD-9: 078.0,078.10,078.12-078.19
CPT: 11055-11057,11420-11424,11900,11901,17000-17004,17110,17111,28039-28043,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 643**
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 460,465.0-465.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 644**
Condition: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 051.01-051.02,052.0-052.9,055.0-055.2,055.71-055.9,056.79-056.9,057.0-057.9,058.10-058.12,059.00-059.9,072.0-072.3,072.71-072.9,074.0-074.1,074.20-074.8,078.0,078.2,078.4-078.7,078.81-078.89,079.0-079.4,079.50-079.6,079.83-079.99,480.0-480.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 645**
Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 462,464.00,464.50,476.0-476.1,478.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 646**
Condition: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES (See Guideline Notes 64,65)
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
ICD-9: 524.00-524.29,524.50-524.59,524.70-524.9
CPT: 21120-21127,21145-21160,21193-21209,21255,21295,21296,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7940-D7949,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 647**
Condition: DENTAL CONDITIONS (EG. MALOCCLUSION)
Treatment: ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
ICD-9: 524.23,524.31,524.33-524.37,524.4,V53.4,V58.5
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D8010-D8694
- Line: 648**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
ICD-9: 525.71-525.79
HCPCS: D0393-D0395,D6010-D6194,D6210,D6240,D6245,D6250,D7951,D7952

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 649
Condition: UNCOMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-9: 455.0,455.3,455.6,455.9
CPT: 44391,45317,45334,45335,45339,45381,45382,46083,46220-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 650
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Notes 64,65)
Treatment: REPAIR SOFT TISSUES
ICD-9: 525.40-525.54,526.81,873.60-873.69
CPT: 12001-12020,12031-12057,13131-13153,40831,41250,41251,42180,42182,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 651
Condition: SEBACEOUS CYST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 685.1,704.41-704.42,706.2,744.47
CPT: 10060,10061,11400-11446,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 652
Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.1,702.11-702.8,709.1-709.3,709.8-709.9
CPT: 11000,11042,11045,11055-11057,11300-11446,13100-14302,15040,15110-15120,15130-15261,15780-15793,15830-15839,15876-15879,17000-17108,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 653
Condition: REDUNDANT PREPUCE (See Guideline Notes 64,65)
Treatment: ELECTIVE CIRCUMCISION
ICD-9: 605,V50.2
CPT: 54000,54001,54150-54164,54450,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

Line: 654
Condition: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
Treatment: DACRYOCYSTORHINOSTOMY
ICD-9: 375.02,375.30,375.32,375.41-375.43,375.56-375.61,771.6
CPT: 31239,68420,68520,68720-68750,68770,68801,68816,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: 655
Condition: CONJUNCTIVAL CYST (See Guideline Notes 64,65)
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75
CPT: 68020,68040,68110,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 656**
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 209.60,209.69,210.0-210.9,214.0-214.9,216.0-216.9,221.0-221.9,222.1,222.4,228.00-228.01,228.1,229.0-229.9,686.1,686.9,702.0
CPT: 11300-11471,12031,12032,13100-13151,17000-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,37241,37242,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7450-D7460,D7981,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 657**
Condition: DISEASE OF CAPILLARIES
Treatment: EXCISION
ICD-9: 448.1-448.9
CPT: 11400-11426
- Line: 658**
Condition: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9
CPT: 56441,56805,57061,57065,57200,57800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 659**
Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 246.2-246.3,246.9
CPT: 60200-60225,60270,60271,60300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 660**
Condition: PICA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032,H0034,H0035,H2010,T1016
- Line: 661**
Condition: ACUTE VIRAL CONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 077.0-077.8,077.99,372.00
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 662**
Condition: MUSCULAR CALCIFICATION AND OSSIFICATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 728.10-728.19
CPT: 27036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 663**
Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 910.0,910.2,910.4,910.6,910.8,911.0,911.2,911.4,911.6,911.8,912.0,912.2,912.4,912.6,912.8,913.0,913.2,913.4,913.6,913.8,914.0,914.2,914.4,914.6,914.8,915.0,915.2,915.4,915.6,915.8,916.0,916.2,916.4,916.6,916.8,917.0,917.2,917.4,917.6,917.8,919.0,919.2,919.4,919.6,919.8,920.0,921.0-921.9,922.0-922.2,922.31-922.9,923.00-923.9,924.00-924.9,959.01-959.12,959.14-959.8,V58.30
CPT: 10120,10140,11740,11760,11762,12001-12014,28190,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 664**
Condition: CHRONIC BRONCHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 490,491.0,491.8-491.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 665**
Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 217,611.3-611.4,611.6,611.71,611.81-611.82,611.9,757.6
CPT: 19110,19120-19126,19324-19396,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 666**
Condition: BENIGN POLYPS OF VOCAL CORDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, STRIPPING
ICD-9: 478.4
CPT: 31540,31541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 667**
Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 209.40-209.43,209.63,209.65-209.67,211.0-211.2,211.5-211.6,211.8-211.9
CPT: 43195,43196,43212-43214,43216-43229,43233,43245,43248-43250,43266,43270,43450,44110-44120,44139-44145,44204-44208,44213,44369,44392-44397,44701,45160,45308,45309,45317-45327,45333-45335,45338,45345,45381-45385,45387,46610,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 668**
Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION (See Guideline Notes 64,65)
Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY
ICD-9: 454.8-454.9,459.0,459.10,459.19-459.30,459.39-459.9,607.82
CPT: 29582-29584,36468-36479,37700-37761,37766-37790,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 669**
Condition: CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 593.2
CPT: 50390,50541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

*PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014*

- Line: 670**
Condition: HYPERTELORISM OF ORBIT (See Guideline Notes 64,65)
Treatment: ORBITOTOMY
ICD-9: 376.41
CPT: 67405,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 671**
Condition: GALLSTONES WITHOUT CHOLECYSTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
ICD-9: 574.20-574.21,575.6-575.9
CPT: 43260-43265,43273-43278,47490,47564,47570,47600-47620,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 672**
Condition: GYNECOMASTIA
Treatment: MASTECTOMY
ICD-9: 611.1
CPT: 19300
- Line: 673**
Condition: TMJ DISORDERS (See Guideline Notes 64,65)
Treatment: TMJ SURGERY
ICD-9: 524.50-524.69,718.08,718.18,718.28,718.38,718.58
CPT: 20910,20926,21010,21050-21073,21210-21243,21480-21490,29800,29804,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: D7852-D7877,D7899,D7955,D7991,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 674**
Condition: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 778.5,778.7-778.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 675**
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS
Treatment: COSMETIC DENTAL SERVICES
ICD-9: 520.0-520.3,520.5,520.8-520.9,521.10-521.25,521.7,521.9,524.30,524.39
HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548-D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975
- Line: 676**
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
Treatment: ELECTIVE DENTAL SERVICES
ICD-9: 520.7
CPT: 41822
HCPCS: D2799,D2955,D2990,D3355-D3357,D3427-D3429,D3431,D3432,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D5994,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9940-D9942,D9952
- Line: 677**
Condition: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION
ICD-9: 748.4
CPT: 32140,32141,32663

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

- Line: 678**
Condition: AGENESIS OF LUNG (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 679**
Condition: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-9: 362.31-362.33
CPT: 67015,67500,67505
- Line: 680**
Condition: BENIGN LESIONS OF TONGUE (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-9: 529.1-529.9
CPT: 41110-41114,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 681**
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 313.1,313.3,313.82-313.83
CPT: 98966-98969,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0425-G0427,G0459,G0463
- Line: 682**
Condition: INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 377.01-377.02,377.21-377.39,377.51-377.54,377.71-377.75,437.7-437.8
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463
- Line: 683**
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 071,136.0,136.9
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463
- Line: 684**
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,67)
Treatment: EVALUATION
ICD-9: 240.0-240.9,241.0-241.9,251.1-251.2,254.0,254.8-254.9,259.4,259.8-259.9,271.0,272.7,277.31,277.5,278.3,759.1
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463,S9357
- Line: 685**
Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 282.46,429.3,429.81-429.82,429.89-429.9,747.9
CPT: 33620,33621,75557,75565,75573,98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

PRIORITIZED LIST OF HEALTH SERVICES
OCTOBER 1, 2014

Line: 686
Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 362.37,362.42-362.43,362.81-362.82,362.84-362.9,363.31,364.51-364.60,364.9,371.20,371.22,371.24-371.33,371.81,371.89-371.9,372.40-372.42,372.44-372.52,372.55,372.81-372.9,374.52-374.53,374.81-374.83,374.9,376.82-376.9,377.03,377.10-377.16,377.41-377.49,377.61-377.63,379.24,379.27-379.29,379.40-379.53,379.55-379.8,380.9
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

Line: 687
Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 310.81,333.82,333.84,333.91,333.93
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

Line: 688
Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,113)
Treatment: EVALUATION
ICD-9: 272.6,287.2,287.8-287.9,528.5,696.3-696.5,709.00-709.09,757.2,757.31-757.39,757.8-757.9,906.2-906.3,992.9
CPT: 29581,98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0429,G0463

Line: 689
Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 519.3-519.9,748.60,748.69,748.9,770.13,770.15,770.85
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

Line: 690
Condition: GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,73)
Treatment: EVALUATION
ICD-9: 256.0,593.0-593.1,593.6,607.9,608.3,608.9,620.8-620.9,621.6,621.8-621.9,626.9,629.20-629.29,629.81-629.89,752.63-752.64,752.9
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

Line: 691
Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 272.8,716.40-716.99,718.00,718.10,718.20,718.50,718.80,718.90-718.99,719.61-719.69,728.5,728.84,728.87,728.9,731.2,738.2-738.3,738.9,744.5,744.81-744.9,748.1,754.0,755.9,756.2,756.9,994.5
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

Line: 692
Condition: GASTROINTESTINAL CONDITIONS AND OTHER MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 527.0,569.43,569.9,573.9,576.5-576.9
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0463

STATEMENTS OF INTENT

STATEMENTS OF INTENT FOR THE
OCTOBER 1, 2014 PRIORITIZED LIST
OF HEALTH SERVICES

STATEMENTS OF INTENT FOR THE OCTOBER 1, 2014 PRIORITIZED LIST OF HEALTH SERVICES

STATEMENT OF INTENT 1: PALLIATIVE CARE

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

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

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

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

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

Some examples of covered palliative care treatments include:

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

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

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

STATEMENT OF INTENT 2: DEATH WITH DIGNITY ACT

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

STATEMENT OF INTENT 3: INTEGRATED CARE

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

PRACTICE GUIDELINES

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

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

PREVENTION TABLES

ANCILLARY GUIDELINE A1, NEGATIVE PRESSURE WOUND THERAPY

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

- Have wounds that are refractory to or have failed standard therapies;
- Are not suitable candidates for surgical wound closure; or,
- Are at high risk for delayed or non-healing wounds due to factors such as compromised blood flow, diabetic complications, wounds with high risk of fecal contamination, extremely exudative wounds, and similar situations.

ANCILLARY GUIDELINE A2, SELF-MONITORING OF BLOOD GLUCOSE IN DIABETES

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

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

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

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-self-monitoring-blood-glucose.aspx>

ANCILLARY GUIDELINE A3, NERVE BLOCKS

The Health Evidence Review Commission intends that single injection and continuous nerve blocks (CPT 64400-64450) should be covered services if they are required for successful completion of perioperative pain control for, or post-operative recovery from a covered operative procedure when the diagnosis requiring the operative procedure is also covered. Additionally, nerve blocks, are covered services for patients hospitalized with trauma, cancer, or intractable pain conditions, if the underlying condition is a covered diagnosis.

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

Coverage of genetic testing in a non-prenatal setting shall be determined by the algorithm shown in Figure D1 unless otherwise specified below.

- A) 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.
 - 1) Services are provided according to the Comprehensive Cancer Network Guidelines.
 - a) Lynch syndrome (hereditary colorectal and endometrial cancer and other cancers associated with Lynch syndrome) services (CPT 81292-81300, 81317-81319) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2013 (5/13/13). www.nccn.org
 - b) BRCA1/BRCA2 testing services (CPT 81211-81217) for women without a personal history of breast, ovarian and other associated cancers should be provided to high risk women as defined in Guideline Note 3 or as otherwise defined by the US Preventive Services Task Force.
 - c) BRCA1/BRCA2 testing services (CPT 81211-81217) for women with a personal history of breast, ovarian and other associated cancers and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2011 (4/7/11). www.nccn.org
 - d) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Screening. V.1.2013 (5/13/13). www.nccn.org.
 - 2) 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 suitably trained health professional with expertise and experience in cancer genetics
 - i) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
 - b) If timely pre-test genetic counseling is not possible for time-sensitive cases, appropriate genetic testing accompanied by pre- and post- test informed consent and post-test disclosure performed by a board-certified physician with experience in cancer genetics should be covered.
 - i) Post-test genetic counseling should be performed as soon as is practical.
 - 3) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 has been identified in a family, a single site mutation analysis for that mutation is covered (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81211) analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).
 - 4) Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.
- B) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:
 - 1) CPT 81228, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or

- intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
- 2) CPT 81229, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities; plus cytogenetic constitutional microarray analysis for single nucleotide polymorphism (SNP) variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder; only if (a) consanguinity and recessive disease is suspected, or (b) uniparental disomy is suspected, or (c) another mechanism is suspected that is not detected by the copy number variant test alone. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
 - 3) CPT 81243, 81244, Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield of Fragile X is 3.5-10%, this is included because of additional reproductive implications.
 - 4) A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.
- C) Related to other tests with specific CPT codes:
- 1) The following tests are not covered:
 - a) CPT 81225, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
 - b) CPT 81226, CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN).
 - c) CPT 81227, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
 - d) CPT 81287, MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis
 - e) CPT 81291, MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
 - f) CPT 81330, SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
 - g) CPT 81350, UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
 - h) CPT 81355, VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)
 - i) CPT 81504, Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
 - 2) The following tests are covered only if they meet the criteria for the Non-Prenatal Genetic Testing Algorithm AND the specified situations:
 - a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
 - b) Diagnostic testing for cystic fibrosis (CF)
 - i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81223, 81222: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics¹ (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.
 - c) Carrier testing for cystic fibrosis
 - i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics¹ (CPT 81220) is covered.
 - d) CPT 81240, F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should not be covered for adults with idiopathic venous thromboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
 - e) CPT 81241, F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant: Factor V Leiden testing should not be covered for: adults with idiopathic venous thromboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
 - f) CPT 81256, HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D): Covered for diagnostic testing of patients with elevated transferrin saturation or ferritin levels. Covered for predictive testing ONLY when a first degree family member has treatable iron overload from HFE.
 - g) CPT 81332 SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea. Generic testing or the alpha-1 phenotype test is appropriate if the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.
 - 3) Do not cover a more expensive genetic test (generally one with a wider scope or more detailed testing) if a cheaper (smaller scope) test is available and has, in this clinical context, a substantially similar sensitivity. For example, do not cover CFTR gene sequencing as the

¹ 2008 Edition, Revised 3/2011 found at <https://www.acmg.net/StaticContent/SGs/CFTR%20Mutation%20Testing.pdf>

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.

DIAGNOSTIC GUIDELINE D2, TUBERCULOSIS TESTING GUIDELINE

Quanti-FERON TB Gold (QFT-G), a blood test for detecting infection with *Mycobacterium tuberculosis*, may be used in the following circumstances:

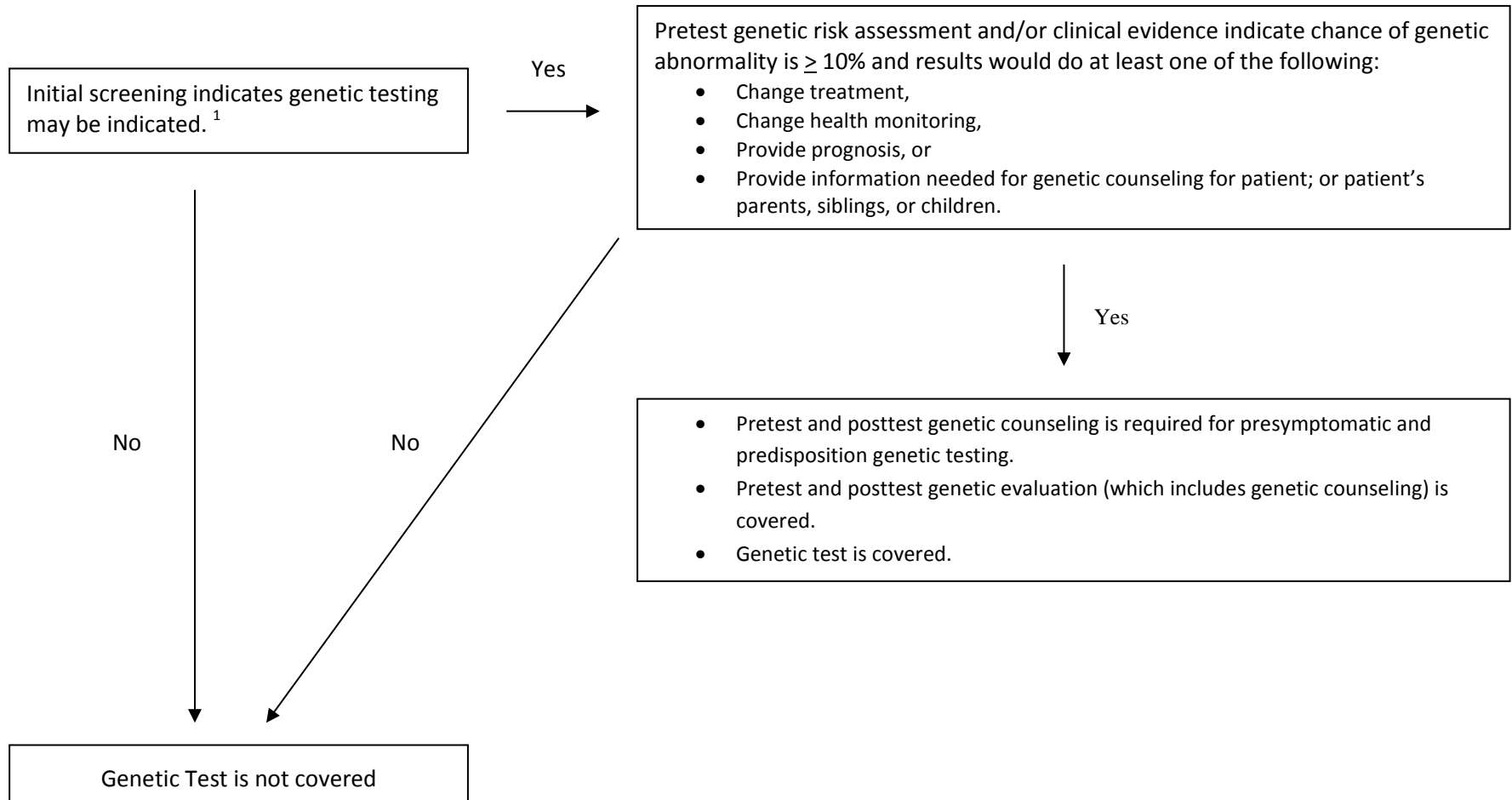
- A) Instead of Tuberculin Skin Test (TST) for investigation of contacts to confirmed cases of active tuberculosis (TB) disease.
- B) Instead of TST for screening for latent TB in persons with definitive history or BCG or who have immigrated from countries with high prevalence (>10%) of latent TB where BCG is commonly given.
- C) As a supplementary test to TST in foreign-born persons with a positive TST, history of BCG vaccination against tuberculosis, and no clinical evidence of current TB disease.
- D) As a supplementary test in persons with a positive TST who are members of otherwise low-risk populations (e.g., U.S.-born persons and others who have immigrated to the U.S. > 5 years previously or more recently from low TB prevalence countries; absence of immunosuppressive conditions such as HIV infection, renal failure, diabetes mellitus or alcoholism; homelessness; known exposure to someone with active TB), and no clinical evidence of current TB disease.
- E) In populations that need rapid (within 24 hours) diagnosis in order to guide appropriate public health interventions such as isolation for infectious tuberculosis or contact evaluation.
- F) In a high-risk patient (e.g. homelessness, immune suppression or deficiency, recent immigrant) who the treating clinician believes is unlikely to return on time for the TST reading.

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

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

FIGURE D1

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



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

DIAGNOSTIC GUIDELINE D4, ADVANCED IMAGING FOR LOW BACK PAIN

In patients with non-specific low back pain and no “red flag” conditions [see Table D4], imaging is not a covered service; otherwise work up is covered as shown in the table.

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

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

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

* Level of evidence for diagnostic evaluation is variable

** Radiculopathic signs are defined for the purposes of this guideline as in Guideline Note 37 with any of the following:

- A. Markedly abnormal reflexes
- B. Segmental muscle weakness
- C. Segmental sensory loss
- D. EMG or NCV evidence of nerve root impingement
- E. Cauda equina syndrome,
- F. Neurogenic bowel or bladder
- G. Long tract abnormalities

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

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

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-adv-imaging-low-back.aspx>

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

DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE

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

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

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

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

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

DIAGNOSTIC GUIDELINE D6, MRI FOR BREAST CANCER SCREENING

Breast MRI is not covered for screening for breast cancer.

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-mri-breast-cancer-diagnosis.aspx>

DIAGNOSTIC GUIDELINE D7, NEUROIMAGING IN DEMENTIA

Neuroimaging is covered:

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

Neuroimaging is not covered:

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

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

DIAGNOSTIC GUIDELINE D8, DIAGNOSTIC TESTING FOR OBSTRUCTIVE SLEEP APNEA (OSA) IN ADULTS

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

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

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

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

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-diagnosis-sleep-apnea.aspx>

DIAGNOSTIC GUIDELINE D9, MRI FOR BREAST CANCER DIAGNOSIS

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

DIAGNOSTIC GUIDELINE D10, MRI IN MULTIPLE SCLEROSIS

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

DIAGNOSTIC GUIDELINE D11, MRI OF THE SPINE (CERVICAL AND THORACIC)

MRI of the cervical and thoracic spine is covered in the following situations:

1. Recent onset of major or progressive neurologic deficit (objective evidence of markedly abnormal reflexes, dermatomal muscle weakness, dermatomal sensory loss, EMG or NCV evidence of nerve root impingement), suspected cauda equina syndrome (loss of bowel or bladder control or saddle anesthesia), or neurogenic claudication in patients who are potential candidates for surgery;
2. Clinical or radiological suspicion of neoplasm; or,
3. Clinical or radiological suspicion of infection.

DIAGNOSTIC GUIDELINE D12, UPPER ENDOSCOPY FOR GERD OR DYSPEPSIA SYMPTOMS

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

1. Patients less than 50 years of age with persistent symptoms following advice on lifestyle modifications and completion of an appropriate course of twice daily PPI therapy or an H. pylori test and treat protocol.
2. Patients 50 years of age and older
3. Patients with "alarm symptoms" including, but not limited to, iron deficiency anemia or weight loss

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

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

DIAGNOSTIC GUIDELINE D13, SCREENING FOR CAROTID ARTERY STENOSIS

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

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

DIAGNOSTIC GUIDELINE D14, LUNG CANCER SCREENING

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

DIAGNOSTIC GUIDELINE D15, COMPUTER-AIDED MAMMOGRAPHY

Computer-aided mammography (CPT codes 77051 and 77052) is not a covered service.

DIAGNOSTIC GUIDELINE D16, OSTEOPOROSIS SCREENING AND MONITORING IN ADULTS

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

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

Routine osteoporosis screening by DXA is not covered for men.

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

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

- once every two years for those with osteoporosis or advanced osteopenia (T-score of -2.00 or lower)
- once every four years for moderate osteopenia (T-score between -1.50 and -1.99)
- once every ten years for mild osteopenia (T-score between -1.01 and -1.49).
- once every fifteen years for those with normal bone density.

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

The development of this guideline note was informed by a HERC coverage guidance.

See <http://www.oregon.gov/oha/herc/CoverageGuidances/DXA%20Screening%20for%20Osteoporosis-Approved%206-12-14.pdf>

DIAGNOSTIC GUIDELINE D17, PRENATAL GENETIC TESTING

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

1. Genetic counseling (CPT 96040, HPCPS S0265) for high risk women who have family history of inheritable disorder or carrier state, ultrasound abnormality, previous pregnancy with aneuploidy, elevated risk of neural tube defect.
2. Genetic counseling (CPT 96040, HPCPS S0265) prior to consideration of CVS, amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening
3. Validated questionnaire to assess genetic risk in all pregnant women
4. Screening high risk ethnic groups for hemoglobinopathies (CPT 83020, 83021)
5. Screening for aneuploidy with any of five screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, and contingency] (CPT 76813, 76814, 81508-81511)
6. Cell free fetal DNA testing (CPT 81507) for evaluation of aneuploidy in women who have an elevated risk of a fetus with aneuploidy (maternal age >34, family history or elevated risk based on screening).
7. Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
8. CVS or amniocentesis (CPT 59000, 59015) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
9. Array CGH (CPT 81228) when major fetal congenital anomalies apparent on imaging, and karyotype is normal
10. FISH testing (CPT 88271, 88275) only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)
11. Screening for Tay-Sachs carrier status (CPT 81255) in high risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
12. Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
13. Screening for fragile X status (CPT 81243, 81244) in patients with a personal or family history of
 - a. fragile X tremor/ataxia syndrome
 - b. premature ovarian failure
 - c. unexplained early onset intellectual disability
 - d. fragile X intellectual disability
 - e. unexplained autism through the pregnant woman's maternal line
14. Screening for spinal muscular atrophy (CPT 81401) once in a lifetime
15. Screening those with Ashkenazi Jewish heritage for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255)
16. Expanded carrier screening only for those genetic conditions identified above

The following genetic screening tests are not covered:

1. Serum triple screen
2. Screening for thrombophilia in the general population or for recurrent pregnancy loss
3. Expanded carrier screening which includes results for conditions not explicitly recommended for coverage

The development of this guideline note was informed by a HERC coverage guidance.

See <http://www.oregon.gov/oha/herc/CoverageGuidances/Prenatal%20Genetic%20Testing.pdf>

PRACTICE GUIDELINES

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

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

PREVENTION TABLES

GUIDELINE NOTE 1, ROUTINE CERVICAL CANCER SCREENING

Line 4

Cervical cancer screening is covered on Line 4 for women:

| Age group in years | Type of screening covered | Frequency |
|---|--|--|
| <21 | None | Never |
| 21-29 | Cytology alone Mandatory HPV testing (87620-87621O) is not covered for women age 21-29 | Every 3 years |
| 30-65 | Co-testing* or cytology alone | Co-testing every 5 years Cytology alone every 3 years |
| >65 | None Unless adequate screening** has not been achieved, or it is <20 years after regression or appropriate management of a high-grade precancerous lesion | Never |
| Women who have had a hysterectomy with removal of cervix for non-cervical cancer related reasons (i.e. other than high grade precancerous lesion, CIN 2 or 3, or cervical cancer) | None | Never |
| Women who have abnormal testing | Per ASCCP*** Guideline, until indicated to resume routine screening | Per ASCCP Guideline, until indicated to resume routine screening |

*Co-testing is defined as simultaneous cytology and mandatory HPV testing.

** Adequate screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years of the cessation of screening, with the most recent test occurring within 5 years.

*** American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology guideline (Saslow 2012)

Women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive) are intended to have screening more frequently than delineated in this guideline.

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

GUIDELINE NOTE 2, FETOSCOPIC SURGERY

Line 1

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

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

Certification of laboratory required (76813-76814).

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

Lines 4,197

Bilateral prophylactic breast removal is included on Line 4 for women without a personal history of invasive breast cancer who are at high risk for breast cancer. Prior to surgery, women without a personal history of breast cancer must have a genetics consultation as defined in section A2 of the DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE.. High risk is defined as:

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

Contralateral prophylactic mastectomy is included on Lines 4 and 197 for women with a personal history of breast cancer and any of the high risk categories listed above. In addition, contralateral prophylactic mastectomy of the unaffected breast is indicated for women with invasive lobular carcinoma.

Prophylactic oophorectomy is included on Line 4 for women who have the BRCA1/BRCA2 mutation.

GUIDELINE NOTE 4, TOBACCO DEPENDENCE

Line 6

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

GUIDELINE NOTE 5, OBESITY

Line 8

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

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

Lines 37,50-52,64,74-76,78,80,85,89,90,94,95,98-101,108,109,115,116,122,129,139,141-143,145,146,158,161,167,179,184,185,189,190,192,194,195,201,202,208,209,216,226,237,239,270,271,273,274,279,288,289,293,297,302,304,307-309,312,318,336,342,349,350,363,367,369,375,376,378,382,384,385,387,400,406,407,434,441,443,448,455,467,478,489,493,507,516,535,549,562,580,597,619,638

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

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

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

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES (CONT'D)

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

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

GUIDELINE NOTE 7, ERYTHROPOIESIS-STIMULATING AGENT (ESA) GUIDELINE

Lines 33,66,79,102,103,105,123-125,131,138,144,159,165,166,168,170,181,197,198,206-208,218,220,221,228,229,231,235,243,249,252,275-278,280,287,292,310-312,314,320,339-341,352,356,366,459,622

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

GUIDELINE NOTE 8, BARIATRIC SURGERY

Lines 33,616

Bariatric surgery is included under the following criteria:

- A) Age ≥ 18
- B) The patient has
 - 1) a BMI ≥ 35 with co-morbid type II diabetes for inclusion on Line 33 TYPE II DIABETES MELLITUS; OR
 - 2) BMI ≥ 35 with at least one significant co-morbidity other than type II diabetes (e.g., obstructive sleep apnea, hyperlipidemia, hypertension) or BMI ≥ 40 without a significant co-morbidity for inclusion on Line 616
- C) No prior history of Roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, unless they resulted in failure due to complications of the original surgery.
- D) Participate in the following four evaluations and meet criteria as described.
 - 1) Psychosocial evaluation: (Conducted by a licensed mental health professional)
 - a) Evaluation to assess potential compliance with post-operative requirements.
 - b) Must remain free of abuse of or dependence on alcohol during the six-month period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.
 - c) No mental or behavioral disorder that may interfere with postoperative outcomes².
 - d) Patient with previous psychiatric illness must be stable for at least 6 months.
 - 2) Medical evaluation: (Conducted by OHP primary care provider)
 - a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
 - b) Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
 - c) Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
 - 3) Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program³)

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

³ All surgical services must be provided by a program with current certification by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), or in active pursuit of such certification with all of the following: a dedicated, comprehensive, multidisciplinary, pathway-directed bariatric program in place; hospital to have performed bariatrics > 1 year and > 25 cases the previous 12 months; trained and credentialed bariatric surgeon performing at least 50 cases in past 24 months; qualified bariatric call coverage 24/7/365; appropriate bariatric-grade equipment in outpatient and inpatient facilities; appropriate medical specialty services to complement surgeons' care for patients; and quality improvement program with prospective documentation of surgical outcomes. If the program is still pursuing MBSAQIP certification, it must also restrict care to lower-risk OHP patients including: age < 65 years; BMI < 70; no major elective revisional surgery; and, no extreme medical comorbidities (such as wheel-chair bound, severe cardiopulmonary compromise, or other excessive risk). All programs must agree to yearly submission of outcomes data to Division of Medicaid Assistance Programs (DMAP).

GUIDELINE NOTE 8, BARIATRIC SURGERY (CONT'D)

- a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery while continuously enrolled on OHP.
- b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure⁴ and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
- 4) Dietician evaluation: (Conducted by licensed dietician)
 - a) Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
 - b) Counseling in dietary lifestyle changes
- E) Participate in additional evaluations:
 - 1) Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY

Lines 35,62

- A) Wireless capsule endoscopy is included on these lines for diagnosis of:
 - 1) Obscure GI bleeding suspected to be of small bowel origin with iron deficiency anemia or documented GI blood loss
 - 2) Suspected Crohn's disease with prior negative work up
- B) Wireless capsule endoscopy is not included on these lines for:
 - 1) Colorectal cancer screening
 - 2) Confirmation of lesions of pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)
- C) Wireless capsule endoscopy is only included on these lines when the following conditions have been met:
 - 1) Prior studies must have been performed and been non-diagnostic
 - a) GI bleeding: upper and lower endoscopy
 - b) Suspected Crohn's disease: upper and lower endoscopy, small bowel follow through
 - 2) Radiological evidence of lack of stricture
 - 3) Only covered once during any episode of illness
 - 4) FDA approved devices must be used
 - 5) Patency capsule should not be used prior to procedure

GUIDELINE NOTE 10, CENTRAL SEROUS RETINOPATHY AND PARS PLANITIS

Line 413

Central serous retinopathy (362.41) is included on this line only for treatment when the condition has been present for 3 months or longer. Pars planitis (363.21) should only be treated in patients with 20/40 or worse vision..

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES

Lines 79,102,103,105,123-125,131,144,159,165,166,168,170,181,197,198,206-208,218,220,221,228,229,231,243,249,252,275-278,280,287,292,310-312,314,320,339-341,356,459,622

- A) CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is known to produce febrile neutropenia at least 20% of the time. CSF should be considered when the primary chemotherapeutic regimen is known to produce febrile neutropenia 10-20% of the time; however, if the risk is due to the chemotherapy regimen, other alternatives such as the use of less myelosuppressive chemotherapy or dose reduction should be explored in this situation.
- B) For secondary prophylaxis, dose reduction should be considered the primary therapeutic option after an episode of severe or febrile neutropenia except in the setting of curable tumors (e.g., germ cell), as no disease free or overall survival benefits have been documented using dose maintenance and CSF.
- C) CSF are not indicated in patients who are acutely neutropenic but afebrile.
- D) CSF are not indicated in the treatment of febrile neutropenia except in patients who received prophylactic filgrastim or sargramostim or in high risk patients who did not receive prophylactic CSF. High risk patients include those age >65 years or with sepsis, severe neutropenia with absolute neutrophil count <100/mcl, neutropenia expected to be more than 10 days in duration, pneumonia, invasive fungal infection, other clinically documented infections, hospitalization at time of fever, or prior episode of febrile neutropenia.
- E) CSF are not indicated to increase chemotherapy dose-intensity or schedule, except in cases where improved outcome from such increased intensity has been documented in a clinical trial.
- F) CSF (other than pegfilgrastim) are indicated in the setting of autologous progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
- G) CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.

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

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES (CONT'D)

- H) There is no evidence of clinical benefit in the routine, continuous use of CSF in myelodysplastic syndromes. CSF may be indicated for some patients with severe neutropenia and recurrent infections, but should be used only if significant response is documented.
- I) CSF is indicated for treatment of cyclic, congenital and idiopathic neutropenia.

GUIDELINE NOTE 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT

Lines 102,103,123-125,144,159,165,166,170,181,197,198,207,208,218,220,221,228,229,231,243,249,252,275-278,280,287,292,310-312,320,339-341,356,459,586,622

Cancer is a complex group of diseases with treatments that vary depending on the specific subtype of cancer and the patient's unique medical and social situation. Goals of appropriate cancer therapy can vary from intent to cure, disease burden reduction, disease stabilization and control of symptoms. Cancer care must always take place in the context of the patient's support systems, overall health, and core values. Patients should have access to appropriate peer-reviewed clinical trials of cancer therapies. A comprehensive multidisciplinary approach to treatment should be offered including palliative care services (see Statement of Intent 1, Palliative Care).

Treatment with intent to prolong survival is not a covered service for patients who have progressive metastatic cancer with

1. severe co-morbidities unrelated to the cancer that result in significant impairment in two or more major organ systems which would affect efficacy and/or toxicity of therapy; OR
2. a continued decline in spite of best available therapy with a non reversible Karnofsky Performance Status or Palliative Performance score of <50% with ECOG performance status of 3 or higher which are not due to a pre-existing disability.

Treatment with intent to relieve symptoms or improve quality of life is a covered service as outlined in Statement of Intent 1, Palliative Care.

To qualify for treatment coverage, the cancer patient must have a documented discussion about treatment goals, treatment prognosis and the side effects, and knowledge of the realistic expectations of treatment efficacy. This discussion may take place with the patient's oncologist, primary care provider, or other health care provider, but preferably in a collaborative interdisciplinary care coordination discussion. Treatment must be provided via evidence-driven pathways (such as NCCN, ASCO, ASH, ASBMT, or NIH Guidelines) when available.

GUIDELINE NOTE 13, MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY

Lines 76,195

Minimally invasive coronary artery bypass surgery indicated only for single vessel disease.

GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS

Lines 79,103,105,125,131,166,170,198,206,231,280,314

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

GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION

Lines 89,384

Radiation treatment is indicated only in those at high risk of heterotopic bone formation: those with a history of prior heterotopic bone formation, ankylosing spondylitis or hypertrophic osteoarthritis.

GUIDELINE NOTE 16, CYSTIC FIBROSIS CARRIER SCREENING

Lines 1,3,4

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

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Lines 3,4,58

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

Fluoride varnish (D1206) is included on Lines 3 and 4 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on line Line 58 PREVENTIVE DENTAL SERVICES for use with adults and

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE (CONT'D)

children during dental visits. The total number of fluoride applications provided in all settings is not to exceed four per twelve months for a child at high risk for dental caries and two per twelve months for a child not at high risk. The number of fluoride treatments is limited to once per 12 months for average risk adults and up to four times per 12 months for high risk adults.

GUIDELINE NOTE 18, VENTRICULAR ASSIST DEVICES

Lines 108,279

Ventricular assist devices are covered only in the following circumstances:

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

Ventricular assist devices are not covered for destination therapy.

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

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

GUIDELINE NOTE 19, PET SCAN GUIDELINES

Lines 125,144,165,166,170,182,207,208,220,221,243,276,278,292,312,339

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

- Solitary pulmonary nodules and non-small cell lung cancer
- Evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor.

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

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

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

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

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

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

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

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

Line 133

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

- Child does not meet the full criteria for the full diagnosis because of their age.
- For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when

GUIDELINE NOTE 20, ATTENTION DEFICIT/HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER (CONT'D)

- the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.

First line therapy is "parent-behavior training" (i.e. Triple P (Positive Parenting of Preschoolers) Program, Incredible Years Parenting Program, Parent-Child Interaction Therapy and New Forest Parenting Program). The term "parent" refers to the child's primary care givers, regardless of biologic or adoptive relationship.

Second line therapy is pharmacotherapy.

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

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Medication management: 90832-90838, 99201-99215
- Case Management: 90882, T1016
- Provider/teacher care coordination: 99366, 99367, 99368
- Interpreter Service: T1013

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

GUIDELINE NOTE 21, MODERATE/SEVERE PSORIASIS

Line 134

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

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

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

GUIDELINE NOTE 22, PLANNED CESAREAN DELIVERY

Line 1

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

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-indications-for-planned-cesarean-section.aspx>

GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE

Line 165

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

GUIDELINE NOTE 24, COMPLICATED HERNIAS

Line 175

Complicated hernias are included on this line if they are incarcerated (defined as non-reducible by physical manipulation) or have symptoms of obstruction and/or strangulation.

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

Line 180

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

The codes 995.52-995.54 may be used in children age five and younger and, in these instances only, is limited to pairings with the following procedure codes:

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

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE

Line 197

- A) History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.
- B) Mammography is indicated annually, and patients treated with breast conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.
- C) No other surveillance testing is indicated.

GUIDELINE NOTE 27, SLEEP APNEA

Line 210

CPAP is covered initially when all of the following conditions are met:

- 12 week 'trial' period to determine benefit. This period is covered if apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to 15 events per hour; or if between 5 and 14 events with additional symptoms including one or more of the following:
 - excessive daytime sleepiness defined as either an Epworth Sleepiness Scale score >10 or daytime sleepiness interfering with ADLs that is not attributable to another modifiable sedating condition (e.g. narcotic dependence), or
 - documented hypertension, or
 - ischemic heart disease, or
 - history of stroke;
 - Providers must provide education to patients and caregivers prior to use of CPAP machine to ensure proper use; and
 - Positive diagnosis through polysomnogram (PSG) or Home Sleep Test (HST).

CPAP coverage subsequent to the initial 12 weeks is based on documented patient tolerance, compliance, and clinical benefit. Compliance (adherence to therapy) is defined as use of CPAP for at least four hours per night on 70% of the nights during a consecutive 30-day period.

Mandibular advancement devices (oral appliances) are covered for those for whom CPAP fails or is contraindicated.

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

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

GUIDELINE NOTE 28, MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER

Line 212

The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only for children 18 years old and under who have functional impairment caused by significant difficulty with emotional regulation.

Use of 296.90 is limited to pairings with the following procedure codes:

GUIDELINE NOTE 28, MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER (CONT'D)

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

GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA

Line 418

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

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

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

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-recurrent-acute-otitis.aspx>

GUIDELINE NOTE 30, TESTICULAR CANCER

Line 231

The treatment of testicular cancer with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after multiple (at least 2) recurrences after standard chemotherapy.

GUIDELINE NOTE 31, COCHLEAR IMPLANTATION, AGE 5 AND UNDER

Line 298

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

- A) Profound sensorineural hearing loss in both ears (defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
- B) Child has reached the age of 1
- C) Receive little or no useful benefit from hearing aids
- D) No medical contraindications
- E) High motivation and appropriate expectations (both child, when appropriate, and family)

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

GUIDELINE NOTE 32, CATARACT

Line 321

Cataract extraction is covered for binocular visual acuity of 20/50 or worse OR monocular visual acuity of 20/50 or worse with the recent development of symptoms related to poor vision that affect activities of daily living (ADLs). Cataract removal must be likely to restore vision and allow the patient to resume activities of daily living. There are rare instances where cataract removal is medically necessary even if visual improvement is not the primary goal: 1) hypermature cataract causing inflammation and glaucoma, 2) to see the back of the eye to treat posterior segment conditions that could not be monitored due to the poor view and very dense lens opacity (i.e. diabetic retinopathy, glaucoma); 3) Significant anisometropia causing aniseikonia.

GUIDELINE NOTE 33, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY

Lines 339-341,459

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

GUIDELINE NOTE 34, ORAL SURGERY

Line 373

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

GUIDELINE NOTE 35, SINUS SURGERY

Lines 391,498

Sinus surgery indicated in the following circumstances:

- A) 4 or more episodes of acute rhinosinusitis in one year

OR

- B) Failure of medical therapy of chronic sinusitis including all of the following:

Several courses of antibiotics AND

Trial of inhaled and/or oral steroids AND

Allergy assessment and treatment when indicated

AND

One or more of the following:

Findings of obstruction of active infection on CT scan

Symptomatic mucocele

Negative CT scan but significant disease found on nasal endoscopy

OR

- C) Nasal polyposis causing or contributing to sinusitis

OR

- D) Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis

OR

- E) Invasive or allergic fungal sinusitis

OR

- F) Tumor of nasal cavity or sinuses

OR

- G) CSF rhinorrhea

GUIDELINE NOTE 36, ADENOTONSILLECTOMY FOR INDICATIONS OTHER THAN OBSTRUCTIVE SLEEP APNEA

Lines 49,84,395,574

Tonsillectomy/adenotonsillectomy is an appropriate treatment for patients with:

- A) Five documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in each of two consecutive years where an attack is considered a positive culture/screen and where an appropriate course of antibiotic therapy has been completed;
- B) Peritonsillar abscess requiring surgical drainage; or,
- C) Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

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

GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Lines 400,562

Diagnoses are included on Line 400 when objective evidence of neurologic impairment or radiculopathy is present, as defined as:

- A) Markedly abnormal reflexes
- B) Segmental muscle weakness
- C) Segmental sensory loss
- D) EMG or NCV evidence of nerve root impingement
- E) Cauda equina syndrome,
- F) Neurogenic bowel or bladder
- G) Long tract abnormalities

Otherwise, disorders of spine not meeting these criteria (e.g. pain alone) fall on Line 562.

GUIDELINE NOTE 38, SUBTALAR ARTHROEREISIS

Line 407

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

GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS

Line 422

- A) Hysterectomy, with or without adnexectomy, for endometriosis may be appropriate when all of the following are documented (1-4):
- 1) Patient history of (a and b):
 - a) Prior detailed operative description or histologic diagnosis of endometriosis
 - b) Presence of pain for more than 6 months with negative effect on patient's quality of life
 - 2) Failure of a 3-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a) Hormonal therapy (i or ii):
 - i) Oral contraceptive pills or patches, progesteronecontaining IUDs, injectable hormone therapy, or similar
 - ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b) Nonsteroidal anti-inflammatory drugs
 - 3) Nonmalignant cervical cytology, if cervix is present
 - 4) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
- B) Hysterectomy, with or without adnexectomy, for adenomyosis may be appropriate when all of the following are documented (1-6):
- 1) Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 - 2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a) Hormonal therapy (i or ii):
 - i) Oral contraceptive pills or patches, progesteronecontaining IUDs, injectable hormone therapy, or similar
 - ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b) Nonsteroidal anti-inflammatory drugs
 - 3) One of the following (a or b):
 - a) Endovaginal ultrasound suspicious for adenomyosis (presence of abnormal hypoechoic myometrial echogenicity or presence of small myometrial cysts)
 - b) MRI showing thickening of the junctional zone > 12mm
 - 4) Nonmalignant cervical cytology, if cervix is present
 - 5) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 40, UTERINE LEIOMYOMA

Line 428

Hysterectomy, myomectomy, or uterine artery embolization for leiomyomata may be indicated when all of the following are documented (A-D):

- A) One of the following (1 or 2):
- 1) Patient history of 2 out of 3 of the following (a, b and c):
 - a. Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
 - b. Pelvic discomfort cause by myomata (i or ii or iii):
 - i) Chronic lower abdominal, pelvic or low backpressure
 - ii) Bladder dysfunction not due to urinary tract disorder or disease
 - iii) Rectal pressure and bowel dysfunction not related to bowel disorder or disease
 - c. Rapid enlargement causing concern for sarcomatous changes of malignancy
 - 2) Leiomyomata as probable cause of excessive uterine bleeding evidenced by (a, b, c and d):
 - a. Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - b. Anemia due to acute or chronic blood loss (hemoglobin less than 10 or hemoglobin less than 11 g/dL if use of iron is documented)
 - c. Documentation of mass by sonography
 - d. Bleeding causes major impairment or interferes with quality of life
- B) Nonmalignant cervical cytology, if cervix is present
- C) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- D) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 41, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT

Line 434

Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe central or foraminal spinal

GUIDELINE NOTE 41, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (CONT'D)

stenosis in addition to a history of neurogenic claudication, or objective evidence of neurologic impairment consistent with MRI findings (see Guideline Note 37).

GUIDELINE NOTE 42, DISRUPTIVE BEHAVIOR DISORDERS IN CHILDREN AGE FIVE AND UNDER

Line 445

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

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

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

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90785, 90832-90838, 99201-99215, H0004
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 43, LYMPHEDEMA

Lines 448, 597, 598

Lymphedema treatments are included on these lines when medically appropriate. These services are to be provided by a licensed practitioner who is certified by one of the accepted lymphedema training certifying organizations or a graduate of one of the National Lymphedema Network accepted training courses within the past two years. The only accepted certifying organization at this time is LANA (Lymphology Association of North America; <http://www.clt-lana.org>). Treatments for lymphedema are not subject to the visit number restrictions found in Guideline Note 6 REHABILITATIVE THERAPIES.

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

GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS

Line 446

Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (A-C):

- A) Patient history of (1, 2, 3, 4, and 5):
 - 1) Excessive uterine bleeding evidence by (a, b and c):
 - a) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - b) Anemia due to acute or chronic blood loss (hemoglobin less than 10 g/dL or hemoglobin less than 11 g/dL if use of iron is documented)
 - c) Bleeding causes major impairment or interferes with quality of life
 - 2) Failure of hormonal treatment for a six-month trial period or contraindication to hormone use (oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar)
 - 3) No current medication use that may cause bleeding, or contraindication to stopping those medications
 - 4) Endometrial sampling performed
 - 5) No evidence of treatable intrauterine conditions or lesions by (a, b or c):
 - a) Sonohysterography
 - b) Hysteroscopy
 - c) Hysterosalpingography
- B) Negative preoperative pregnancy test result unless patient has been previously sterilized
- C) Nonmalignant cervical cytology, if cervix is present

GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER

Line 469

ICD-9-CM code 309.89 can be used for individuals of any age. However, when using it for children five years of age or younger, who have experienced abuse or neglect, the following must apply:

- A) The child must demonstrate some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability/lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.
- B) 309.89 is limited to pairings with the following procedure codes:
 - Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023

GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER (CONT'D)

- Group Therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Family Interventions and Supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Individual Counseling and Therapy: 90785, 90832-90838, 99201-99215
- Medication Management is not indicated for this condition in children five years of age or younger.

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

Two V-codes, V61.20 (Counseling for Parent-Child Problem, Unspecified) and V62.82 (Bereavement, Uncomplicated), may only be used as secondary diagnoses to the primary diagnosis of 309.89, and only for children five years of age or younger.

- A) When using V61.20, the following must apply:
 - 1) Service provision will have a clinically significant impact on the child.
 - 2) A rating of 40 or lower has been assessed on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).
 - 3) The same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply, with the only exception being that 90785 cannot be used.
- B) When using V62.82, the following must apply:
 - 1) The child exhibits a change in functioning subsequent to the loss of a primary caregiver;
 - 2) The child exhibits at least three of the following eight symptoms:
 - a) Crying, calling and/or searching for the absent primary caregiver,
 - b) Refusing attempts of others to provide comfort,
 - c) Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria,
 - d) Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood,
 - e) Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions,
 - f) Constricted range of affect not attributable to a mood disorder or PTSD,
 - g) Detachment, seeming indifference toward, or selective "forgetting" of the lost caregiver and/or of reminders of the lost caregiver,
 - h) Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver;
 - 3) The symptoms in B(2) above are exhibited for most of the day and for more days than not, for at least 2 weeks.
 - 4) The same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply.

Note: Intervention should include persons significantly involved in the child's care and include psychoeducation and developmentally-specific guidance.

GUIDELINE NOTE 46, AGE-RELATED MACULAR DEGENERATION

Line 473

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

GUIDELINE NOTE 47, URINARY INCONTINENCE

Line 478

Surgery for genuine stress urinary incontinence may be indicated when all of the following are documented (A-G):

- A) Patient history of (1, 2, and 3):
 - 1) Involuntary loss of urine with exertion
 - 2) Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychological causes, excessive urine production, restricted mobility, and stool impaction)
 - 3) Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
- B) Patient's voiding habits
- C) Physical or laboratory examination evidence of either (1 or 2):
 - 1) Urethral hypermobility
 - 2) Intrinsic sphincter deficiency
- D) Diagnostic workup to rule out urgency incontinence
- E) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
- F) Nonmalignant cervical cytology, if cervix is present
- G) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be

GUIDELINE NOTE 47, URINARY INCONTINENCE (CONT'D)

- H) taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY

Line 373

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

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

GUIDELINE NOTE 49, COCHLEAR IMPLANTS, OVER AGE 5

Line 491

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

- 1) Profound sensorineural hearing loss in both ears (defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
- 2) Receive little or no useful benefit from hearing aids
- 3) No medical contraindications
- 4) High motivation and appropriate expectations (both child, when appropriate, and family)

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

- 1) Severe to profound sensorineural hearing loss in both ears (defined as 71dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
- 2) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
- 3) Receive limited benefit from appropriately fit hearing aids; i.e., scores of 40% or less on sentence recognition test in the best-aided listening condition
- 4) No medical contraindications

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

- 1) Profound sensorineural hearing loss in both ears (defined as 91dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
- 2) Hearing loss acquired before learning oral speech and language development (prelinguistic hearing loss)
- 3) Receive no benefit from hearing aids
- 4) No medical contraindications
- 5) A desire to be a part of the hearing world

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

GUIDELINE NOTE 50, PELVIC ORGAN PROLAPSE SURGERY

Line 492

Hysterectomy, cystocele repair, and/or other surgery for pelvic organ prolapse may be indicated when all of the following are documented (A-E):

- A) Patient history of symptoms of pelvic prolapse such as:
 - 1) Complaints of the pelvic organs prolapsing at least to the introitus, and one or more of the following:
 - a) Low back discomfort or pelvic pressure, or
 - b) Difficulty in defecating, or
 - c) Difficulty in voiding
- B) For hysterectomy
 - 1) Nonmalignant cervical cytology, if cervix is present, and
 - 2) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- C) Physical examination is consistent with patient's symptoms of pelvic support defects indicating either symptomatic prolapse of the cervix, enterocele, cystocele, rectocele or prolapse of the vaginal vault
- D) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized
- E) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION

Lines 383,502

Antibiotic and other medication therapy (including antihistamines, decongestants, and nasal steroids) are not indicated for children with chronic otitis media with effusion (OME) (without another appropriate diagnosis).

Patients with specific higher risk conditions (including craniofacial anomalies, Down's syndrome, and cleft palate, or documented speech and language delay) along with hearing loss and chronic otitis media with effusion are intended to be included on Line 383. Otherwise hearing loss associated with chronic otitis media with effusion (without those specific higher risk conditions) is only included on Line 502.

For coverage to be considered on either Line 383 or Line 502, there should be a 3 to 6 month watchful waiting period after diagnosis of otitis media with effusion, and if documented hearing loss is greater than or equal to 25dB in the better hearing ear, tympanostomy surgery may be indicated, given short- but not long- term improvement in hearing. Formal audiometry is indicated for children with chronic OME present for 3 months or longer. Children with language delay, learning problems, or significant hearing loss should have hearing testing upon diagnosis. Children with chronic OME who are not at risk for language delay (such as those with hearing loss <25dB in the better hearing ear) or developmental delay (should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

Adenoidectomy is not indicated at the time of first pressure equalization tube insertion. It may be indicated in children over 3 years who are having their second set of tubes.

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-management-chronic-otitis.aspx>

GUIDELINE NOTE 52, CHRONIC ANAL FISSURE

Line 506

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

- A) Condition unresponsive to six to eight weeks of continuous treatment;
- B) Condition progresses in spite of six to eight weeks of treatment;
- C) Presence of pectenosis; and/or,
- D) Fissures that have previously healed but have recurred three or more times.

GUIDELINE NOTE 53, BASIC PERIODONTICS

Line 232

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

GUIDELINE NOTE 54, CONDUCT DISORDER

Line 508

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

GUIDELINE NOTE 55, PELVIC PAIN SYNDROME

Line 552

- A) Diagnostic MRI may be indicated for evaluation of pelvic pain to assess for Adenomyosis and to assist in the management of these challenging patients when all of the following are documented:
 - 1) Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
 - 2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a) Hormonal therapy (i or ii):
 - i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
 - ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b) Nonsteroidal anti-inflammatory drugs
 - 3) An endovaginal ultrasound within the past 12 months that shows no other suspected gynecological pathology if diagnostic MRI shows > 12mm thickening of the junctional zone, the presumptive diagnosis of adenomyosis is fulfilled. See Guideline Note 39.
- B) Hysterectomy for chronic pelvic pain in the absence of significant pathology may be Indicated when all of the following are documented (1-7):
 - 1) Patient history of:

GUIDELINE NOTE 55, PELVIC PAIN SYNDROME (CONT'D)

- a) No treatable conditions or lesions found on laporoscopic examination
- b) Pain for more than 6 months with negative effect on patient's quality of life
- 2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a) Hormonal therapy (i or ii):
 - i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
 - ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b) Nonsteroidal anti-inflammatory drugs
- 3) Evaluation of the following systems as possible sources of pelvic pain:
 - a) Urinary
 - b) Gastrointestinal
 - c) Musculoskeletal
- 4) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
- 5) Nonmalignant cervical cytology, if cervix is present
- 6) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- 7) Negative preoperative pregnancy test unless patient is postmenopausal or as been previously sterilized

GUIDELINE NOTE 56, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Line 562

Disorders of spine without neurologic impairment include any conditions represented on this line for which objective evidence of one or more of the criteria stated in Guideline Note 37 is not available.

GUIDELINE NOTE 57, MILD PSORIASIS

Line 564

Mild psoriasis is defined as uncomplicated, having:

- No functional impairment; and/or,
- Involving less than 10% of body surface area and no involvement of the hand, foot or mucous membranes.

GUIDELINE NOTE 58, IMPULSE DISORDERS

Line 569

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

GUIDELINE NOTE 59, DYSMENORRHEA

Line 581

Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (A-G):

- A) Patient history of:
 - 1) No treatable conditions or lesions found on laporoscopic examination
 - 2) Pain for more than 6 months with negative effect on patient's quality of life
- B) Failure of a six-month therapeutic trial with both of the following (1 and 2), unless there are contraindications to use:
 - 1) Hormonal therapy (a or b):
 - a) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
 - b) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - 2) Nonsteroidal anti-inflammatory drugs
- C) Evaluation of the following systems as possible sources of pelvic pain:
 - 1) Urinary
 - 2) Gastrointestinal
 - 3) Musculoskeletal
- D) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
- E) Nonmalignant cervical cytology, if cervix is present
- F) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
- G) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 60, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Line 607

Scoliosis not defined as clinically significant included curvature less than 25 degrees that does not have a documented progression of at least 10 degrees.

GUIDELINE NOTE 61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS

Lines 556,571,575,644

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

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the ICD-9-CM code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on Line 297 and any necessary outpatient or inpatient services would be covered.

Reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the diseases identified on the following four lines.

Line: 575
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY

Treatment of non-infectious gastroenteritis of significant severity that is associated with dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Line: 556
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY

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

Line: 571
Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY

Treatment of aseptic meningitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Line: 643
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY

Treatment of viral pneumonia of significant severity that is associated with either respiratory failure or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

GUIDELINE NOTE 62, REMOVEABLE PROSTHODONTICS

Line 477

Must have one or more anterior teeth missing or four or more posterior teeth missing per arch with resulting space equivalent to that loss demonstrating inability to masticate; third molars are not a consideration when counting missing teeth (D5211, D5212).

GUIDELINE NOTE 63, HYDROCELE REPAIR

Line 175

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

GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT

Included on all lines with evaluation & management (E&M) codes

Pharmacy medication management services must be provided by a pharmacist who has:

- 1) A current and unrestricted license to practice as a pharmacist in Oregon.
- 2) Services must be provided based on referral from a physician or licensed provider or health plan.
- 3) Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS

Included on all lines with evaluation & management (E&M) codes

Telephone and email consultations must meet the following criteria:

- 1) Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.
- 2) E-visits must be provided by a physician or licensed provider within their scope of practice.
- 3) Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.
- 4) Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.
- 5) Telephone and email consultations must meet HIPAA standards for privacy.
- 6) There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.

Examples of reimbursable telephone and email consultations include but are not limited to:

- 1) Extended counseling when person-to-person contact would involve an unwise delay.
- 2) Treatment of relapses that require significant investment of provider time and judgment.
- 3) Counseling and education for patients with complex chronic conditions.

Examples of non-reimbursable telephone and email consultations include but are not limited to:

- 1) Prescription renewal.
- 2) Scheduling a test.
- 3) Scheduling an appointment.
- 4) Reporting normal test results.
- 5) Requesting a referral.
- 6) Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
- 7) Brief discussion to confirm stability of chronic problem and continuity of present management.

GUIDELINE NOTE 66, CERVICAL DYSPLASIA

Line 31

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

GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY

Lines 264,684

Enzyme replacement therapy for infantile Pompe's disease is included on Line 264. All other enzyme replacement therapies are included on Line 684.

GUIDELINE NOTE 68, HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION

Line 7

Placement of permanent implants in the fallopian tubes to induce bilateral occlusion (CPT code 58565) is covered only if the procedure is done in the office setting, not in the ambulatory surgical center or hospital setting.

Hysterosalpingography (58340, 74740) is covered only for the follow-up testing after placement of permanent implants in the fallopian tubes to induce bilateral occlusion.

GUIDELINE NOTE 69, ELECTROCONVULSIVE THERAPY (ECT)

Lines 9,27,32

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

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

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

GUIDELINE NOTE 70, HEART-KIDNEY TRANSPLANTS

Line 279

Patients under consideration for heart/kidney transplant must qualify for each individual type of transplant under current DMAP administrative rules and transplant center criteria with the exception of any exclusions due to heart and/or kidney disease. Qualifying renal disease is limited to Stage V or VI.

GUIDELINE NOTE 71, HIP RESURFACING

Line 384

Hip resurfacing is a covered service for patients who are likely to outlive a traditional prosthesis and who would otherwise require a total hip replacement, and should only be done by surgeons with specific training in this technique.

The following criteria are required to be met for coverage of this procedure:

- A) The diagnosis of osteoarthritis or inflammatory arthritis
- B) Failure of nonsurgical management
- C) The device must be FDA approved

Patients who are candidates for hip resurfacing must not be:

- A) Patients with active or suspected infection in or around the hip joint, or sepsis
- B) Patients who are skeletally immature
- C) Patients with any vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
- D) Patients with bone stock inadequate to support the device, including severe osteopenia or a family history of severe osteoporosis or osteopenia
- E) Patients with osteonecrosis or avascular necrosis with >50% involvement of the femoral head
- F) Patients with multiple cysts of the femoral head
- G) Females of childbearing age
- H) Patients with known moderate-to-severe renal insufficiency
- I) Patients who are immunosuppressed with diseases such as AIDS or persons receiving high doses of corticosteroids
- J) Patients who are severely overweight
- K) Patients with known or suspected metal sensitivity

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

GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS

Lines 400,562,634

Electronic analysis of intrathecal pumps, with or without programming (CPT codes 62367-62368), is included on these lines only for pumps implanted prior to April 1, 2009.

GUIDELINE NOTE 73, CONGENITAL CHORDEE

Lines 458,690

Congenital chordee is included on Line 458 only for severe cases (35 degrees of curvature or greater) and for all cases associated with hypospadias.

GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT

Lines 416,495

Treatment with growth hormone is included only for children with: pituitary dwarfism, Turner's syndrome, Prader-Willi-syndrome, Noonan's syndrome, short stature homeobox-containing gene (SHOX), chronic kidney disease (stages 3, 4, 5 or 6) and those with renal transplant. Treatment with growth hormone should continue only until adult height as determined by bone age is achieved. Treatment is not included for isolated deficiency of human growth hormone or other conditions in adults.

GUIDELINE NOTE 75, AUTISM SPECTRUM DISORDERS

Line 334

There is limited evidence of the effectiveness of treatment (e.g., Applied Behavioral Analysis) for Autism Spectrum Disorders (ASD). However, effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions, that condition, not an ASD diagnosis, should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with an ASD diagnosis are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 78, 318, 375 and 407). Treatment for associated behaviors, such as agitation, that do not meet the criteria for co-morbid mental health diagnoses should be limited in frequency to a maximum of 8 hours of behavioral health service per month, subject to utilization management review by the mental health organization (MHO) or other relevant payer.

GUIDELINE NOTE 76, RETAINED TYMPANOSTOMY TUBES

Lines 178,308,405,418,502

Removal of retained tympanostomy tubes under anesthesia, if indicated (CPT code 69424 Ventilating tube removal requiring general anesthesia) or as part of an office visit, are intended to be covered for Line 502 diagnoses with the Line 405 ICD-9 code 385.83 Retained foreign body of middle ear.

GUIDELINE NOTE 77, TIPS PROCEDURE

Lines 224,230,303,360

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

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

GUIDELINE NOTE 78, HEPATIC METASTASES

Line 340

Hepatic metastases (ICD-9 code 197.7) are covered in this line only when:

- 1) Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12 TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT;
- 2) There are no other extrahepatic metastases; and,
- 3) The only treatment covered is hepatectomy/resection of liver (CPT codes 47120, 47122,47125 or 47130).

GUIDELINE NOTE 79, BREAST RECONSTRUCTION

Lines 4,197

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer or as prophylactic treatment for the prevention of breast cancer in a woman who qualifies under Guideline Note 3, and must be completed within 5 years of initial mastectomy.

GUIDELINE NOTE 79, BREAST RECONSTRUCTION (CONT'D)

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

GUIDELINE NOTE 80, REPAIR OF NOSE TIP

Line 325

Nose tip repair is included on this line only to be used in conjunction with codes 40700, 40701, 40702, or 40720 or subsequent correction of physical functioning.

GUIDELINE NOTE 81, RECONSTRUCTION OF THE NOSE

Line 273

ICD-9 code 748.1 is on this line only for reconstruction of absence of the nose and other severe nasal anomalies which significantly impair physical functioning.

GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS

Lines 27,32,295

These lines include "early intervention for psychosis," a multidisciplinary specialty team-based intervention that includes:

- 1) Psychiatric medication management
- 2) Individual counseling
- 3) Family group therapy
- 4) Family individual therapy

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

GUIDELINE NOTE 83, HIP CORE DECOMPRESSION

Line 384

Hip Core Decompression (S2325) is covered only for early/pre-collapse (stage I or II; before X-ray changes are evident) avascular necrosis of the hip (femoral head and/or neck).

GUIDELINE NOTE 84, MEDICAL NUTRITION THERAPY FOR EPILEPSY

Line 36

Medical Nutrition Therapy (CPT 97802-97804) is included on this line only for training in the ketogenic diet for children with epilepsy in cases where the child has failed or not tolerated conventional therapy.

GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR

Line 1

Induction of labor is covered for:

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis
- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation

GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR (CONT'D)

- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥6)

Induction of labor is not covered for the following:

- Macrosomia (in the absence of maternal diabetes)
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with an unfavorable cervix (for example, a Bishop score <6)
- Elective purposes <39 weeks (without a medical or obstetrical indication)
- Intrauterine growth restriction/Small for gestational age, preterm (without other evidence of fetal compromise)

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

GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS

Line 209

There is limited evidence of the effectiveness of mental health treatment of organic mental disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with organic mental disorder are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 78, 318, 375 and 407).

GUIDELINE NOTE 87, INFLUENZA

Line 424

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

GUIDELINE NOTE 88, USE OF PROGESTERONE CONTAINING IUDS FOR NON-CONTRACEPTIVE INDICATIONS

Lines 197,446,495

Intrauterine device (IUD) insertion and removal (CPT 58300 and 58301) are included on these lines for use only with progesterone-containing IUDs. These CPT codes are covered only for 1) menorrhagia (ICD-9 626.2, 626.8); 2) for uterine protection in women taking estrogen replacement therapy after premature ovarian failure (ICD-9 256.3) or menopause (ICD-9 627); and 3) for uterine protection in women taking selective estrogen receptor modulators (SERMs).

GUIDELINE NOTE 89, REPAIR OF HIDDEN PENIS

Line 458

Repair of hidden penis (ICD-9 752.65) is only covered if the patient has documented urinary retention, repeated urinary tract infections, meatitis, or balanitis.

GUIDELINE NOTE 90, COGNITIVE REHABILITATION

Lines 101,185,201,209,308,342,375,407

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

GUIDELINE NOTE 91, SILVER COMPOUNDS FOR DENTAL CARIES

Lines 58,372,373,494,621

Silver compounds for dental caries prevention and treatment are not included on these or any lines on the Prioritized List for coverage consideration.

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,212,400,435,489,562,563

Inclusion of acupuncture (CPT 97810-97814) on the Prioritized List has the following limitations:

Line 1 PREGNANCY

Acupuncture pairs on Line 1 for the following conditions and codes.

Hyperemesis gravidarum

ICD-9 codes: 643.00, 643.03, 643.10, 643.11, 643.13

Acupuncture is paired with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 2 sessions of acupuncture/acupuncture.

Breech presentation

ICD-9 codes: 652.20, 652.23

Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 2 visits.

Back and pelvic pain of pregnancy

ICD-9 codes: 648.70, 648.73

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

Line 212 DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE

Acupuncture is paired with the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time and limited to 15 total sessions, with documentation of meaningful improvement.

Line 400 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Acupuncture is included on Line 400 only for pairing with disorders of the spine with myelopathy and/or radiculopathy represented by the diagnosis codes 344.60, 722.1, 722.2, 722.7 and 724.4 with referral.

Line 435 MIGRAINE HEADACHES

Acupuncture pairs on Line 435 for ICD-9 346, when referred, for up to 12 sessions.

Line 489 OSTEOARTHRITIS AND ALLIED DISORDERS

Acupuncture pairs on Line 489 for osteoarthritis of the knee only when referred, for up to 12 sessions.

Line 562 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Acupuncture pairs on Line 562 with the low back diagnoses (344.60, 722.1, 722.2, 722.7, 724.4), when referred, for up to 12 sessions. Acupuncture pairs with chronic (>90 days) neck pain diagnoses (723.1, 723.8, 723.9, 847.0)

Line 563 TENSION HEADACHES

Acupuncture is included on Line 563 for treatment of tension headaches, when referred, for up to 12 sessions.

The development of this guideline note was informed by a HERC evidence-based guideline.

See <http://www.oregon.gov/oha/herc/Pages/blog-low-back-non-pharmacologic-intervention.aspx>

GUIDELINE NOTE 93, IMPLANTABLE GNRH ANALOG THERAPY

Line 193

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

GUIDELINE NOTE 94, EVALUATION AND MANAGEMENT OF LOW BACK PAIN

Lines 400,562

Procedures for the evaluation and management of low back pain are included on these lines when provided subject to the State of Oregon Evidence-based Clinical Guidelines dated 10/2011 located at:

<http://www.oregon.gov/OHA/OHPR/HERC/Evidence-Based-Guidelines.shtml>

GUIDELINE NOTE 95, IMMUNE MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS

Line 268

Once a diagnosis of primary progressive or secondary progressive multiple sclerosis is reached, immune modifying therapies are no longer covered.

GUIDELINE NOTE 96, TREATMENT OF BENIGN NEOPLASM OF URINARY ORGANS

Lines 228,538

Treatment of benign urinary system tumors (ICD-9 223.0) are included on Line 228 with evidence of bleeding or urinary obstruction. Treatment of 1) oncocytoma which is >5 cm in size or symptomatic and 2) angiomyolipoma (AML) which is >5cm in women of child bearing age or in symptomatic men or women is covered. Otherwise, these diagnoses are included on Line 538.

GUIDELINE NOTE 97, MANAGEMENT OF ACROMIOCLAVICULAR JOINT SPRAIN

Lines 443,638

Sprain of acromioclavicular joint (ICD-9 840.0) is only included on Line 443 for Grade 4-6 sprains. Surgical management of these injuries is covered only after a trial of conservative therapy. Grade 1-3 acromioclavicular joint sprains are included only on Line 638.

GUIDELINE NOTE 98, SIGNIFICANT INJURIES TO LIGAMENTS AND TENDONS

Lines 406,455,638

Significant injuries to ligaments and/or tendons are those that result in clinically demonstrable joint instability or mechanical interference with motion. Significant injuries are covered on Line 406 or Line 455; non-significant injuries are included on Line 638.

GUIDELINE NOTE 99, ROUTINE PRENATAL ULTRASOUND

Lines 1,41,43,69,394

Routine ultrasound for the average risk pregnant woman is included on these lines for:

- A) One ultrasound in the first trimester for the purpose of identifying fetal aneuploidy or anomaly (between 11 and 13 weeks of gestation) and /or dating confirmation. In some instances, if a patient's LMP is truly unknown, a dating ultrasound may be indicated prior to an aneuploidy screen
- B) One ultrasound for the purpose of anatomy screening after 18 weeks gestation

Only one type of routine prenatal ultrasound should be covered in a single day (i.e., transvaginal or abdominal).

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-routine-ultrasound-pregnancy.aspx>

GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION

Lines 84,158,208,271,400,434,507,549,607

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking for 6 months prior to the planned procedure. Patients should be given access to appropriate smoking cessation therapy.

GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT

Lines 400,562

Artificial disc replacement (CPT 22856-22865) is included on these lines as an alternative to fusion only when all of the following criteria are met:

Lumbar artificial disc replacement

- 1) Patients must first complete a structured, intensive, multi-disciplinary program for management of pain, if covered by the agency;
- 2) Patients must be 60 years or under;
- 3) Patients must meet FDA approved indications for use and not have any contraindications. FDA approval is device specific but includes:
 - Failure of at least six months of conservative treatment
 - Skeletally mature patient
 - Replacement of a single disc for degenerative disc disease at one level confirmed by patient history and imaging

Cervical artificial disc replacement

- 1) Patients must meet FDA approved indications for use and not have any contraindications. FDA approval is device specific but includes:
 - Skeletally mature patient
 - Reconstruction of a single disc following single level discectomy for intractable symptomatic cervical disc disease (radiculopathy or myelopathy) confirmed by patient findings and imaging.

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-artificial-disc-replace.aspx>

GUIDELINE NOTE 102, REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION

Line 9

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

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

GUIDELINE NOTE 103, BONE ANCHORED HEARING AIDS

Lines 383,470

Bone anchored hearing aids (BAHA, CPT 69714, 69715) are included on these lines when the following criteria are met:

- 1) The patient is age 5 years or older
- 2) Treatment is for unilateral severe to profound hearing loss when the contralateral ear has normal hearing
- 3) Traditional air amplification hearing aids and contralateral routing of signal (CROS) hearing aid systems are not indicated or have been tried and are found to be not effective.
- 4) Implantation is unilateral.

Use of BAHA for treatment of tinnitus is not covered.

GUIDELINE NOTE 104, VISCOSUPPLEMENTATION OF THE KNEE

Lines 384,455,489

Viscosupplementation of the knee (CPT 20610) is not covered for treatment of osteoarthritis of the knee.

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

GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS, OTHER PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN

Lines 52,400,434,562,607,638

Epidural steroid injections (CPT 62311, 64483, 64484) are covered for patients with persistent radiculopathy due to herniated disc, where radiculopathy is as defined in Guideline Note 37 as showing evidence of one or more of the following:

- A) Markedly abnormal reflexes
- B) Segmental muscle weakness
- C) Segmental sensory loss
- D) EMG or NCV evidence of nerve root impingement
- E) Cauda equina syndrome
- F) Neurogenic bowel or bladder
- G) Long tract abnormalities

It is recommended that shared decision-making regarding epidural steroid injection include a specific discussion about inconsistent evidence showing moderate short-term benefits, and lack of long-term benefits. If an epidural steroid injection does not offer benefit, repeated injections should not be covered. Epidural steroid injections are not covered for spinal stenosis or for patients with low back pain without radiculopathy.

The following interventions are not covered for low back pain, with or without radiculopathy:

- facet joint corticosteroid injection
- prolotherapy
- intradiscal corticosteroid injection
- local injections
- botulinum toxin injection
- intradiscal electrothermal therapy
- therapeutic medial branch block
- radiofrequency denervation
- sacroiliac joint steroid injection
- coblation nucleoplasty
- percutaneous intradiscal radiofrequency thermocoagulation
- radiofrequency denervation

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-percutaneous-low-back.aspx>

GUIDELINE NOTE 106, IMMUNIZATIONS

Lines 3,4

Immunizations are covered as recommended by the Oregon Immunization Program. The current recommendations are found at this link: <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMAVactable.pdf>.

GUIDELINE NOTE 107, HYPERBARIC OXYGEN

Lines 358,399

Hyperbaric oxygen is a covered service only under the following circumstances:

- when paired with ICD-9-CM code 526.4 for osteomyelitis of the jaw only
- when paired with ICD-9-CM codes 526.89 for osteoradionecrosis of the jaw only
- when paired with ICD-9-CM codes 639.0, 670.02, and 670.04 only if the infection is a necrotizing soft-tissue infection
- when paired with ICD-9-CM codes 730.10-730.99 only for chronic refractory osteomyelitis unresponsive to conventional medical and surgical management
- when paired with ICD-9-CM codes 927-929 only for posttraumatic crush injury of Gustilo type III B and C
- when paired with ICD-9-CM codes 990 only for osteoradionecrosis
- when paired with ICD-9-CM codes 996.7 only for compromised myocutaneous flaps

GUIDELINE NOTE 108, CONTINUOUS BLOOD GLUCOSE MONITORING

Line 10

Services related to real-time continuous blood glucose monitoring (for long-term use) or retrospective glucose monitoring (for short-term use) are included on Line 10 only when insulin pump management is being considered, initiated, or utilized and only when the patient has at least one of the following:

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

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-continuous-glucose-monitoring.aspx>

GUIDELINE NOTE 109, VERTEBROPLASTY, KYPHOPLASTY, AND SACROPLASTY

Line 507

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

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

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

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

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

GUIDELINE NOTE 110, CHRONIC PELVIC INFLAMMATORY CONDITIONS

Lines 56,552

Chronic pelvic inflammatory conditions (ICD-9 614.2, 614.4, 614.5, 614.8, 614.9, 615.9) are included only on Line 552; acute conditions are included on Line 56.

GUIDELINE NOTE 111, INTRA-AORTIC BALLOON PUMPS

Line 76

Intra-aortic balloon pumps (CPT 33967-33974) are included on this line only for use in cardiogenic shock.

GUIDELINE NOTE 112, LUNG VOLUME REDUCTION SURGERY

Line 306

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 306 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-9 492.0, 492.8) and all of the following:

1. BMI \leq 31.1 kg/m² (men) or \leq 32.3 kg/m² (women)
2. Stable with \leq 20 mg prednisone (or equivalent) dose a day
3. Pulmonary function testing showing
 - a. Forced expiratory volume in one second (FEV 1) \leq 45% predicted and, if age 70 or older, FEV 1 \geq 15% predicted value
 - b. Total lung capacity (TLC) \geq 100% predicted post-bronchodilator
 - c. Residual volume (RV) \geq 150% predicted post-bronchodilator
4. PCO 2, \leq 60 mm Hg (PCO 2, \leq 55 mm Hg if 1-mile above sea level)
5. PO 2, \geq 45 mm Hg on room air (PO 2, \geq 30 mm Hg if 1-mile above sea level)
6. Post-rehabilitation 6-min walk of \geq 140 m
7. Non-smoking for 6 months prior to surgery, as shown by cotinine level

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

GUIDELINE NOTE 113, DISEASES OF LIPS

Lines 214,688

ICD-9 code 528.5 (Diseases of lips) is included on Line 214 only for treatment of abscess or cellulitis of the lips. All other sub-diagnoses under this code are included on Line 688.

GUIDELINE NOTE 114, FEMOROACETABULAR IMPINGEMENT SYNDROME

Line 384

ICD-9-CM codes 719.85 (Other specified disorders of joint, pelvic region and thigh) and 718.05 (Articular cartilage disorder, pelvic region and thigh) and CPT codes 29914-29916 (Arthroscopy, hip, surgical) are included on Line 384 only for the diagnosis and treatment of femoroacetabular impingement syndrome.

Surgery for femoroacetabular impingement syndrome is included on this line only for patients who meet all of the following criteria:

1. Adult patients, or adolescent patients who are skeletally mature with documented closure of growth plates; and
2. Other sources of pain have been ruled out (e.g., lumbar spine pathology, SI joint dysfunction, sports hernia); and
3. Pain unresponsive to physical therapy and other non-surgical management and conservative treatments (e.g., restricted activity, cortisone injections, nonsteroidal anti-inflammatory drugs) of at least three months duration, or conservative therapy is contraindicated; and
4. Moderate-to-severe persistent hip or groin pain that significantly limits activity and is worsened by flexion activities (e.g., squatting or prolonged sitting); and
5. Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation); and
6. Radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion); and
7. Do not have advanced osteoarthritis (i.e., Tönnis grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge grade III or IV).

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

GUIDELINE NOTE 115, EXTRACORPOREAL PHOTOPHERESIS

Lines 221,338

Extracorporeal photopheresis (CPT 36522) is included on Line 221 for treatment of chronic T-cell lymphoma (ICD-9-CM codes 202.1x and 202.2x) which is:

1. stage III or IVA
2. erythrodermic
3. not responsive to other therapy

GUIDELINE NOTE 115, EXTRACORPOREAL PHOTOPHERESIS (CONT'D)

Extracorporeal photopheresis (CPT 36522) is included on Line 338 for treatment of chronic graft-versus-host disease (ICD-9-CM code 279.52) which

1. is steroid refractory, steroid dependent or the patient is unable to tolerate corticosteroid therapy
2. primarily affects skin or mucosal membranes (mouth and/or eye disease)

GUIDELINE NOTE 116, INTRAOCULAR STEROID IMPLANTS FOR CHRONIC NON-INFECTIOUS UVEITIS

Line 106

Intraocular steroid implants (CPT 67027, 67028) are only included on Line 106 for pairing with uveitis (ICD-9-CM codes 363.0x, 363.1x, 363.20 and 363.22), and only when the following conditions are met: uveitis is chronic, non-infectious, and affecting the posterior segment of the eye, and there has been appropriate trial and failure, or intolerance of therapy, with local and systemic corticosteroids and/or immunosuppressive agents.

GUIDELINE NOTE 117, INTRAOCULAR STEROID IMPLANTS FOR CENTRAL RETINAL VEIN OCCLUSION

Line 465

Intraocular steroid implants (CPT 67028) are only included on Line 465 for treatment of central retinal vein occlusion (ICD-9-CM code 362.35) in those individuals who have failed anti-VEGF therapy.

GUIDELINE NOTE 118, OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN

Line 210

Obstructive sleep apnea (OSA) in children (18 or younger) must be diagnosed by

1. nocturnal polysomnography with an AHI >5 episodes/h or AHI >1 episodes/h with history and exam consistent with OSA, OR
2. nocturnal pulse oximetry with 3 or more SpO₂ drops <90% and 3 or more clusters of desaturation events, or alternatives desaturation (>3%) index >3.5 episodes/h, OR
3. use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), OR
4. consultation with a sleep medicine specialist.

Polysomnography and/or consultation with a sleep medicine specialist to support the diagnosis of OSA and/or to identify perioperative risk is recommended for

1. high risk children (i.e. children with cranio-facial abnormalities, neuromuscular disorders, Down syndrome, etc.)
2. children with equivocal indications for adenotonsillectomy (such as discordance between tonsillar size on physical examination and the reported severity of sleep-disordered breathing),
3. children younger than three years of age

Adenotonsillectomy is an appropriate first line treatment for children with OSA. Weight loss is recommended in addition to other therapy in patients who are overweight or obese.

Intranasal corticosteroids are an option for children with mild OSA in whom adenotonsillectomy is contraindicated or for mild postoperative OSA.

CPAP is covered for a 3 month trial for children through age 18 who have

1. undergone surgery or are not candidates for surgery, AND
2. have documented residual sleep apnea symptoms (sleep disruption and/or significant desaturations) with residual daytime symptoms (daytime sleepiness or behavior problems)

CPAP will be covered for children through age 18 on an ongoing basis if:

1. There is documentation of improvement in sleep disruption and daytime sleepiness and behavior problems with CPAP use
2. Annual re-evaluation for CPAP demonstrates ongoing clinical benefit and compliance with use, defined as use of CPAP for at least four hours per night on 70% of the nights in a consecutive 30 day period.

GUIDELINE NOTE 119, CAROTID ENDARTERECTOMY

Line 440

Carotid endarterectomy is included on Line 440 for patients in the following groups:

GUIDELINE NOTE 119, CAROTID ENDARTERECTOMY (CONT'D)

- Symptomatic⁵ with 70-99% carotid artery stenosis but without near occlusion.
- Symptomatic with 50 – 69% stenosis despite optimal medical management
- Asymptomatic with at least 60% stenosis only for those who do not tolerate (or have contraindications to) best current medical therapy

Carotid endarterectomy is not included on Line 440 for patients in the following groups:

- Patients with near occlusion
- Symptomatic patients with less than 50% carotid stenosis.

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

GUIDELINE NOTE 120, PEDIATRIC TRIGGER THUMB

Line 406

1. ICD-9 756.89 is included on Line 406 for treatment of pediatric trigger thumb only. Surgical treatment should be reserved for trigger thumb that does not spontaneously resolve within 48 months of diagnosis. Immediate surgery may be considered for bilateral trigger thumb or trigger thumb with locking symptoms.

GUIDELINE NOTE 121, CONCUSSION AND POST CONCUSSION SYNDROME

Lines 101,209,641

ICD-9-CM codes 850.0 and 850.9 are included on Line 101 only for concussions with symptoms that persist for more than 7 days but less than 3 months; otherwise, these diagnoses are included on Line 641. When concussion symptoms last for more than 3 months, the diagnosis of post-concussive syndrome (ICD-9-CM code 310.2) should be used, which is included on Line 209.

GUIDELINE NOTE 122, ORAL HEALTH RISK ASSESSMENT IN MEDICAL SETTINGS

Line 3

D0191 is limited to children under age 6 and requires an additional specific oral health risk assessment using a standardized tool, such as AAP Bright Futures, and should be performed by a provider who has successfully completed an approved training program (such as First Tooth or Smiles for Life).

GUIDELINE NOTE 123, DENTAL FILLINGS FOR POSTERIOR TEETH

Line 372

For dental fillings in posterior teeth, amalgam is preferred for extensive restorations. If amalgam is unavailable or contraindicated, composite is acceptable.

GUIDELINE NOTE 124, ALCOHOL SEPTAL ABLATION

Line 109

Alcohol septal ablation (CPT 93583) is included on Line 109 only for adult patients with hypertrophic cardiomyopathy when all of the following conditions are met:

1. Severe heart failure symptoms (New York Heart Association [NYHA] class III or IV)
2. Severe symptoms refractory to optimal medical management
3. LVOT obstruction is present
4. Surgery is contraindicated or has unacceptable risk due to serious comorbidities or advanced age.
5. No concomitant disease is present that independently warrants surgical correction in whom surgical myectomy can be performed as part of the operation.
6. The ablation is performed at an experienced center

⁵ Symptomatic patients are those who have had a recent transient ischemic attack or ischemic stroke.

GUIDELINE NOTE 125, CAROTID ARTERY STENTING

Lines 342,440

Carotid artery stenting (CPT 37215-37217) is included on Lines 342 and 440 for patients who have not had a disabling stroke (modified Rankin scale ≥ 3) AND

1. who are at high risk for complications during carotid endarterectomy (CEA) due to significant comorbidities and/or anatomic risk factors (i.e., recurrent stenosis and/or previous radical neck dissection) and who also have symptomatic (recent transient ischemic attack or ischemic stroke) carotid artery stenosis $>50\%$ OR
2. who are at high risk for complications during CEA due to significant comorbidities and/or anatomic risk factors and have asymptomatic carotid artery stenosis $\geq 80\%$ only if best current medical therapy is not tolerated or contraindicated.

PRACTICE GUIDELINES

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

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

PREVENTION TABLES

Prevention Tables
Effective October 1, 2014

Birth to 10 Years

| | |
|---|---|
| <p>Interventions Considered and Recommended for the Periodic Health Examination</p> | <p>Leading Causes of Death</p> <p>Conditions originating in perinatal period</p> <p>Congenital anomalies</p> <p>Sudden infant death syndrome (SIDS)</p> <p>Unintentional injuries (non-motor vehicle)</p> <p>Motor vehicle injuries</p> |
|---|---|

Interventions for the General Population

| | |
|--|--|
| <p>SCREENING</p> <p>Height and weight</p> <p>Blood pressure</p> <p>Vision screen (3-4 yr)</p> <p>Hemoglobinopathy screen (birth)¹</p> <p>Phenylalanine level (birth)²</p> <p>T4 and/or TSH (birth)³</p> <p>Effects of STDs</p> <p>FAS, FAE, drug affected infants⁴</p> <p>Hearing, developmental, behavioral and/or psychosocial screens⁵</p> <p>Learning and attention disorders⁶</p> <p>Signs of child abuse, neglect, family violence</p> <p>COUNSELING</p> <p>Injury Prevention</p> <p>Child safety car seats (age <5 yr)</p> <p>Lap-shoulder belts (age >5 yr)</p> <p>Bicycle helmet; avoid bicycling near traffic</p> <p>Smoke detector, flame retardant sleepwear</p> <p>Hot water heater temperature <120-130F</p> <p>Window/stair guards, pool fence, walkers</p> <p>Safe storage of drugs, toxic substances, firearms and matches</p> <p>Syrup of ipecac, poison control phone number</p> <p>CPR training for parents/caretakers</p> <p>Infant sleeping position</p> <p>Diet and Exercise</p> <p>Breast-feeding, iron-enriched formula and foods (infants and toddlers)</p> | <p>Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables (age >2 yr)</p> <p>Regular physical activity*</p> <p>Substance User</p> <p>Effects of passive smoking*</p> <p>Anti-tobacco message*</p> <p>Dental Health</p> <p>Regular visits to dental care provider*</p> <p>Floss, brush with fluoride toothpaste daily*</p> <p>Advice about baby bottle tooth decay*</p> <p>Mental Health/Chemical Dependency</p> <p>Parent education regarding:</p> <ul style="list-style-type: none"> • Child development • Attachment/bonding • Behavior management • Effects of excess TV watching • Special needs of child and family due to: <ul style="list-style-type: none"> Familial stress or disruption Health problems Temperamental incongruence with parent Environmental stressors such as community violence or disaster, immigration, minority status, homelessness • Referral for MHCD and other family support services as indicated |
|--|--|

¹Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. ⁵Screening must be conducted with a standardized, valid, and reliable tool. Recommended developmental, behavioral and/or psychosocial screening tools include and are not limited to: a) Ages and Stages Questionnaire (ASQ); b) Parent Evaluation of Developmental Status, (PEDS) plus/minus PEDS:Developmental Milestones (PEDS:DM); c) ASQ:Social Emotional (ASQ:SE); and d) Modified Checklist for Autism in Toddlers (M-CHAT). ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

*The ability of clinical counseling to influence this behavior is unproven.

Prevention Tables
Effective October 1, 2014

Birth to 10 Years (Cont'd)

Interventions for the General Population (Cont'd)

CHEMOPROPHYLAXIS

Ocular prophylaxis (birth)

Interventions for the High-Risk Population

Hemoglobin/hematocrit (HR1)

HIV testing (HR2)

PPD (HR3)

Blood lead level (HR4)

Daily fluoride supplement (HR5)

Avoid excess/midday sun, use protective clothing* (HR6)

Increased well-child visits (HR7)

High-Risk Groups

HR1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low-birthweight infants, infants whose principal dietary intake is unfortified cow's milk.

HR2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partners currently or in past; persons seeking treatment for STDs; blood transfusion during 1978-1985.

HR3 = Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), residents of long-term care facilities.

HR4 = Children about age 12 mo who: 1) live in communities in which the prevalence of lead levels requiring individual intervention, including residential lead hazard control or chelation, is high or undefined; 2) live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling; 3) have close contact with a person who has an elevated lead level; 4) live near lead industry or heavy traffic; 5) live with someone whose job or hobby involves lead exposure; 6) use lead-based pottery; or 7) take traditional ethnic remedies that contain lead.

HR5 = Children living in areas with inadequate water fluoridation (<0.6 ppm).

HR6 = Persons with a family history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR7 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

Prevention Tables
Effective October 1, 2014

Ages 11-24 Years

| | |
|--|---|
| <p>Interventions Considered and Recommended for the Periodic Health Examination</p> | <p>Leading Causes of Death</p> <p>Motor vehicle/other unintentional injuries Homicide Suicide Malignant neoplasms Heart diseases</p> |
|--|---|

Interventions for the General Population

SCREENING

Cervical cancer screening (See guideline note 1)
Height and weight
Blood pressure¹
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)²
Papanicolaou (Pap) test³
Chlamydia screen⁴ (females <25 yr)
Rubella serology or vaccination hx⁵ (females >12 yr)
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁷
Eating disorders⁸
Anxiety and mood disorders⁹
Suicide risk factors¹⁰

COUNSELING

Injury Prevention

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Substance Use

Avoid tobacco use
Avoid underage drinking and illicit drug use*
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Sexual Behavior

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (females)
Regular physical activity*

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

Mental Health/Chemical Dependency

Parent education regarding:

- Adolescent development
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
 - Familial stress or disruption
 - Health problems
 - Temperamental incongruence with parent
 - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

¹Periodic BP for persons aged ≥ 18 yr. ²High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. ³Screening to start at age 21; screening should occur at least every 3 years. ⁴If sexually active. ⁵Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁷Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ⁸Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁹In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹⁰Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

*The ability of clinical counseling to influence this behavior is unproven.

Prevention Tables
Effective October 1, 2014

Ages 11-24 Years (Cont'd)

Interventions for the General Population (Cont'd)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/
capable of pregnancy)

Interventions for the High-Risk Population

| | |
|---|--|
| Screen for | Avoid excess/midday sun, use protective clothing* (HR7) |
| Syphilis RPR/VDRL (HR1); | Folic acid 4.0 mg (HR8) |
| Gonorrhea (female) (HR2) | Daily fluoride supplement (HR9) |
| HIV (HR3) | Increased well-child/adolescent visits (HR10) |
| Chlamydia (female) (HR4); | Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR11). |
| Tuberculosis - PPD (HR3,5) | |
| Advise to reduce infection risk (HR3,6) | |

High-Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

HR5 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR6 = Persons who continue to inject drugs.

HR7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR8 = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

HR9 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

HR10 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-

Prevention Tables
Effective October 1, 2014

of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

HR11 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

Prevention Tables

Effective October 1, 2014

Ages 25-64 Years

Interventions Considered
and Recommended for the
Periodic Health Examination

Leading Causes of Death
Malignant neoplasms
Heart diseases
Motor vehicle/other unintentional injuries
Human immunodeficiency virus infection
Suicide and homicide

Interventions for the General Population

SCREENING

Cervical cancer screening (See guideline note 1)
Blood pressure
Height and weight
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk¹)
Papanicolaou (Pap) test²
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy, or colonoscopy (>50 yr)³
Mammogram⁵ (women 40-74 yrs)
Rubella serology or vaccination hx⁵ (women of childbearing age)
Bone density measurement (women age 60-64 if high-risk)⁶
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Learning and attention disorders⁷
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁸
Eating disorders⁹
Anxiety and mood disorders¹⁰
Suicide risk factors¹¹
Somatoform disorders¹²
Environmental stressors¹³

COUNSELING

Substance Use

Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*

Injury Prevention

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Sexual Behavior

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy)
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

¹High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. ²Women who are or have been sexually active and who have a cervix: q < 3 yr. ³FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. ⁴The screening decision for women 40-49 should be a mutual decision between a woman and her clinician. If a decision to proceed with mammography is made, it should be done every 2 years. ⁵Between the ages of 50-74, screening mammography should be performed every 2 years. ⁶Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. ⁷High-risk defined as weight <70kg, not on estrogen replacement. ⁸Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁹Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ¹⁰Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ¹¹In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹²Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. ¹³Multiple unexplained somatic complaints. ¹⁴Community violence or disaster, immigration, homelessness, family medical problems.
*The ability of clinical counseling to influence this behavior is unproven.

Prevention Tables
Effective October 1, 2014

Ages 25-64 Years (Cont'd)

Interventions for the High-Risk Population

Screen for

RPR/VDRL (HR1);
Gonorrhea (female) (HR2)
HIV (HR3),
Chlamydia (female) (HR4);
PPD (HR5)

Advice to reduce infection risk (HR6)
Avoid excess/midday sun, use protective clothing* (HR7)
Folic acid 4.0 mg (HR8)
Refer for genetic counseling and evaluation for BRCA
testing by appropriately trained health care provider (HR9)

High Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active women with multiple risk factors including: history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology.

HR5 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR6 = Persons who continue to inject drugs.

HR7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR8 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy.

HR9 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of 3 or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

Prevention Tables
Effective October 1, 2014

Age 65 and Older

Interventions Considered
and Recommended for the
Periodic Health Examination

Leading Causes of Death
Heart diseases
Malignant neoplasms (lung, colorectal,
breast)
Cerebrovascular disease
Chronic obstructive pulmonary disease
Pneumonia and influenza

Interventions for the General Population

SCREENING

Cervical Cancer Screening (See guideline note 1)
Blood pressure
Height and weight
Fecal occult blood test (FOBT) and/or flexible
sigmoidoscopy or colonoscopy t.¹
Mammogram (women ages 65-74)²
Bone density measurement (women)
Fasting plasma glucose for patients with hypertension or
hyperlipidemia
Vision screening
Assess for hearing impairment
Signs of elder abuse, neglect, family violence
Alcohol, inhalant, illicit drug use³
Anxiety and mood disorders⁴
Somatoform disorders⁵
Environmental stressors⁶
Abdominal aortic aneurysm (AAA) (men aged 65 to 75 who
have ever smoked)⁷

COUNSELING

Substance Use

Tobacco cessation
Avoid alcohol/drug use while driving, swimming,
boating, etc.*

Diet and Exercise

Limit fat and cholesterol; maintain caloric
balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*
Assess eating environment

Injury Prevention

Lap/shoulder belts
Motorcycle and bicycle helmets*
Fall prevention*
Safe storage/removal of firearms*
Smoke detector*
Set hot water heater to <120-130°F
CPR training for household members
Smoking near bedding or upholstery

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Sexual Behavior
STD prevention: avoid high-risk sexual behavior*;
use condoms

CHEMOPROPHYLAXIS

Discuss aspirin prophylaxis for those at high-risk
for coronary heart disease

¹FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years through age 75. ²Screening mammography should be performed every 2 years. ³Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ⁴In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ⁵Multiple unexplained somatic complaints. ⁶Community violence or disaster, immigration, homelessness, family medical problems. ⁷One-time ultrasound.

*The ability of clinical counseling to influence this behavior is unproven

Prevention Tables Effective October 1, 2014

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

| | |
|---------------------------------------|---|
| Screen for PPD (HR1); HIV (HR2) | Avoid excess/midday sun, use protective clothing* (HR6) RPR/VDRL (HR7) |
| Amantadine/rimantadine (HR3) | Advice to reduce infection risk (HR8) |
| Fall prevention intervention (HR4) | Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR9) |
| Consider cholesterol screening (HR5) | |

High Risk Groups

HR1 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR2 = Men who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR3 = Consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

HR4 = Persons aged 75 years and older; or aged 70-74 with one or more additional risk factors including: use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); use of >4 prescription medications; impaired cognition, strength, balance, or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services.

HR5 = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking, diabetes, or hypertension).

HR6 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR7 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR8 = Persons who continue to inject drugs.

HR9 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second- degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree

Prevention Tables
Effective October 1, 2014

relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased family history risk includes any first-degree relative (or two second degree relatives on the same side of the family) with breast or ovarian cancer.

Prevention Tables
Effective October 1, 2014

Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

First visit

Blood pressure
Hemoglobin/hematocrit
Hepatitis B surface antigen (HBsAg)
RPR/VDRL
Chlamydia screen (<25 yr)
Rubella serology or vaccination history
D(Rh) typing, antibody screen
Offer CVS (<13 wk)¹ or amniocentesis (15-18 wk)¹
(age>35 yr)
Offer hemoglobinopathy screening
Assess for problem or risk drinking
HIV screening

Follow-up visits

Blood pressure
Urine culture (12-16 wk)
Screening for gestational diabetes²

Offer amniocentesis (15-18 wk)¹ (age>35 yr)
Offer multiple marker testing¹ (15-18 wk)
Offer serum α -fetoprotein₁ (16-18 wk)

COUNSELING

Tobacco cessation; effects of passive smoking
Alcohol/other drug use
Nutrition, including adequate calcium intake
Encourage breastfeeding
Lap/shoulder belts
Infant safety car seats
STD prevention: avoid high-risk sexual behavior*; use condoms*

CHEMOPROPHYLAXIS

Multivitamin with folic acid³

¹Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ²Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations (see Ch. 28). ³Beginning at least 1 mo before conception and continuing through the first trimester.

*The ability of clinical counseling to influence this behavior is unproven.

**See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

Prevention Tables
Effective October 1, 2014

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

| POPULATION | POTENTIAL INTERVENTIONS |
|--|--|
| High-risk sexual behavior | (See detailed high-risk definitions) Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2); HBsAg (3rd trimester) (HR3); RPR/VDRL (3rd trimester) (HR4) |
| Injection drug use | Advice to reduce infection risk (HR5) |
| Unsensitized D-negative women | D(Rh) antibody testing (24-28 wk) (HR6) |
| Risk factors for Down syndrome | Offer CVS ₁ (1st trimester), amniocentesis ₁ (15-18 wk) (HR7) |
| Previous pregnancy with neural tube defect | Offer amniocentesis ₁ (15-18 wk), folic acid 4.0 mg ₃ (HR8) |
| High risk for child abuse | Targeted case management |

High Risk Groups

HR1 = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk.

HR2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk.

HR3 = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners

HR4 = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology

HR5 = Women who continue to inject drugs

HR6 = Unsensitized D-negative women

HR7 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement

HR8 = Women with previous pregnancy affected by neural tube defect