



HEALTH POLICY & ANALYTICS DIVISION
Health Evidence Review Commission

Kate Brown, Governor



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September 1, 2021

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

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

Dear Senator Courtney and Representative Kotek:

The Health Evidence Review Commission (the “Commission”) of the Oregon Health Authority’s Health Policy & Analytics Division respectfully reports to you, in accordance with ORS 414.690(7), several interim modifications that have been made to the Prioritized List of Health Services (the “List”) appearing in the Commission’s May 2021 Report to the Governor and 81st Oregon Legislative Assembly. Therefore, in accordance with ORS 414.690(8), the Commission is writing to report these interim modifications.

These changes represent technical changes to the List and other changes made due to new evidence on the effectiveness or ineffectiveness of treatments. The coding changes are listed in detail in Attachment A. They include the prioritization of new ICD-10-CM diagnosis codes, the addition of previously omitted diagnosis and procedure codes, changes to more appropriately pair diagnosis and treatment codes previously appearing on the List, and removal of codes from the List that are obsolete or for which coverage should appropriately be determined by broader Oregon Administrative Rules (e.g., diagnostic, ancillary, excluded and informational codes).

In addition to these changes, the Commission made the decision to convert existing coding specifications into practice guidelines, and these changes are detailed in the following materials: Attachment B contains deleted coding specifications; all coding specifications have now been converted into guideline notes based on feedback from stakeholders. Attachment C contains new practice guidelines, Attachment D contains revised practice guidelines, and Attachment E contains deleted guidelines. Finally, Attachment F contains the change log for the 2/1/2021 Prioritized List, including errata following the February 2021 interim modifications letter.

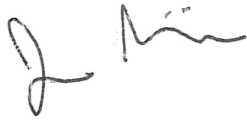
The changes described in this letter are being forwarded to the Health Systems Division which, in consultation with the Office of Actuarial and Financial Analytics (OAFA), will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of the List, HSD will determine the effective date for these changes, which will be no earlier than October 1, 2021 pending approval by the Centers for Medicare and Medicaid Services. In the event any of these technical changes are determined to impact the funding level of the List as defined by HSD’s legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

9/1/2021

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'J. Gingerich', with a stylized flourish at the end.

Jason Gingerich
Director, Health Evidence Review Commission

cc: Health Evidence Review Commission
 Patrick Allen, Director, Oregon Health Authority
 Dawn Jagger, Chief of Staff, Oregon Health Authority
 Dana Hittle, Interim Medicaid Director, Oregon Health Authority
 Margie Stanton, Director, Health Systems Division, Oregon Health Authority
 Jeremy Vandehey, Director, Health Policy & Analytics Division, Oregon Health Authority
 Trilby de Jung, Deputy Director, Health Policy & Analytics Division, Oregon Health Authority
 Dana Hargunani, Chief Medical Officer, Oregon Health Authority

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the October 1, 2021 Prioritized List of Health Services

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

Add: 0003A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose

Add: 0041A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose

Add: 0042A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose

Add: 91304 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use

Delete: 96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

Add: Z71.85 Encounter for immunization safety counseling

Add: M0201 COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home

Add: M0243 Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring

Add: M0244 Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency

Add: M0246 Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency

Line: 18
Condition: FEEDING PROBLEMS IN NEWBORNS
Treatment: MEDICAL THERAPY

Add: B37.0 Candidal stomatitis

Line: 53
Condition: PREVENTIVE DENTAL SERVICES
Treatment: CLEANING, FLUORIDE AND SEALANTS

Add: M35.0C Sjogren syndrome with dental involvement

Line: 56
Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: K22.89 Other specified disease of esophagus

Line: 59
Condition: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Add: M35.08 Sjogren syndrome with gastrointestinal involvement

Add: M35.0A Sjogren syndrome with glomerular disease

Line: 60
Condition: METABOLIC DISORDERS
Treatment: MEDICAL THERAPY

Add: E75.244 Niemann-Pick disease type A/B

Line: 71
Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

Delete: 77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Add: E75.244 Niemann-Pick disease type A/B

Add: F78.A1 SYNGAP1-related intellectual disability

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the October 1, 2021 Prioritized List of Health Services

Add:	F78.A9	Other genetic related intellectual disability
Add:	G04.82	Acute flaccid myelitis
Add:	G92.00	Immune effector cell-associated neurotoxicity syndrome, grade unspecified
Add:	G92.01	Immune effector cell-associated neurotoxicity syndrome, grade 1
Add:	G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2
Add:	G92.03	Immune effector cell-associated neurotoxicity syndrome, grade 3
Add:	G92.04	Immune effector cell-associated neurotoxicity syndrome, grade 4
Add:	G92.05	Immune effector cell-associated neurotoxicity syndrome, grade 5
Add:	G92.8	Other toxic encephalopathy
Add:	G92.9	Unspecified toxic encephalopathy
Add:	L24.A1	Irritant contact dermatitis due to saliva
Add:	L24.B0	Irritant contact dermatitis related to unspecified stoma or fistula
Add:	L24.B1	Irritant contact dermatitis related to digestive stoma or fistula
Add:	L24.B2	Irritant contact dermatitis related to respiratory stoma or fistula
Add:	L24.B3	Irritant contact dermatitis related to fecal or urinary stoma or fistula
Add:	T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
Add:	T40.711D	Poisoning by cannabis, accidental (unintentional), subsequent encounter
Add:	T40.712A	Poisoning by cannabis, intentional self-harm, initial encounter
Add:	T40.712D	Poisoning by cannabis, intentional self-harm, subsequent encounter
Add:	T40.713A	Poisoning by cannabis, assault, initial encounter
Add:	T40.713D	Poisoning by cannabis, assault, subsequent encounter
Add:	T40.714A	Poisoning by cannabis, undetermined, initial encounter
Add:	T40.714D	Poisoning by cannabis, undetermined, subsequent encounter
Add:	T40.721A	Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
Add:	T40.721D	Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter
Add:	T40.722A	Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
Add:	T40.722D	Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter
Add:	T40.723A	Poisoning by synthetic cannabinoids, assault, initial encounter
Add:	T40.723D	Poisoning by synthetic cannabinoids, assault, subsequent encounter
Add:	T40.724A	Poisoning by synthetic cannabinoids, undetermined, initial encounter
Add:	T40.724D	Poisoning by synthetic cannabinoids, undetermined, subsequent encounter

Line: 90
Condition: GUILLAIN-BARRE SYNDROME
Treatment: MEDICAL THERAPY
Add: E75.244 Niemann-Pick disease type A/B

Line: 99
Condition: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
Add: M35.08 Sjogren syndrome with gastrointestinal involvement
Add: M35.0A Sjogren syndrome with glomerular disease

Line: 102
Condition: POISONING BY INGESTION, INJECTION, MEDICINAL AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
Add: 95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
Add: 95117 Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
Add: 95120 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
Add: 95125 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
Add: 95130 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
Add: 95131 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
Add: 95132 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
Add: 95133 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
Add: 95134 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
Add: 95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

ATTACHMENT A
Coding Changes to Condition-Treatment Pairs
for the October 1, 2021 Prioritized List of Health Services

Add: 95145 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom

Add: 95146 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms

Add: 95147 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms

Add: 95148 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms

Add: 95149 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms

Add: 95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

Add: 95170 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)

Add: 95180 Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)

Add: T40.711A Poisoning by cannabis, accidental (unintentional), initial encounter

Add: T40.711D Poisoning by cannabis, accidental (unintentional), subsequent encounter

Add: T40.712A Poisoning by cannabis, intentional self-harm, initial encounter

Add: T40.712D Poisoning by cannabis, intentional self-harm, subsequent encounter

Add: T40.713A Poisoning by cannabis, assault, initial encounter

Add: T40.713D Poisoning by cannabis, assault, subsequent encounter

Add: T40.714A Poisoning by cannabis, undetermined, initial encounter

Add: T40.714D Poisoning by cannabis, undetermined, subsequent encounter

Add: T40.715A Adverse effect of cannabis, initial encounter

Add: T40.715D Adverse effect of cannabis, subsequent encounter

Add: T40.721A Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter

Add: T40.721D Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter

Add: T40.722A Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter

Add: T40.722D Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter

Add: T40.723A Poisoning by synthetic cannabinoids, assault, initial encounter

Add: T40.723D Poisoning by synthetic cannabinoids, assault, subsequent encounter

Add: T40.724A Poisoning by synthetic cannabinoids, undetermined, initial encounter

Add: T40.724D Poisoning by synthetic cannabinoids, undetermined, subsequent encounter

Add: T40.725A Adverse effect of synthetic cannabinoids, initial encounter

Add: T40.725D Adverse effect of synthetic cannabinoids, subsequent encounter

Line: 149
Condition: FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY

Delete: F50.89 Other specified eating disorder

Add: R63.31 Pediatric feeding disorder, acute

Add: R63.32 Pediatric feeding disorder, chronic

Line: 157
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Delete: 77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Line: 158
Condition: NON-HODGKIN'S LYMPHOMAS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Add: C84.7A Anaplastic large cell lymphoma, ALK-negative, brea

Add: D75.838 Other thrombocytosis

Add: D75.839 Thrombocytosis, unspecified

Line: 160
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT

Delete: 20912 Cartilage graft; nasal septum

ATTACHMENT A
Coding Changes to Condition-Treatment Pairs
for the October 1, 2021 Prioritized List of Health Services

Line:	163	
Condition:	NON-HODGKIN'S LYMPHOMAS	
Treatment:	BONE MARROW TRANSPLANT	
Add:	C84.7A	Anaplastic large cell lymphoma, ALK-negative, brea

Line:	175	
Condition:	POLYARTERITIS NODOSA AND ALLIED CONDITIONS	
Treatment:	MEDICAL THERAPY	
Add:	M31.10	Thrombotic microangiopathy, unspecified
Add:	M31.19	Other thrombotic microangiopathy

Line:	191	
Condition:	CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION	
Add:	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy

Line:	194	
Condition:	HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN	
Treatment:	MEDICAL THERAPY	
Add:	D55.21	Anemia due to pyruvate kinase deficiency
Add:	D55.29	Anemia due to other disorders of glycolytic enzyme

Line:	199	
Condition:	CANCER OF SOFT TISSUE	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Line:	202	
Condition:	SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Delete:	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
Delete:	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
Delete:	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

Line:	203	
Condition:	DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE	
Treatment:	MEDICAL/PSYCHOTHERAPY	
Add:	F32.A	Depression, unspecified
Add:	R45.88	Nonsuicidal self-harm

Line:	214	
Condition:	CANCER OF KIDNEY AND OTHER URINARY ORGANS	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Line:	215	
Condition:	CANCER OF STOMACH	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Line:	229	
Condition:	MALIGNANT MELANOMA OF SKIN	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

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Coding Changes to Condition-Treatment Pairs
for the October 1, 2021 Prioritized List of Health Services

Line:	238	
Condition:	CANCER OF OVARY	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Add:	C56.3	Malignant neoplasm of bilateral ovaries
Add:	C79.63	Secondary malignant neoplasm of bilateral ovaries
Line:	259	
Condition:	CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Line:	262	
Condition:	CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Line:	268	
Condition:	RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES	
Treatment:	MEDICAL THERAPY	
Add:	A79.82	Anaplasmosis [A. phagocytophilum]
Line:	275	
Condition:	UROLOGIC INFECTIONS	
Treatment:	MEDICAL THERAPY	
Delete:	B37.0	Candidal stomatitis
Line:	276	
Condition:	CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
Delete:	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Line:	285	
Condition:	COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Delete:	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
Delete:	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
Delete:	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
Add:	M31.11	Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]
Line:	287	
Condition:	CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Line:	292	
Condition:	NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS	
Treatment:	MEDICAL AND SURGICAL TREATMENT (E.G., DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)	
Add:	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
Add:	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
Add:	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the October 1, 2021 Prioritized List of Health Services

Add: E75.244 Niemann-Pick disease type A/B
 Add: F78.A1 SYNGAP1-related intellectual disability
 Add: F78.A9 Other genetic related intellectual disability
 Add: G04.82 Acute flaccid myelitis
 Add: G92.00 Immune effector cell-associated neurotoxicity syndrome, grade unspecified
 Add: G92.01 Immune effector cell-associated neurotoxicity syndrome, grade 1
 Add: G92.02 Immune effector cell-associated neurotoxicity syndrome, grade 2
 Add: G92.03 Immune effector cell-associated neurotoxicity syndrome, grade 3
 Add: G92.04 Immune effector cell-associated neurotoxicity syndrome, grade 4
 Add: G92.05 Immune effector cell-associated neurotoxicity syndrome, grade 5
 Add: G92.8 Other toxic encephalopathy
 Add: G92.9 Unspecified toxic encephalopathy
 Add: T40.711A Poisoning by cannabis, accidental (unintentional), initial encounter
 Add: T40.711D Poisoning by cannabis, accidental (unintentional), subsequent encounter
 Add: T40.712A Poisoning by cannabis, intentional self-harm, initial encounter
 Add: T40.712D Poisoning by cannabis, intentional self-harm, subsequent encounter
 Add: T40.713A Poisoning by cannabis, assault, initial encounter
 Add: T40.713D Poisoning by cannabis, assault, subsequent encounter
 Add: T40.714A Poisoning by cannabis, undetermined, initial encounter
 Add: T40.714D Poisoning by cannabis, undetermined, subsequent encounter
 Add: T40.721A Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
 Add: T40.721D Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter
 Add: T40.722A Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
 Add: T40.722D Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter
 Add: T40.723A Poisoning by synthetic cannabinoids, assault, initial encounter
 Add: T40.723D Poisoning by synthetic cannabinoids, assault, subsequent encounter
 Add: T40.724A Poisoning by synthetic cannabinoids, undetermined, initial encounter
 Add: T40.724D Poisoning by synthetic cannabinoids, undetermined, subsequent encounter

Line: 309
 Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA
 Treatment: SURGICAL TREATMENT
 Add: S2115 Osteotomy, periacetabular, with internal fixation

Line: 311
 Condition: HEARING LOSS - AGE 5 OR UNDER
 Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
 Delete: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

Line: 312
 Condition: GENDER DYSPHORIA/TRANSEXUALISM
 Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
 Add: 15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
 Add: 15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
 Add: 19370 Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
 Add: 19371 Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
 Add: 51040 Cystostomy, cystotomy with drainage
 Add: 64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
 Add: 64859 Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)

Line: 313
 Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM
 Treatment: MEDICAL THERAPY
 Add: G92.00 Immune effector cell-associated neurotoxicity syndrome, grade unspecified
 Add: G92.01 Immune effector cell-associated neurotoxicity syndrome, grade 1
 Add: G92.02 Immune effector cell-associated neurotoxicity syndrome, grade 2
 Add: G92.03 Immune effector cell-associated neurotoxicity syndrome, grade 3
 Add: G92.04 Immune effector cell-associated neurotoxicity syndrome, grade 4
 Add: G92.05 Immune effector cell-associated neurotoxicity syndrome, grade 5

ATTACHMENT A
Coding Changes to Condition-Treatment Pairs
for the October 1, 2021 Prioritized List of Health Services

Line:	315	
Condition:	CANCER OF LIVER	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Line:	316	
Condition:	CANCER OF PANCREAS	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Line:	317	
Condition:	STROKE	
Treatment:	MEDICAL THERAPY	
Delete:	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Line:	321	
Condition:	DERMATOLOGIC HEMANGIOMAS, COMPLICATED; PORT WINE STAINS	
Treatment:	MEDICAL THERAPY	
Add:	Q82.5	Congenital non-neoplastic nevus
Line:	329	
Condition:	CANCER OF PROSTATE GLAND	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
Delete:	96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
Delete:	96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)
Line:	330	
Condition:	SYSTEMIC SCLEROSIS; SJOGREN'S SYNDROME	
Treatment:	MEDICAL THERAPY	
Add:	M35.05	Sjogren syndrome with inflammatory arthritis
Add:	M35.06	Sjogren syndrome with peripheral nervous system involvement
Add:	M35.07	Sjogren syndrome with central nervous system involvement
Add:	M35.08	Sjogren syndrome with gastrointestinal involvement
Add:	M35.0A	Sjogren syndrome with glomerular disease
Add:	M35.0B	Sjogren syndrome with vasculitis
Add:	M35.0C	Sjogren syndrome with dental involvement
Line:	332	
Condition:	CONDITIONS REQUIRING HYPERBARIC OXYGEN THERAPY	
Treatment:	HYPERBARIC OXYGEN	
Delete:	Q52.9	Congenital malformation of female genitalia, unspecified
Line:	345	
Condition:	NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS	
Treatment:	MEDICAL THERAPY	
Add:	E75.244	Niemann-Pick disease type A/B
Add:	F78.A1	SYNGAP1-related intellectual disability
Add:	F78.A9	Other genetic related intellectual disability
Add:	G04.82	Acute flaccid myelitis
Add:	G92.00	Immune effector cell-associated neurotoxicity syndrome, grade unspecified
Add:	G92.01	Immune effector cell-associated neurotoxicity syndrome, grade 1
Add:	G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2

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Add: G92.03 Immune effector cell-associated neurotoxicity syndrome, grade 3
 Add: G92.04 Immune effector cell-associated neurotoxicity syndrome, grade 4
 Add: G92.05 Immune effector cell-associated neurotoxicity syndrome, grade 5
 Add: G92.8 Other toxic encephalopathy
 Add: G92.9 Unspecified toxic encephalopathy
 Add: T40.711A Poisoning by cannabis, accidental (unintentional), initial encounter
 Add: T40.711D Poisoning by cannabis, accidental (unintentional), subsequent encounter
 Add: T40.712A Poisoning by cannabis, intentional self-harm, initial encounter
 Add: T40.712D Poisoning by cannabis, intentional self-harm, subsequent encounter
 Add: T40.713A Poisoning by cannabis, assault, initial encounter
 Add: T40.713D Poisoning by cannabis, assault, subsequent encounter
 Add: T40.714A Poisoning by cannabis, undetermined, initial encounter
 Add: T40.714D Poisoning by cannabis, undetermined, subsequent encounter
 Add: T40.721A Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
 Add: T40.721D Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter
 Add: T40.722A Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
 Add: T40.722D Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter
 Add: T40.723A Poisoning by synthetic cannabinoids, assault, initial encounter
 Add: T40.723D Poisoning by synthetic cannabinoids, assault, subsequent encounter
 Add: T40.724A Poisoning by synthetic cannabinoids, undetermined, initial encounter
 Add: T40.724D Poisoning by synthetic cannabinoids, undetermined, subsequent encounter
 Add: U09.9 Post COVID-19 condition, unspecified

Line: 346
 Condition: CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS
 Treatment: SURGICAL THERAPY

Add: 63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
 Add: 63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
 Add: 63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver

Line: 353
 Condition: STRUCTURAL CAUSES OF AMENORRHEA
 Treatment: SURGICAL TREATMENT

Add: Q52.9 Congenital malformation of female genitalia, unspecified

Line: 356
 Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDritis DISSECANS, AND ASEPTIC NECROSIS OF BONE
 Treatment: ARTHROPLASTY/RECONSTRUCTION

Delete: M93.261 Osteochondritis dissecans, right knee
 Delete: M93.262 Osteochondritis dissecans, left knee
 Delete: M93.269 Osteochondritis dissecans, unspecified knee

Line: 372
 Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
 Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Delete: 77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Line: 375
 Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA
 Treatment: MEDICAL AND SURGICAL TREATMENT

Delete: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

Line: 376
 Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT
 Treatment: REPAIR, MEDICAL THERAPY

Add: 25107 Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
 Add: 25320 Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
 Add: 25332 Arthroplasty, wrist, with or without interposition, with or without external or internal fixation

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Add: 29846 Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement

Add: 29847 Arthroscopy, wrist, surgical; internal fixation for fracture or instability

Add: S46.201A Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, initial encounter

Add: S46.201D Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, subsequent encounter

Add: S46.202A Unspecified injury of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter

Add: S46.202D Unspecified injury of muscle, fascia and tendon of other parts of biceps, left arm, subsequent encounter

Add: S46.209A Unspecified injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, initial encounter

Add: S46.209D Unspecified injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, subsequent encounter

Add: S46.301A Unspecified injury of muscle, fascia and tendon of triceps, right arm, initial encounter

Add: S46.301D Unspecified injury of muscle, fascia and tendon of triceps, right arm, subsequent encounter

Add: S46.302A Unspecified injury of muscle, fascia and tendon of triceps, left arm, initial encounter

Add: S46.302D Unspecified injury of muscle, fascia and tendon of triceps, left arm, subsequent encounter

Add: S46.309A Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, initial encounter

Add: S46.309D Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, subsequent encounter

Add: S46.801A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter

Add: S46.801D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent encounter

Add: S46.802A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter

Add: S46.802D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter

Add: S46.809A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, initial encounter

Add: S46.809D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, subsequent encounter

Add: S46.901A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter

Add: S46.901D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter

Add: S46.902A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter

Add: S46.902D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter

Add: S46.909A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, initial encounter

Add: S46.909D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, subsequent encounter

Add: S56.101A Unspecified injury of flexor muscle, fascia and tendon of right index finger at forearm level, initial encounter

Add: S56.101D Unspecified injury of flexor muscle, fascia and tendon of right index finger at forearm level, subsequent encounter

Add: S56.102A Unspecified injury of flexor muscle, fascia and tendon of left index finger at forearm level, initial encounter

Add: S56.102D Unspecified injury of flexor muscle, fascia and tendon of left index finger at forearm level, subsequent encounter

Add: S56.103A Unspecified injury of flexor muscle, fascia and tendon of right middle finger at forearm level, initial encounter

Add: S56.103D Unspecified injury of flexor muscle, fascia and tendon of right middle finger at forearm level, subsequent encounter

Add: S56.104A Unspecified injury of flexor muscle, fascia and tendon of left middle finger at forearm level, initial encounter

Add: S56.104D Unspecified injury of flexor muscle, fascia and tendon of left middle finger at forearm level, subsequent encounter

Add: S56.105A Unspecified injury of flexor muscle, fascia and tendon of right ring finger at forearm level, initial encounter

Add: S56.105D Unspecified injury of flexor muscle, fascia and tendon of right ring finger at forearm level, subsequent encounter

Add: S56.106A Unspecified injury of flexor muscle, fascia and tendon of left ring finger at forearm level, initial encounter

Add: S56.106D Unspecified injury of flexor muscle, fascia and tendon of left ring finger at forearm level, subsequent encounter

Add: S56.107A Unspecified injury of flexor muscle, fascia and tendon of right little finger at forearm level, initial encounter

Add: S56.107D Unspecified injury of flexor muscle, fascia and tendon of right little finger at forearm level, subsequent encounter

Add: S56.108A Unspecified injury of flexor muscle, fascia and tendon of left little finger at forearm level, initial encounter

Add: S56.108D Unspecified injury of flexor muscle, fascia and tendon of left little finger at forearm level, subsequent encounter

Add: S56.109A Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, initial encounter

Add: S56.109D Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, subsequent encounter

Add: S56.301A Unspecified injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, initial encounter

Add: S56.301D Unspecified injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, subsequent encounter

Add: S56.302A Unspecified injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, initial encounter

Add: S56.302D Unspecified injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, subsequent encounter

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Add: S56.309A Unspecified injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, initial encounter

Add: S56.309D Unspecified injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, subsequent encounter

Add: S56.401A Unspecified injury of extensor muscle, fascia and tendon of right index finger at forearm level, initial encounter

Add: S56.401D Unspecified injury of extensor muscle, fascia and tendon of right index finger at forearm level, subsequent encounter

Add: S56.402A Unspecified injury of extensor muscle, fascia and tendon of left index finger at forearm level, initial encounter

Add: S56.402D Unspecified injury of extensor muscle, fascia and tendon of left index finger at forearm level, subsequent encounter

Add: S56.403A Unspecified injury of extensor muscle, fascia and tendon of right middle finger at forearm level, initial encounter

Add: S56.403D Unspecified injury of extensor muscle, fascia and tendon of right middle finger at forearm level, subsequent encounter

Add: S56.404A Unspecified injury of extensor muscle, fascia and tendon of left middle finger at forearm level, initial encounter

Add: S56.404D Unspecified injury of extensor muscle, fascia and tendon of left middle finger at forearm level, subsequent encounter

Add: S56.405A Unspecified injury of extensor muscle, fascia and tendon of right ring finger at forearm level, initial encounter

Add: S56.405D Unspecified injury of extensor muscle, fascia and tendon of right ring finger at forearm level, subsequent encounter

Add: S56.406A Unspecified injury of extensor muscle, fascia and tendon of left ring finger at forearm level, initial encounter

Add: S56.406D Unspecified injury of extensor muscle, fascia and tendon of left ring finger at forearm level, subsequent encounter

Add: S56.407A Unspecified injury of extensor muscle, fascia and tendon of right little finger at forearm level, initial encounter

Add: S56.407D Unspecified injury of extensor muscle, fascia and tendon of right little finger at forearm level, subsequent encounter

Add: S56.408A Unspecified injury of extensor muscle, fascia and tendon of left little finger at forearm level, initial encounter

Add: S56.408D Unspecified injury of extensor muscle, fascia and tendon of left little finger at forearm level, subsequent encounter

Add: S56.409A Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, initial encounter

Add: S56.409D Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, subsequent encounter

Add: S56.501A Unspecified injury of other extensor muscle, fascia and tendon at forearm level, right arm, initial encounter

Add: S56.501D Unspecified injury of other extensor muscle, fascia and tendon at forearm level, right arm, subsequent encounter

Add: S56.502A Unspecified injury of other extensor muscle, fascia and tendon at forearm level, left arm, initial encounter

Add: S56.502D Unspecified injury of other extensor muscle, fascia and tendon at forearm level, left arm, subsequent encounter

Add: S56.509A Unspecified injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, initial encounter

Add: S56.509D Unspecified injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, subsequent encounter

Add: S56.801A Unspecified injury of other muscles, fascia and tendons at forearm level, right arm, initial encounter

Add: S56.801D Unspecified injury of other muscles, fascia and tendons at forearm level, right arm, subsequent encounter

Add: S56.802A Unspecified injury of other muscles, fascia and tendons at forearm level, left arm, initial encounter

Add: S56.802D Unspecified injury of other muscles, fascia and tendons at forearm level, left arm, subsequent encounter

Add: S56.809A Unspecified injury of other muscles, fascia and tendons at forearm level, unspecified arm, initial encounter

Add: S56.809D Unspecified injury of other muscles, fascia and tendons at forearm level, unspecified arm, subsequent encounter

Add: S56.901A Unspecified injury of unspecified muscles, fascia and tendons at forearm level, right arm, initial encounter

Add: S56.901D Unspecified injury of unspecified muscles, fascia and tendons at forearm level, right arm, subsequent encounter

Add: S56.902A Unspecified injury of unspecified muscles, fascia and tendons at forearm level, left arm, initial encounter

Add: S56.902D Unspecified injury of unspecified muscles, fascia and tendons at forearm level, left arm, subsequent encounter

Add: S56.909A Unspecified injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, initial encounter

Add: S56.909D Unspecified injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, subsequent encounter

Add: S76.001A Unspecified injury of muscle, fascia and tendon of right hip, initial encounter

Add: S76.001D Unspecified injury of muscle, fascia and tendon of right hip, subsequent encounter

Add: S76.002A Unspecified injury of muscle, fascia and tendon of left hip, initial encounter

Add: S76.002D Unspecified injury of muscle, fascia and tendon of left hip, subsequent encounter

Add: S76.009A Unspecified injury of muscle, fascia and tendon of unspecified hip, initial encounter

Add: S76.009D Unspecified injury of muscle, fascia and tendon of unspecified hip, subsequent encounter

Add: S76.191A Other specified injury of right quadriceps muscle, fascia and tendon, initial encounter

Add: S76.191D Other specified injury of right quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.192A Other specified injury of left quadriceps muscle, fascia and tendon, initial encounter

Add: S76.192D Other specified injury of left quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.199A Other specified injury of unspecified quadriceps muscle, fascia and tendon, initial encounter

Add: S76.199D Other specified injury of unspecified quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.301A Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter

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Add:	S76.301D	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, subsequent encounter
Add:	S76.302A	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter
Add:	S76.302D	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter
Add:	S76.309A	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, initial encounter
Add:	S76.309D	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, subsequent encounter
Add:	S76.801A	Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter
Add:	S76.801D	Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter
Add:	S76.802A	Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter
Add:	S76.802D	Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter
Add:	S76.809A	Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter
Add:	S76.809D	Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter
Add:	S76.901A	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, initial encounter
Add:	S76.901D	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter
Add:	S76.902A	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, initial encounter
Add:	S76.902D	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter
Add:	S76.909A	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter
Add:	S76.909D	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter
Add:	S86.101A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
Add:	S86.101D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter
Add:	S86.102A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
Add:	S86.102D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter
Add:	S86.109A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter
Add:	S86.109D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, subsequent encounter
Add:	S86.201A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
Add:	S86.201D	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter
Add:	S86.202A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
Add:	S86.202D	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter
Add:	S86.209A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter
Add:	S86.209D	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, subsequent encounter
Add:	S86.211A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
Add:	S86.211D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter
Add:	S86.212A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
Add:	S86.212D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter
Add:	S86.219A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter
Add:	S86.219D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, subsequent encounter
Add:	S86.301A	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter
Add:	S86.301D	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, subsequent encounter
Add:	S86.302A	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter
Add:	S86.302D	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, subsequent encounter
Add:	S86.309A	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter
Add:	S86.309D	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, subsequent encounter

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Add: S86.311A Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter
 Add: S86.311D Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, subsequent encounter
 Add: S86.312A Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter
 Add: S86.312D Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, subsequent encounter
 Add: S86.319A Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter
 Add: S86.319D Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, subsequent encounter
 Add: S86.801A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
 Add: S86.801D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
 Add: S86.802A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
 Add: S86.802D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
 Add: S86.809A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
 Add: S86.809D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
 Add: S86.811A Strain of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
 Add: S86.811D Strain of other muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
 Add: S86.812A Strain of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
 Add: S86.812D Strain of other muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
 Add: S86.819A Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
 Add: S86.819D Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
 Add: S86.901A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
 Add: S86.901D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
 Add: S86.902A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
 Add: S86.902D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
 Add: S86.909A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
 Add: S86.909D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
 Add: S86.911A Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
 Add: S86.911D Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
 Add: S86.912A Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
 Add: S86.912D Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
 Add: S86.919A Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
 Add: S86.919D Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
 Add: S96.901A Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter
 Add: S96.901D Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, subsequent encounter
 Add: S96.902A Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, initial encounter
 Add: S96.902D Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, subsequent encounter
 Add: S96.909A Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, initial encounter
 Add: S96.909D Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, subsequent encounter

Line: 377
 Condition: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
 Treatment: MEDICAL THERAPY (SHORT-TERM REHABILITATION WITH DEFINED GOALS)

Add: E75.244 Niemann-Pick disease type A/B
 Add: F78.A1 SYNGAP1-related intellectual disability
 Add: F78.A9 Other genetic related intellectual disability
 Add: G04.82 Acute flaccid myelitis
 Add: G92.00 Immune effector cell-associated neurotoxicity syndrome, grade unspecified
 Add: G92.01 Immune effector cell-associated neurotoxicity syndrome, grade 1
 Add: G92.02 Immune effector cell-associated neurotoxicity syndrome, grade 2
 Add: G92.03 Immune effector cell-associated neurotoxicity syndrome, grade 3
 Add: G92.04 Immune effector cell-associated neurotoxicity syndrome, grade 4
 Add: G92.05 Immune effector cell-associated neurotoxicity syndrome, grade 5
 Add: G92.8 Other toxic encephalopathy
 Add: G92.9 Unspecified toxic encephalopathy
 Add: T40.711A Poisoning by cannabis, accidental (unintentional), initial encounter
 Add: T40.711D Poisoning by cannabis, accidental (unintentional), subsequent encounter
 Add: T40.712A Poisoning by cannabis, intentional self-harm, initial encounter
 Add: T40.712D Poisoning by cannabis, intentional self-harm, subsequent encounter
 Add: T40.713A Poisoning by cannabis, assault, initial encounter
 Add: T40.713D Poisoning by cannabis, assault, subsequent encounter
 Add: T40.714A Poisoning by cannabis, undetermined, initial encounter
 Add: T40.714D Poisoning by cannabis, undetermined, subsequent encounter
 Add: T40.721A Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
 Add: T40.721D Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter
 Add: T40.722A Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
 Add: T40.722D Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter

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Add: T40.723A Poisoning by synthetic cannabinoids, assault, initial encounter
 Add: T40.723D Poisoning by synthetic cannabinoids, assault, subsequent encounter
 Add: T40.724A Poisoning by synthetic cannabinoids, undetermined, initial encounter
 Add: T40.724D Poisoning by synthetic cannabinoids, undetermined, subsequent encounter

Line: 387
 Condition: ANOGENITAL VIRAL WARTS
 Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

Line: 399
 Condition: INFLUENZA, COVID-19 AND OTHER NOVEL RESPIRATORY VIRAL ILLNESS
 Treatment: MEDICAL THERAPY

Add: U09.9 Post COVID-19 condition, unspecified
 Delete: M0239 Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring
 Add: M0244 Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency
 Add: M0245 Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring
 Add: M0246 Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency
 Add: M0247 Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
 Add: M0248 Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency
 Add: M0249 Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose
 Add: M0250 Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose

Line: 402
 Condition: CONDITIONS OF THE BACK AND SPINE
 Treatment: RISK ASSESSMENT, PHYSICAL MODALITIES, COGNITIVE BEHAVIORAL THERAPY, MEDICAL THERAPY

Add: M45.A0 Non-radiographic axial spondyloarthritis of unspecified sites in spine
 Add: M45.A1 Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
 Add: M45.A2 Non-radiographic axial spondyloarthritis of cervical region
 Add: M45.A3 Non-radiographic axial spondyloarthritis of cervicothoracic region
 Add: M45.A4 Non-radiographic axial spondyloarthritis of thoracic region
 Add: M45.A5 Non-radiographic axial spondyloarthritis of thoracolumbar region
 Add: M45.A6 Non-radiographic axial spondyloarthritis of lumbar region
 Add: M45.A7 Non-radiographic axial spondyloarthritis of lumbosacral region
 Add: M45.A8 Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
 Add: M45.AB Non-radiographic axial spondyloarthritis of multiple sites in spine
 Add: M54.50 Low back pain, unspecified
 Add: M54.51 Vertebrogenic low back pain
 Add: M54.59 Other low back pain
 Delete: M54.81 Occipital neuralgia

Line: 410
 Condition: MIGRAINE HEADACHES
 Treatment: MEDICAL THERAPY

Add: 90875 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
 Add: 90876 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
 Add: 90901 Biofeedback training by any modality
 Add: M54.81 Occipital neuralgia

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Line: 416
Condition: PERIPHERAL NERVE ENTRAPMENT; PALMAR FASCIAL FIBROMATOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Delete: 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved
Delete: 98926 Osteopathic manipulative treatment (OMT); 3-4 body regions involved
Delete: 98927 Osteopathic manipulative treatment (OMT); 5-6 body regions involved
Delete: 98928 Osteopathic manipulative treatment (OMT); 7-8 body regions involved
Delete: 98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved
Delete: 98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Delete: 98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Delete: 98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions

Line: 418
Condition: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 4 THROUGH 6
Treatment: REPAIR/RECONSTRUCTION, MEDICAL THERAPY

Delete: 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved
Delete: 98926 Osteopathic manipulative treatment (OMT); 3-4 body regions involved
Delete: 98927 Osteopathic manipulative treatment (OMT); 5-6 body regions involved
Delete: 98928 Osteopathic manipulative treatment (OMT); 7-8 body regions involved
Delete: 98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved
Delete: 98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Delete: 98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Delete: 98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions
Add: S46.101A Unspecified injury of muscle, fascia and tendon of long head of biceps, right arm, initial encounter
Add: S46.101D Unspecified injury of muscle, fascia and tendon of long head of biceps, right arm, subsequent encounter
Add: S46.102A Unspecified injury of muscle, fascia and tendon of long head of biceps, left arm, initial encounter
Add: S46.102D Unspecified injury of muscle, fascia and tendon of long head of biceps, left arm, subsequent encounter
Add: S46.109A Unspecified injury of muscle, fascia and tendon of long head of biceps, unspecified arm, initial encounter
Add: S46.109D Unspecified injury of muscle, fascia and tendon of long head of biceps, unspecified arm, subsequent encounter
Add: S46.301A Unspecified injury of muscle, fascia and tendon of triceps, right arm, initial encounter
Add: S46.301D Unspecified injury of muscle, fascia and tendon of triceps, right arm, subsequent encounter
Add: S46.302A Unspecified injury of muscle, fascia and tendon of triceps, left arm, initial encounter
Add: S46.302D Unspecified injury of muscle, fascia and tendon of triceps, left arm, subsequent encounter
Add: S46.309A Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, initial encounter
Add: S46.309D Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, subsequent encounter
Add: S46.801A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter
Add: S46.801D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent encounter
Add: S46.802A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter
Add: S46.802D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter
Add: S46.809A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, initial encounter
Add: S46.809D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, subsequent encounter
Add: S46.901A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
Add: S46.901D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter
Add: S46.902A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
Add: S46.902D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter
Add: S46.909A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, initial encounter
Add: S46.909D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, subsequent encounter

Line: 424
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

Delete: 63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

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Delete: 63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

Delete: 63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver

Add: T80.82XA Complication of immune effector cellular therapy, initial encounter

Add: T80.82XD Complication of immune effector cellular therapy, subsequent encounter

Line: 431

Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT

Treatment: REPAIR, MEDICAL THERAPY

Add: 29866 Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s))

Add: 29867 Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)

Add: M93.261 Osteochondritis dissecans, right knee

Add: M93.262 Osteochondritis dissecans, left knee

Add: M93.269 Osteochondritis dissecans, unspecified knee

Add: S76.191A Other specified injury of right quadriceps muscle, fascia and tendon, initial encounter

Add: S76.191D Other specified injury of right quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.192A Other specified injury of left quadriceps muscle, fascia and tendon, initial encounter

Add: S76.192D Other specified injury of left quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.199A Other specified injury of unspecified quadriceps muscle, fascia and tendon, initial encounter

Add: S76.199D Other specified injury of unspecified quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.301A Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter

Add: S76.301D Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, subsequent encounter

Add: S76.302A Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter

Add: S76.302D Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter

Add: S76.309A Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, initial encounter

Add: S76.309D Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, subsequent encounter

Add: S76.801A Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter

Add: S76.801D Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter

Add: S76.802A Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter

Add: S76.802D Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter

Add: S76.809A Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter

Add: S76.809D Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter

Add: S76.901A Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, initial encounter

Add: S76.901D Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter

Add: S76.902A Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, initial encounter

Add: S76.902D Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter

Add: S76.909A Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter

Add: S76.909D Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter

Add: S86.101A Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter

Add: S86.101D Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter

Add: S86.102A Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter

Add: S86.102D Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter

Add: S86.109A Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter

Add: S86.109D Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, subsequent encounter

Add: S86.201A Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter

Add: S86.201D Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter

Add: S86.202A Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter

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Add: S86.202D Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter

Add: S86.209A Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter

Add: S86.209D Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, subsequent encounter

Add: S86.211A Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter

Add: S86.211D Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter

Add: S86.212A Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter

Add: S86.212D Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter

Add: S86.219A Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter

Add: S86.219D Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, subsequent encounter

Add: S86.801A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter

Add: S86.801D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter

Add: S86.802A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter

Add: S86.802D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter

Add: S86.809A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter

Add: S86.809D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter

Add: S86.811A Strain of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter

Add: S86.811D Strain of other muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter

Add: S86.812A Strain of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter

Add: S86.812D Strain of other muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter

Add: S86.819A Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter

Add: S86.819D Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter

Add: S86.901A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter

Add: S86.901D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter

Add: S86.902A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter

Add: S86.902D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter

Add: S86.909A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter

Add: S86.909D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter

Add: S86.911A Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter

Add: S86.911D Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter

Add: S86.912A Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter

Add: S86.912D Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter

Add: S86.919A Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter

Add: S86.919D Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter

Line: 434
Condition: CANCER OF GALLBLADDER AND OTHER BILIARY
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Delete: 77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Line: 445
Condition: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
Delete: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

Line: 455
Condition: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT
Delete: 90912 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
Delete: 90913 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)
Add: L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified
Add: L24.A2 Irritant contact dermatitis due to fecal, urinary or dual incontinence
Add: L24.A9 Irritant contact dermatitis due friction or contact with other specified body fluids
Add: C9778 Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)

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Line:	463	
Condition:	OSTEOARTHRITIS AND ALLIED DISORDERS	
Treatment:	MEDICAL THERAPY, INJECTIONS	
Delete:	98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
Delete:	98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
Delete:	98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
Delete:	98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
Delete:	98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
Delete:	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Delete:	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Delete:	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
Line:	466	
Condition:	UTERINE PROLAPSE; CYSTOCELE	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)
Line:	467	
Condition:	BRACHIAL PLEXUS LESIONS	
Treatment:	MEDICAL THERAPY	
Delete:	98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
Delete:	98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
Delete:	98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
Delete:	98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
Delete:	98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
Delete:	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Delete:	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Delete:	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
Line:	475	
Condition:	CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM	
Treatment:	PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY	
Delete:	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
Line:	528	
Condition:	DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS	
Treatment:	MEDICAL AND SURGICAL THERAPY	
Add:	K31.A0	Gastric intestinal metaplasia, unspecified
Add:	K31.A11	Gastric intestinal metaplasia without dysplasia, involving the antrum
Add:	K31.A12	Gastric intestinal metaplasia without dysplasia, involving the body (corpus)
Add:	K31.A13	Gastric intestinal metaplasia without dysplasia, involving the fundus
Add:	K31.A14	Gastric intestinal metaplasia without dysplasia, involving the cardia
Add:	K31.A15	Gastric intestinal metaplasia without dysplasia, involving multiple sites
Add:	K31.A19	Gastric intestinal metaplasia without dysplasia, unspecified site
Add:	K31.A21	Gastric intestinal metaplasia with low grade dysplasia
Add:	K31.A22	Gastric intestinal metaplasia with high grade dysplasia
Add:	K31.A29	Gastric intestinal metaplasia with dysplasia, unspecified
Line:	529	
Condition:	CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS	
Treatment:	SURGICAL THERAPY	
Add:	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
Add:	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
Add:	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
Add:	M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
Add:	M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
Add:	M45.A2	Non-radiographic axial spondyloarthritis of cervical region
Add:	M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
Add:	M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
Add:	M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
Add:	M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
Add:	M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region

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Add: M45.A8 Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
Add: M45.AB Non-radiographic axial spondyloarthritis of multiple sites in spine

Line: 535
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY
Add: G04.82 Acute flaccid myelitis

Line: 540
Condition: TENSION HEADACHES
Treatment: MEDICAL THERAPY
Add: 90875 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
Add: 90876 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
Add: 90901 Biofeedback training by any modality
Add: G44.86 Cervicogenic headache

Line: 552
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY
Add: K90.89 Other intestinal malabsorption

Line: 561
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS
Treatment: MEDICAL THERAPY
Delete: 30420 Rhinoplasty, primary; including major septal repair

Line: 583
Condition: CANDIDIASIS OF SKIN AND NAILS
Treatment: MEDICAL THERAPY
Delete: B37.0 Candidal stomatitis

Line: 591
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS, ONLAYS, GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
Add: D2928 Prefabricated porcelain/ceramic crown – permanent tooth

Line: 592
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS
Treatment: MEDICAL AND SURGICAL TREATMENT
Delete: 77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

Line: 608
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR
Treatment: MEDICAL THERAPY
Add: S46.101A Unspecified injury of muscle, fascia and tendon of long head of biceps, right arm, initial encounter
Add: S46.101D Unspecified injury of muscle, fascia and tendon of long head of biceps, right arm, subsequent encounter
Add: S46.102A Unspecified injury of muscle, fascia and tendon of long head of biceps, left arm, initial encounter
Add: S46.102D Unspecified injury of muscle, fascia and tendon of long head of biceps, left arm, subsequent encounter
Add: S46.109A Unspecified injury of muscle, fascia and tendon of long head of biceps, unspecified arm, initial encounter
Add: S46.109D Unspecified injury of muscle, fascia and tendon of long head of biceps, unspecified arm, subsequent encounter
Add: S46.201A Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, initial encounter
Add: S46.201D Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, subsequent encounter
Add: S46.202A Unspecified injury of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter
Add: S46.202D Unspecified injury of muscle, fascia and tendon of other parts of biceps, left arm, subsequent encounter
Add: S46.209A Unspecified injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, initial encounter
Add: S46.209D Unspecified injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, subsequent encounter

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Add: S46.301A Unspecified injury of muscle, fascia and tendon of triceps, right arm, initial encounter
Add: S46.301D Unspecified injury of muscle, fascia and tendon of triceps, right arm, subsequent encounter
Add: S46.302A Unspecified injury of muscle, fascia and tendon of triceps, left arm, initial encounter
Add: S46.302D Unspecified injury of muscle, fascia and tendon of triceps, left arm, subsequent encounter
Add: S46.309A Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, initial encounter
Add: S46.309D Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, subsequent encounter
Add: S46.801A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter
Add: S46.801D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent encounter
Add: S46.802A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter
Add: S46.802D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter
Add: S46.809A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, initial encounter
Add: S46.809D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, subsequent encounter
Add: S46.901A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
Add: S46.901D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter
Add: S46.902A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
Add: S46.902D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter
Add: S46.909A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, initial encounter
Add: S46.909D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, subsequent encounter
Add: S56.101A Unspecified injury of flexor muscle, fascia and tendon of right index finger at forearm level, initial encounter
Add: S56.101D Unspecified injury of flexor muscle, fascia and tendon of right index finger at forearm level, subsequent encounter
Add: S56.102A Unspecified injury of flexor muscle, fascia and tendon of left index finger at forearm level, initial encounter
Add: S56.102D Unspecified injury of flexor muscle, fascia and tendon of left index finger at forearm level, subsequent encounter
Add: S56.103A Unspecified injury of flexor muscle, fascia and tendon of right middle finger at forearm level, initial encounter
Add: S56.103D Unspecified injury of flexor muscle, fascia and tendon of right middle finger at forearm level, subsequent encounter
Add: S56.104A Unspecified injury of flexor muscle, fascia and tendon of left middle finger at forearm level, initial encounter
Add: S56.104D Unspecified injury of flexor muscle, fascia and tendon of left middle finger at forearm level, subsequent encounter
Add: S56.105A Unspecified injury of flexor muscle, fascia and tendon of right ring finger at forearm level, initial encounter
Add: S56.105D Unspecified injury of flexor muscle, fascia and tendon of right ring finger at forearm level, subsequent encounter
Add: S56.106A Unspecified injury of flexor muscle, fascia and tendon of left ring finger at forearm level, initial encounter
Add: S56.106D Unspecified injury of flexor muscle, fascia and tendon of left ring finger at forearm level, subsequent encounter
Add: S56.107A Unspecified injury of flexor muscle, fascia and tendon of right little finger at forearm level, initial encounter
Add: S56.107D Unspecified injury of flexor muscle, fascia and tendon of right little finger at forearm level, subsequent encounter
Add: S56.108A Unspecified injury of flexor muscle, fascia and tendon of left little finger at forearm level, initial encounter
Add: S56.108D Unspecified injury of flexor muscle, fascia and tendon of left little finger at forearm level, subsequent encounter
Add: S56.109A Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, initial encounter
Add: S56.109D Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, subsequent encounter
Add: S56.301A Unspecified injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, initial encounter
Add: S56.301D Unspecified injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, subsequent encounter
Add: S56.302A Unspecified injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, initial encounter
Add: S56.302D Unspecified injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, subsequent encounter
Add: S56.309A Unspecified injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, initial encounter
Add: S56.309D Unspecified injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, subsequent encounter
Add: S56.401A Unspecified injury of extensor muscle, fascia and tendon of right index finger at forearm level, initial encounter
Add: S56.401D Unspecified injury of extensor muscle, fascia and tendon of right index finger at forearm level, subsequent encounter
Add: S56.402A Unspecified injury of extensor muscle, fascia and tendon of left index finger at forearm level, initial encounter

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Add: S56.402D Unspecified injury of extensor muscle, fascia and tendon of left index finger at forearm level, subsequent encounter

Add: S56.403A Unspecified injury of extensor muscle, fascia and tendon of right middle finger at forearm level, initial encounter

Add: S56.403D Unspecified injury of extensor muscle, fascia and tendon of right middle finger at forearm level, subsequent encounter

Add: S56.404A Unspecified injury of extensor muscle, fascia and tendon of left middle finger at forearm level, initial encounter

Add: S56.404D Unspecified injury of extensor muscle, fascia and tendon of left middle finger at forearm level, subsequent encounter

Add: S56.405A Unspecified injury of extensor muscle, fascia and tendon of right ring finger at forearm level, initial encounter

Add: S56.405D Unspecified injury of extensor muscle, fascia and tendon of right ring finger at forearm level, subsequent encounter

Add: S56.406A Unspecified injury of extensor muscle, fascia and tendon of left ring finger at forearm level, initial encounter

Add: S56.406D Unspecified injury of extensor muscle, fascia and tendon of left ring finger at forearm level, subsequent encounter

Add: S56.407A Unspecified injury of extensor muscle, fascia and tendon of right little finger at forearm level, initial encounter

Add: S56.407D Unspecified injury of extensor muscle, fascia and tendon of right little finger at forearm level, subsequent encounter

Add: S56.408A Unspecified injury of extensor muscle, fascia and tendon of left little finger at forearm level, initial encounter

Add: S56.408D Unspecified injury of extensor muscle, fascia and tendon of left little finger at forearm level, subsequent encounter

Add: S56.409A Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, initial encounter

Add: S56.409D Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, subsequent encounter

Add: S56.501A Unspecified injury of other extensor muscle, fascia and tendon at forearm level, right arm, initial encounter

Add: S56.501D Unspecified injury of other extensor muscle, fascia and tendon at forearm level, right arm, subsequent encounter

Add: S56.502A Unspecified injury of other extensor muscle, fascia and tendon at forearm level, left arm, initial encounter

Add: S56.502D Unspecified injury of other extensor muscle, fascia and tendon at forearm level, left arm, subsequent encounter

Add: S56.509A Unspecified injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, initial encounter

Add: S56.509D Unspecified injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, subsequent encounter

Add: S56.801A Unspecified injury of other muscles, fascia and tendons at forearm level, right arm, initial encounter

Add: S56.801D Unspecified injury of other muscles, fascia and tendons at forearm level, right arm, subsequent encounter

Add: S56.802A Unspecified injury of other muscles, fascia and tendons at forearm level, left arm, initial encounter

Add: S56.802D Unspecified injury of other muscles, fascia and tendons at forearm level, left arm, subsequent encounter

Add: S56.809A Unspecified injury of other muscles, fascia and tendons at forearm level, unspecified arm, initial encounter

Add: S56.809D Unspecified injury of other muscles, fascia and tendons at forearm level, unspecified arm, subsequent encounter

Add: S56.901A Unspecified injury of unspecified muscles, fascia and tendons at forearm level, right arm, initial encounter

Add: S56.901D Unspecified injury of unspecified muscles, fascia and tendons at forearm level, right arm, subsequent encounter

Add: S56.902A Unspecified injury of unspecified muscles, fascia and tendons at forearm level, left arm, initial encounter

Add: S56.902D Unspecified injury of unspecified muscles, fascia and tendons at forearm level, left arm, subsequent encounter

Add: S56.909A Unspecified injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, initial encounter

Add: S56.909D Unspecified injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, subsequent encounter

Add: S76.001A Unspecified injury of muscle, fascia and tendon of right hip, initial encounter

Add: S76.001D Unspecified injury of muscle, fascia and tendon of right hip, subsequent encounter

Add: S76.002A Unspecified injury of muscle, fascia and tendon of left hip, initial encounter

Add: S76.002D Unspecified injury of muscle, fascia and tendon of left hip, subsequent encounter

Add: S76.009A Unspecified injury of muscle, fascia and tendon of unspecified hip, initial encounter

Add: S76.009D Unspecified injury of muscle, fascia and tendon of unspecified hip, subsequent encounter

Add: S76.191A Other specified injury of right quadriceps muscle, fascia and tendon, initial encounter

Add: S76.191D Other specified injury of right quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.192A Other specified injury of left quadriceps muscle, fascia and tendon, initial encounter

Add: S76.192D Other specified injury of left quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.199A Other specified injury of unspecified quadriceps muscle, fascia and tendon, initial encounter

Add: S76.199D Other specified injury of unspecified quadriceps muscle, fascia and tendon, subsequent encounter

Add: S76.301A Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter

Add: S76.301D Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, subsequent encounter

Add: S76.302A Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter

Add: S76.302D Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter

Add: S76.309A Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, initial encounter

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Add: S76.309D Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, subsequent encounter

Add: S76.801A Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter

Add: S76.801D Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter

Add: S76.802A Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter

Add: S76.802D Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter

Add: S76.809A Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter

Add: S76.809D Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter

Add: S76.901A Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, initial encounter

Add: S76.901D Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter

Add: S76.902A Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, initial encounter

Add: S76.902D Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter

Add: S76.909A Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter

Add: S76.909D Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter

Add: S86.011A Strain of right Achilles tendon, initial encounter

Add: S86.011D Strain of right Achilles tendon, subsequent encounter

Add: S86.012A Strain of left Achilles tendon, initial encounter

Add: S86.012D Strain of left Achilles tendon, subsequent encounter

Add: S86.019A Strain of unspecified Achilles tendon, initial encounter

Add: S86.019D Strain of unspecified Achilles tendon, subsequent encounter

Add: S86.101A Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter

Add: S86.101D Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter

Add: S86.102A Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter

Add: S86.102D Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter

Add: S86.109A Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter

Add: S86.109D Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, subsequent encounter

Add: S86.201A Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter

Add: S86.201D Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter

Add: S86.202A Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter

Add: S86.202D Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter

Add: S86.209A Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter

Add: S86.209D Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, subsequent encounter

Add: S86.301A Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter

Add: S86.301D Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, subsequent encounter

Add: S86.302A Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter

Add: S86.302D Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, subsequent encounter

Add: S86.309A Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter

Add: S86.309D Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, subsequent encounter

Add: S86.801A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter

Add: S86.801D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter

Add: S86.802A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter

Add: S86.802D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter

Add: S86.809A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter

Add: S86.809D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter

Add: S86.901A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter

Add: S86.901D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter

Add: S86.902A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter

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Add: S86.902D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
 Add: S86.909A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
 Add: S86.909D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
 Add: S96.901A Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter
 Add: S96.901D Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, subsequent encounter
 Add: S96.902A Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, initial encounter
 Add: S96.902D Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, subsequent encounter
 Add: S96.909A Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, initial encounter
 Add: S96.909D Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, subsequent encounter

Line: 634
 Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
 Treatment: MEDICAL THERAPY

Delete: S46.101A Unspecified injury of muscle, fascia and tendon of long head of biceps, right arm, initial encounter
 Delete: S46.101D Unspecified injury of muscle, fascia and tendon of long head of biceps, right arm, subsequent encounter
 Delete: S46.102A Unspecified injury of muscle, fascia and tendon of long head of biceps, left arm, initial encounter
 Delete: S46.102D Unspecified injury of muscle, fascia and tendon of long head of biceps, left arm, subsequent encounter
 Delete: S46.109A Unspecified injury of muscle, fascia and tendon of long head of biceps, unspecified arm, initial encounter
 Delete: S46.109D Unspecified injury of muscle, fascia and tendon of long head of biceps, unspecified arm, subsequent encounter
 Delete: S46.201A Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, initial encounter
 Delete: S46.201D Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, subsequent encounter
 Delete: S46.202A Unspecified injury of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter
 Delete: S46.202D Unspecified injury of muscle, fascia and tendon of other parts of biceps, left arm, subsequent encounter
 Delete: S46.209A Unspecified injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, initial encounter
 Delete: S46.209D Unspecified injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, subsequent encounter
 Delete: S46.301A Unspecified injury of muscle, fascia and tendon of triceps, right arm, initial encounter
 Delete: S46.301D Unspecified injury of muscle, fascia and tendon of triceps, right arm, subsequent encounter
 Delete: S46.302A Unspecified injury of muscle, fascia and tendon of triceps, left arm, initial encounter
 Delete: S46.302D Unspecified injury of muscle, fascia and tendon of triceps, left arm, subsequent encounter
 Delete: S46.309A Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, initial encounter
 Delete: S46.309D Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, subsequent encounter
 Delete: S46.801A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter
 Delete: S46.801D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, subsequent encounter
 Delete: S46.802A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter
 Delete: S46.802D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter
 Delete: S46.809A Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, initial encounter
 Delete: S46.809D Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, subsequent encounter
 Delete: S46.901A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
 Delete: S46.901D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter
 Delete: S46.902A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
 Delete: S46.902D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter
 Delete: S46.909A Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, initial encounter
 Delete: S46.909D Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, subsequent encounter
 Delete: S56.101A Unspecified injury of flexor muscle, fascia and tendon of right index finger at forearm level, initial encounter
 Delete: S56.101D Unspecified injury of flexor muscle, fascia and tendon of right index finger at forearm level, subsequent encounter
 Delete: S56.102A Unspecified injury of flexor muscle, fascia and tendon of left index finger at forearm level, initial encounter
 Delete: S56.102D Unspecified injury of flexor muscle, fascia and tendon of left index finger at forearm level, subsequent encounter
 Delete: S56.103A Unspecified injury of flexor muscle, fascia and tendon of right middle finger at forearm level, initial encounter
 Delete: S56.103D Unspecified injury of flexor muscle, fascia and tendon of right middle finger at forearm level, subsequent encounter
 Delete: S56.104A Unspecified injury of flexor muscle, fascia and tendon of left middle finger at forearm level, initial encounter
 Delete: S56.104D Unspecified injury of flexor muscle, fascia and tendon of left middle finger at forearm level, subsequent encounter

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Delete:	S56.105A	Unspecified injury of flexor muscle, fascia and tendon of right ring finger at forearm level, initial encounter
Delete:	S56.105D	Unspecified injury of flexor muscle, fascia and tendon of right ring finger at forearm level, subsequent encounter
Delete:	S56.106A	Unspecified injury of flexor muscle, fascia and tendon of left ring finger at forearm level, initial encounter
Delete:	S56.106D	Unspecified injury of flexor muscle, fascia and tendon of left ring finger at forearm level, subsequent encounter
Delete:	S56.107A	Unspecified injury of flexor muscle, fascia and tendon of right little finger at forearm level, initial encounter
Delete:	S56.107D	Unspecified injury of flexor muscle, fascia and tendon of right little finger at forearm level, subsequent encounter
Delete:	S56.108A	Unspecified injury of flexor muscle, fascia and tendon of left little finger at forearm level, initial encounter
Delete:	S56.108D	Unspecified injury of flexor muscle, fascia and tendon of left little finger at forearm level, subsequent encounter
Delete:	S56.109A	Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, initial encounter
Delete:	S56.109D	Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, subsequent encounter
Delete:	S56.301A	Unspecified injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, initial encounter
Delete:	S56.301D	Unspecified injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, subsequent encounter
Delete:	S56.302A	Unspecified injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, initial encounter
Delete:	S56.302D	Unspecified injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, subsequent encounter
Delete:	S56.309A	Unspecified injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, initial encounter
Delete:	S56.309D	Unspecified injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, subsequent encounter
Delete:	S56.401A	Unspecified injury of extensor muscle, fascia and tendon of right index finger at forearm level, initial encounter
Delete:	S56.401D	Unspecified injury of extensor muscle, fascia and tendon of right index finger at forearm level, subsequent encounter
Delete:	S56.402A	Unspecified injury of extensor muscle, fascia and tendon of left index finger at forearm level, initial encounter
Delete:	S56.402D	Unspecified injury of extensor muscle, fascia and tendon of left index finger at forearm level, subsequent encounter
Delete:	S56.403A	Unspecified injury of extensor muscle, fascia and tendon of right middle finger at forearm level, initial encounter
Delete:	S56.403D	Unspecified injury of extensor muscle, fascia and tendon of right middle finger at forearm level, subsequent encounter
Delete:	S56.404A	Unspecified injury of extensor muscle, fascia and tendon of left middle finger at forearm level, initial encounter
Delete:	S56.404D	Unspecified injury of extensor muscle, fascia and tendon of left middle finger at forearm level, subsequent encounter
Delete:	S56.405A	Unspecified injury of extensor muscle, fascia and tendon of right ring finger at forearm level, initial encounter
Delete:	S56.405D	Unspecified injury of extensor muscle, fascia and tendon of right ring finger at forearm level, subsequent encounter
Delete:	S56.406A	Unspecified injury of extensor muscle, fascia and tendon of left ring finger at forearm level, initial encounter
Delete:	S56.406D	Unspecified injury of extensor muscle, fascia and tendon of left ring finger at forearm level, subsequent encounter
Delete:	S56.407A	Unspecified injury of extensor muscle, fascia and tendon of right little finger at forearm level, initial encounter
Delete:	S56.407D	Unspecified injury of extensor muscle, fascia and tendon of right little finger at forearm level, subsequent encounter
Delete:	S56.408A	Unspecified injury of extensor muscle, fascia and tendon of left little finger at forearm level, initial encounter
Delete:	S56.408D	Unspecified injury of extensor muscle, fascia and tendon of left little finger at forearm level, subsequent encounter
Delete:	S56.409A	Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, initial encounter
Delete:	S56.409D	Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, subsequent encounter
Delete:	S56.501A	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, right arm, initial encounter
Delete:	S56.501D	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, right arm, subsequent encounter
Delete:	S56.502A	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, left arm, initial encounter
Delete:	S56.502D	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, left arm, subsequent encounter
Delete:	S56.509A	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, initial encounter
Delete:	S56.509D	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, subsequent encounter
Delete:	S56.801A	Unspecified injury of other muscles, fascia and tendons at forearm level, right arm, initial encounter
Delete:	S56.801D	Unspecified injury of other muscles, fascia and tendons at forearm level, right arm, subsequent encounter
Delete:	S56.802A	Unspecified injury of other muscles, fascia and tendons at forearm level, left arm, initial encounter
Delete:	S56.802D	Unspecified injury of other muscles, fascia and tendons at forearm level, left arm, subsequent encounter
Delete:	S56.809A	Unspecified injury of other muscles, fascia and tendons at forearm level, unspecified arm, initial encounter
Delete:	S56.809D	Unspecified injury of other muscles, fascia and tendons at forearm level, unspecified arm, subsequent encounter
Delete:	S56.901A	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, right arm, initial encounter
Delete:	S56.901D	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, right arm, subsequent encounter
Delete:	S56.902A	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, left arm, initial encounter

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Delete:	S56.902D	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, left arm, subsequent encounter
Delete:	S56.909A	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, initial encounter
Delete:	S56.909D	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, subsequent encounter
Delete:	S76.001A	Unspecified injury of muscle, fascia and tendon of right hip, initial encounter
Delete:	S76.001D	Unspecified injury of muscle, fascia and tendon of right hip, subsequent encounter
Delete:	S76.002A	Unspecified injury of muscle, fascia and tendon of left hip, initial encounter
Delete:	S76.002D	Unspecified injury of muscle, fascia and tendon of left hip, subsequent encounter
Delete:	S76.009A	Unspecified injury of muscle, fascia and tendon of unspecified hip, initial encounter
Delete:	S76.009D	Unspecified injury of muscle, fascia and tendon of unspecified hip, subsequent encounter
Delete:	S76.191A	Other specified injury of right quadriceps muscle, fascia and tendon, initial encounter
Delete:	S76.191D	Other specified injury of right quadriceps muscle, fascia and tendon, subsequent encounter
Delete:	S76.192A	Other specified injury of left quadriceps muscle, fascia and tendon, initial encounter
Delete:	S76.192D	Other specified injury of left quadriceps muscle, fascia and tendon, subsequent encounter
Delete:	S76.199A	Other specified injury of unspecified quadriceps muscle, fascia and tendon, initial encounter
Delete:	S76.199D	Other specified injury of unspecified quadriceps muscle, fascia and tendon, subsequent encounter
Delete:	S76.301A	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter
Delete:	S76.301D	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, subsequent encounter
Delete:	S76.302A	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter
Delete:	S76.302D	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter
Delete:	S76.309A	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, initial encounter
Delete:	S76.309D	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, subsequent encounter
Delete:	S76.801A	Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter
Delete:	S76.801D	Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter
Delete:	S76.802A	Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter
Delete:	S76.802D	Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter
Delete:	S76.809A	Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter
Delete:	S76.809D	Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter
Delete:	S76.901A	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, initial encounter
Delete:	S76.901D	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter
Delete:	S76.902A	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, initial encounter
Delete:	S76.902D	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter
Delete:	S76.909A	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter
Delete:	S76.909D	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, subsequent encounter
Delete:	S86.101A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
Delete:	S86.101D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter
Delete:	S86.102A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
Delete:	S86.102D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter
Delete:	S86.109A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter
Delete:	S86.109D	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, subsequent encounter
Delete:	S86.201A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
Delete:	S86.201D	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter
Delete:	S86.202A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
Delete:	S86.202D	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter
Delete:	S86.209A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter
Delete:	S86.209D	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, subsequent encounter

ATTACHMENT A
Coding Changes to Condition-Treatment Pairs
for the October 1, 2021 Prioritized List of Health Services

Delete: S86.301A Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter
Delete: S86.301D Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, subsequent encounter
Delete: S86.302A Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter
Delete: S86.302D Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, subsequent encounter
Delete: S86.309A Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter
Delete: S86.309D Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, subsequent encounter
Delete: S86.801A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
Delete: S86.801D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
Delete: S86.802A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
Delete: S86.802D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
Delete: S86.809A Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
Delete: S86.809D Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
Delete: S86.901A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
Delete: S86.901D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
Delete: S86.902A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
Delete: S86.902D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
Delete: S86.909A Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
Delete: S86.909D Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
Delete: S96.901A Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter
Delete: S96.901D Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, subsequent encounter
Delete: S96.902A Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, initial encounter
Delete: S96.902D Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, subsequent encounter
Delete: S96.909A Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, initial encounter
Delete: S96.909D Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, subsequent encounter

Line: 638
Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT
Add: K22.81 Esophageal polyp
Add: K22.82 Esophagogastric junction polyp

Line: 643
Condition: TMJ DISORDERS
Treatment: TMJ SURGERY
Delete: 21230 Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
Delete: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

Line: 652
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Add: D89.44 Hereditary alpha tryptasemia

ATTACHMENT B
Coding Specification Deletions to the
October 1, 2021 Prioritized List of Health Services

Deleted coding specification from line 3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS.

CPT code 96110 can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes.

Deleted coding specification from line 8 TYPE 1 DIABETES MELLITUS.

CPT 95250 and 95251 are included on this line for services related to real-time continuous glucose monitoring but not retrospective (professional) continuous glucose monitoring.

Deleted coding specification from line 40 PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS.

ICD-10-CM E23.0 is included on this line for conditions other than adult human growth hormone deficiency.

Deleted coding specification from line 55 COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS.

ICD-10 K82.8 (Other specified diseases of gallbladder) is included on Line 55 when the patient has porcelain gallbladder or gallbladder dyskinesia with a gallbladder ejection fraction <35%. Otherwise, K82.8 is included on Line 641.

Deleted coding specification from line 71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES.

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

Deleted coding specification from line 83 DIABETES MELLITUS WITH END STAGE RENAL DISEASE.

SPK included for type I diabetes mellitus with end stage renal disease (E10.2), PAK only included for other type I diabetes mellitus with secondary diagnosis of Z94.0.

Deleted coding specification from line 174 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS.

CPT 61885 is included on this line only for vagal nerve stimulation. It is not included on this line for deep brain stimulation.

Deleted coding specification from line 205 SUPERFICIAL ABSCESSSES AND CELLULITIS.

ICD-10 J38.3 is included on Line 205 for treatment of abscesses and cellulitis of the vocal cords; it is included on Line 559 for treatment of spastic dysphonia.

Deleted coding specification from line 227 INTESTINAL MALABSORPTION.

ICD-10-CM code K90.89 (Other intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.

Deleted coding specification from line 258 CANCER OF PENIS AND OTHER MALE GENITAL ORGANS.

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

ATTACHMENT B
Coding Specification Deletions to the
October 1, 2021 Prioritized List of Health Services

Deleted coding specification from line 262 CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS.

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

Deleted coding specification from line 280 BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS.

Catheter directed thrombolysis (CPT 37212-37214) is not paired on this line with peripheral DVT (ICD-10-CM I82.6, I82.7, I82.A, I82.B, I82.8, I82.9).

Deleted coding specification from line 287 CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX.

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

Deleted coding specifications from line 292 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS.

Chemodenervation with botulinum toxin injection (CPT 64642-64647) is included on this line for treatment of upper and lower limb spasticity (ICD-10-CM codes G24.02, G24.1, G35, G36.0, I69.03- I69.06 and categories G71, and G80-G83.)

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

Deleted coding specification from line 327 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION.

ICD-10-CM codes N40.1 and N40.3 are only included on this line when post-void residuals are at least 150 cc's.

Deleted coding specification from line 351 STRABISMUS DUE TO NEUROLOGIC DISORDER.

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

Deleted coding specification from line 356 RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE.

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

Deleted coding specification from line 362 DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM.

Chemodenervation with botulinum toxin injection (CPT 64612, 64616) is included on this line only for treatment of blepharospasm (ICD-10-CM G24.5), spasmodic torticollis (ICD-10-CM G24.3), and other fragments of torsion dystonia (ICD-10-CM G24.9)

Deleted coding specification from line 378 ESOPHAGEAL STRICTURE; ACHALASIA.

Chemodenervation with botulinum toxin injection (CPT 43201) is included on this line for treatment of achalasia (ICD-10 K22.0)

ATTACHMENT B
Coding Specification Deletions to the
October 1, 2021 Prioritized List of Health Services

Deleted coding specification from line 381 BULIMIA NERVOSA AND UNSPECIFIED EATING DISORDERS.

ICD-10 F50.89 is included on Line 381 for psychogenic loss of appetite. ICD-10 F50.89 is included on Line 631 for pica in adults and for all other diagnoses using this code.

Deleted coding specification from line 383 CENTRAL SEROUS CHORIORETINOPATHY.

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

Deleted coding specification from line 386 PITUITARY DWARFISM.

ICD-10-CM E23.0 is included on this line for conditions other than adult human growth hormone deficiency.

Deleted coding specification from line 393 STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN.

CPT 92065 is included on Line 393 only for pairing with ICD-10 H50.31 intermittent monocular esotropia), H50.32 (Intermittent alternating esotropia), H50.33 (Intermittent monocular exotropia), and H50.34 (Intermittent alternating exotropia).

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

Deleted coding specification from line 424 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT.

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

Deleted coding specification from line 426 SEVERE INFLAMMATORY SKIN DISEASE.

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

Deleted coding specification from line 444 ADJUSTMENT DISORDERS.

ICD-10-CM codes Z71.89, Other specified counseling, and Z63.4 Disappearance and death of family member are only included in this line when identified as secondary diagnoses with a primary diagnosis of F43.8, Other reactions to severe stress.

Deleted coding specification from line 517 DISORDERS OF SWEAT GLANDS.

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

ATTACHMENT B
Coding Specification Deletions to the
October 1, 2021 Prioritized List of Health Services

Deleted coding specification from line 539 LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS.

CPT 20550 only appears on this line for corticosteroid injections. The treatment is appropriate to the condition, but has limited evidence of effectiveness

Deleted coding specification from line 540 TENSION HEADACHES.

Osteopathic manipulative treatment and chiropractic manipulative treatment (CPT 98926-98929, 98940- 98943) pair on this line only with cervicogenic headache (R51).

Deleted coding specification from line 559 SPASTIC DYSPHONIA.

ICD-10 J38.3 is included on Line 205 for treatment of abscesses and cellulitis of the vocal cords; it is included on Line 559 for treatment of spastic dysphonia.

Deleted coding specification from line 631 PICA.

ICD-10 F50.89 is included on Line 381 for psychogenic loss of appetite. ICD-10 F50.89 is included on Line 631 for pica in adults and for all other diagnoses using this code.

Deleted coding specification from line 641 GALLSTONES WITHOUT CHOLECYSTITIS.

ICD-10 K82.8 (Other specified diseases of gallbladder) is included on Line 55 when the patient has porcelain gallbladder or gallbladder dyskinesia with a gallbladder ejection fraction <35%. Otherwise, K82.8 is included on Line 641.

Deleted coding specification from line 652 ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY.

ICD-10-CM E23.0 is included on this line only for adult human growth hormone deficiency.

ATTACHMENT C
New Guidelines
Effective October 1, 2021

GUIDELINE NOTE 42, PANCREAS/KIDNEY TRANSPLANTS

Line 83

Simultaneous pancreas kidney transplant (SPT) is only included on this line for type I diabetes mellitus with end stage renal disease (E10.2). Pancreas after kidney transplant (PAK) is only included on this line for other type I diabetes mellitus with secondary diagnosis of Z94.0 (Kidney transplant status).

GUIDELINE NOTE 45, OTHER DISEASES OF VOCAL CORDS

Lines 205,559

ICD-10-CM J38.3 (Other diseases of vocal cords) is included on Line 205 for treatment of abscesses and cellulitis of the vocal cords; it is included on Line 559 for treatment of spastic dysphonia.

GUIDELINE NOTE 118, SEPTOPLASTY

Lines 42,119,246,287,465,506,525

Septoplasty is included on these lines when

- A) The septoplasty is done to address symptomatic septal deviation or deformity which
 - 1) Fails to respond to a minimum 6 week trial of conservative management (e.g. nasal corticosteroids, decongestants, antibiotics); AND
 - 2) Results in one or more of the following:
 - a. Persistent or recurrent epistaxis, OR
 - b. Documented recurrent sinusitis felt to be due to a deviated septum and the patient meets criteria for sinus surgery in Guideline Note 35, SINUS SURGERY; OR
 - c. Nasal obstruction with documented absence of other causes of obstruction likely to be responsible for the symptoms (for example, nasal polyps, tumor, etc.) [note: this indication is included only on Line 506]; OR
- B) Septoplasty is performed in association with cleft lip or cleft palate repair or repair of other congenital craniofacial anomalies; OR
- C) Septoplasty is performed as part of a surgery for a neoplasm or facial trauma involving the nose.

Septoplasty is not covered for obstructive sleep apnea.

GUIDELINE NOTE 201, TETHERED CORD

Lines 346,529

Surgical repair of tethered cord is included on Line 346 for patients when the following conditions are met:

- A) Symptoms:
 - 1) Infants and pre-walking/toilet trained children with cutaneous markers or orthopedic deformities; OR
 - 2) Children and adults with bladder and bowel incontinence of neurologic origin AND/OR sensorimotor lower extremity deficits; AND
- B) Imaging:
 - 1) Ultrasound findings consistent with tethered cord for infants up to 3 months; OR
 - 2) MRI findings consistent with tethered cord (i.e. conus termination below the L2 vertebral body, intradural or extradural lipoma, lipomeningocele, lipomyelomeningocele, split cord malformation, low conus termination at the L2 vertebral body with thickened non-fatty filum in a symptomatic patient, or previous myelomeningocele repair or other spinal surgery resulting in fibrous adhesions).

Surgery for tethered cord in patients not meeting the above criteria are included on Line 529.

GUIDELINE NOTE 206, PANNICULECTOMY

Line 625

Panniculectomy (CPT 15830) is included on this line when ALL of the following conditions are met:

- A) The pannus hangs at or below the level of the symphysis pubis as evidence by photographs; AND
- B) The pannus is causing persistent intertriginous dermatitis, cellulitis, or skin ulceration, which is refractory to at least three months of medical management, including topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics; AND
- C) There is documented difficulty with ambulation and/or interference with the activities of daily living due to the pannus.

ATTACHMENT C
New Guidelines
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If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a stable weight for at least six months. If the weight loss is the result of bariatric surgery, panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent six months.

Panniculectomy is not included on this line for any other indication, including but not limited to when performed primarily for ANY of the following:

- A) Treatment of neck or back pain; OR
- B) Improving appearance (i.e., cosmesis); OR
- C) Treating psychological symptomatology or psychosocial concerns; OR
- D) When performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy are met separately.

GUIDELINE NOTE 207, OTHER INTESTINAL MALABSORPTION

Lines 227,552

ICD-10-CM K90.89 (Other intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy. Otherwise, it is included on Line 552.

GUIDELINE NOTE 208, CARCINOMA IN SITU OF PENIS

Line 258

CPT 96567-96573 (Photodynamic therapy) and 96574 (Debridement of premalignant hyperkeratotic lesion) are included on this line only for pairing with ICD-10-CM D07.4 (Carcinoma in situ of penis).

GUIDELINE NOTE 209, COMPRESSION OF VEIN

Lines 262,639

ICD-10-CM I87.1 (Compression of vein) is included on Line 262 for superior vena cava syndrome only. Otherwise, it is included on Line 639.

GUIDELINE NOTE 210, CATHETER DIRECTED THROMBOLYSIS

Line 280

Catheter directed thrombolysis (CPT 37212-37214) is not paired on this line with peripheral DVT (ICD-10-CM I82.6, I82.7, I82.A, I82.B, I82.8, I82.9).

GUIDELINE NOTE 211, BENIGN NEOPLASM OF PAROTID GLAND

Lines 287,627

ICD-10-CM D11.0 (Benign neoplasm of parotid gland) is included on Line 287 only for parotid gland pleomorphic adenomas. Otherwise, it is included on Line 627.

GUIDELINE NOTE 212, KNEE ARTHROSCOPY

Line 356

Knee arthroscopy (CPT 29871, 29873-29876, 29884-29887) is not included on this line when paired with osteoarthritis/osteoarthrosis of the knee (ICD-10-CM M17.0-M17.9).

GUIDELINE NOTE 213, OTHER SPECIFIED EATING DISORDER

Lines 381,631

ICD-10-CM F50.89 (Other specified eating disorder) is included on Line 381 for psychogenic loss of appetite. ICD-10-CM F50.89 is included on Line 631 for pica in adults and for all other diagnoses using this code.

ATTACHMENT C
New Guidelines
Effective October 1, 2021

GUIDELINE NOTE 214, IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM

Line 383

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

GUIDELINE NOTE 215, ORTHOPTIC AND/OR PLEOPTIC TRAINING

Line 393

CPT 92065 (Orthoptic and/or pleoptic training) is included on Line 393 only for pairing with ICD-10-CM H50.31 (Intermittent monocular esotropia), H50.32 (Intermittent alternating esotropia), H50.33 (Intermittent monocular exotropia), and H50.34 (Intermittent alternating exotropia).

GUIDELINE NOTE 216, RHINOPLASTY

Lines 42, 119, 202, 246, 287, 465, 506, 525

Rhinoplasty is included on these lines when

- A) It is performed to correct a nasal deformity secondary to congenital cleft lip and/or palate or other severe congenital craniofacial anomaly; OR
- B) It is performed as part of reconstruction after accidental or surgical trauma or disease (e.g., Wegener's granulomatosis, choanal atresia, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity) AND
 - 1) There is prolonged, persistent obstructed nasal breathing unresponsive to a six week trial of conservative management (e.g. nasal corticosteroids, decongestants, antibiotics); AND
 - 2) Airway obstruction will not respond to septoplasty and turbinectomy alone; AND
 - 3) Photographs demonstrate an external nasal deformity; AND
 - 4) There is significant obstruction of one or both nares, documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality; OR
- C) There is nasal airway obstruction causing chronic rhinosinusitis when all of the following are met:
 - 1) The criteria for sinus surgery are met in Guideline Note 35, SINUS SURGERY; AND
 - 2) Airway obstruction will not respond to septoplasty and turbinectomy alone; AND
 - 3) Photographs demonstrate an external nasal deformity; AND
 - 4) There is significant obstruction of one or both nares, documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality

GUIDELINE NOTE 217, PLANTAR FASCIA INJECTION

Line 539

CPT 20550 (Plantar fascia injection) only appears on this line for corticosteroid injections. The treatment is appropriate to the condition but has limited evidence of effectiveness.

GUIDELINE NOTE 218, CERVICOGENIC HEADACHE

Line 540

Osteopathic manipulative treatment and chiropractic manipulative treatment (CPT 98926-98929, 98940-98943) pair on this line only with cervicogenic headache (ICD-10-CM G44.86).

GUIDELINE NOTE 219, CHEMODENERVATION

Lines 292, 327, 351, 362, 378, 393, 410, 517

Inclusion of chemodenervation on the Prioritized List has the following limitations for the lines specified below:

Line 292 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

Chemodenervation with botulinum toxin injection (CPT 64642-64647) is included on this line for treatment of upper and lower limb spasticity (ICD-10-CM codes G24.02, G24.1, G35, G36.0, I69.03- I69.06 and categories G71, and G80-G83)

Line 327 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION

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Chemodenervation of the bladder (CPT 52287) is included on this line only for treatment of idiopathic detrusor over-activity or neurogenic detrusor over-activity (ICD-10-CM N32.81) in patients who have not responded to or been unable to tolerate at least two urinary incontinence antimuscarinic therapies (e.g. fesoterodine, oxybutynin, solifenacin, darifenacin, tolterodine, trospium). Treatment is limited to 90 days, with additional treatment only if the patient shows documented positive response. Positive response to therapy is defined as a reduction of urinary frequency of 8 episodes per day or urinary incontinence of 2 episodes per day compared to baseline frequency.

Line 351 STRABISMUS DUE TO NEUROLOGIC DISORDER

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

Line 362 DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM

Chemodenervation with botulinum toxin injection (CPT 64612, 64616) is included on this line only for treatment of blepharospasm (ICD-10-CM G24.5), spasmodic torticollis (ICD-10-CM G24.3), and other fragments of torsion dystonia (ICD-10-CM G24.9).

Line 378 ESOPHAGEAL STRICTURE; ACHALASIA

Chemodenervation with botulinum toxin injection (CPT 43201) is included on this line for treatment of achalasia (ICD-10 K22.0).

Line 393 STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN

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

Line 410 MIGRAINE HEADACHES

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

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

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

Line 517 DISORDERS OF SWEAT GLANDS

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

GUIDELINE NOTE 220, OSTEOCHONDRAL ALLOGRAFT/AUTOGRAFT TRANSPLANTATION (OAT) OF THE KNEE

Line 431

Osteochondral Allograft/Autograft Transplantation (OAT) is included on this line only when ALL of the following conditions are met:

- A) The patient is younger than age 50; AND
- B) There is no malignancy, degenerative or inflammatory arthritis in the joint; AND
- C) The patient has focal full thickness lesions (Grade III or IV) of the weight bearing surface with absent degenerative changes of the surrounding articular cartilage (Outerbridge grade II or less) and normal appearing cartilage around the defect; AND
- D) The patient is not a candidate for total knee replacement; AND
- E) The patient has failed standard conservative treatment including medication management and completed course of physical therapy; AND
- F) The patient has normal knee alignment and stability

ATTACHMENT D

Revisions to Existing Guideline Notes

Effective October 1, 2021

STATEMENT OF INTENT 1: PALLIATIVE CARE

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

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

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

- A) Inpatient palliative care consultations
 - 1) Hospital Care E&M (CPT 99218-99233)
- B) Outpatient palliative care consultations provided in either the office or home setting
 - 1) E&M Services (CPT 99201-99215)
 - 2) Transitional Care Management Services (CPT 99495-6)
 - 3) Advance Care Planning (CPT 99497-8)
 - 4) Chronic Care Management (CPT 99487-99490)
- C) Psychological support and grief counseling (CPT 99201-99215)
- D) Medical equipment and supplies for the management of symptomatic complications or support activities of daily living
- E) Medications or acupuncture to reduce pain and symptom burden
- F) Surgical procedures or therapeutic interventions (for example, palliative radiation therapy) to relieve pain or symptom burden
- G) Biofeedback (CPT 90875, 90876, 90901) for treatment of cancer pain

Other services associated with palliative care includes:

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

It is NOT the intent of the Commission that coverage for palliative care encompasses those treatments that seek to prolong life despite substantial burdens of treatment and limited chance of benefit. See Guideline Note 12 PATIENT-CENTERED CARE OF ADVANCED CANCER.

ANCILLARY GUIDELINE A4, SMOKING CESSATION AND ELECTIVE SURGICAL PROCEDURES

[Surgical consultation is covered for patients who actively smoke and who are referred for surgical consultations; if elective surgery is recommended based on a consultation, the requirements of this guideline note apply.](#)

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

Elective surgical procedures in this guideline are defined as surgical procedures which are flexible in their scheduling because they do not pose an imminent threat nor require immediate attention within 1 month. Procedures for contraceptive/sterilization purposes, procedures targeted to active cancers (i.e. when a delay in the procedure could lead to cancer progression) ~~and~~, diagnostic procedures, [and bloodless surgery \(e.g., cataract surgery, certain skin procedures\)](#) are not subject to the limitations in this guideline note. [This guideline applies regardless of procedure location and anesthesia type.](#)

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

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

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

ANCILLARY GUIDELINE A5, TELEHEALTH, TELECONSULTATIONS AND ONLINE/TELEPHONIC SERVICES

Telehealth services include a variety of health services provided by synchronous or asynchronous electronic communications, including secure electronic health portal, audio, or audio and video ~~as well as remote monitoring devices and clinician-to-clinician virtual consultations.~~

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Criteria for coverage

The clinical value of the telehealth service delivered must reasonably approximate the clinical value of the equivalent services delivered in-person.

Coverage of telehealth services requires the same level of documentation, medical necessity, and coverage determinations as in-person visits. ~~Specifically, covered telehealth services must meet all of the following criteria:~~

- ~~A) Documentation must include all of the following:
 - 1) use model SOAP charting, or as described in program's OAR;
 - 2) include patient history, provider assessment, treatment plan and follow-up instructions;
 - 3) support the assessment and plan;
 - 4) retain encounter in the patient's medical record and be retrievable.~~
- ~~B) Include medical decision making or service delivery (e.g., behavioral health intervention/psychotherapy, other forms of therapy).~~
- ~~C) Include permanent storage (online or hard copy) of the encounter.~~
- ~~D) Meet applicable HIPAA standards for privacy and security, except for regulations for which federal authorities are exercising enforcement discretion. (Certain requirements for encryption will not be enforced by federal authorities (or required by OHP) during the COVID-19 emergency.) This means services such as Facetime, Skype or Google Hangouts can be used for service delivery. See <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> for details.) HIPAA compliant platforms should be used whenever possible.~~
- ~~E) Include patient/clinician agreement of informed consent, discussed with and agreed to by the patient and documented in the medical record.~~

Examples of ~~reimbursable~~covered telephone or online services include but are not limited to:

- A) Extended counseling when person-to-person contact would involve an unwise delay or exposure to infectious disease.
- B) Treatment of relapses that require significant investment of provider time and judgment.
- C) Counseling and education for patients with complex chronic conditions.

Examples of non-~~reimbursable~~covered telehealth services include but are not limited to:

- A) Prescription renewal.
- B) Scheduling a test.
- C) Reporting normal test results.
- D) Requesting a referral.
- E) Services which are part of care plan oversight or anticoagulation management (CPT codes 99339-99340, 99374-99380 or 99363-99364).
- F) Services which relate to or take place within the postoperative period of a procedure provided by the physician are not separately covered. (Such a service is considered part of the procedure and is not be billed separately.)

Telehealth services billed using in-person codes

~~Telehealth services described in this section are synchronous services, generally provided with both audio and video capability and billed with the same procedure codes that would be billed for in-person services, with mode of delivery indicated by the use of specific modifiers and/or place of service codes specified by the plan. Telephone visits are an acceptable replacement for the equivalent service provided by synchronous audio and video, if synchronous audio and video capabilities are not available or feasible.~~

~~The patient may be in the community or in a health care setting. The provider may be in any location in which appropriate privacy can be ensured. If language services are provided, the interpreter may be in any location in which appropriate privacy can be ensured.~~

Codes eligible for telehealth delivery ~~billed in this manner~~ include 90785, 90791, 90792, 90832-90834, 90836, 90837-90840, 90846, 90847, 90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963, 90964-90970, 96116, 96156-96171, 96160, 96161, 97802-97804, 99201-99205, 99211-99215, 99231-99233, 99307-99310, 99354-99357, 99406-99407, 99495-99498, G0108-G0109, G0270, G0296, G0396, G0397, G0406-G0408, G0420, G0421, G0425-G0427, G0438-G0439, G0442-G0447, G0459, G0506, G0508, G0509, G0513, G0514, G2086-G2088. Additional codes are covered when otherwise appropriate according to this guideline note and other applicable coverage criteria.

The originating site code Q3014 is covered only when the patient is present in an appropriate health care setting and receiving services from a provider in another location.

~~Telehealth services are covered for inpatient, outpatient and emergency services for new or established patients.~~

Clinician to Patient Services billed using specified codes indicating telephone or online service delivery

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~~Telephonic~~Covered telephonic and online services, ~~including~~ include services related to ~~diagnostic-workup-evaluation, assessment and management as well as other technology-based services~~ (CPT 98966-98968, 99441-99443, 99421-99423, 98970-98972, G2012, G2061-G2063, G2251-G2252) ~~are covered for services for new and established patients.~~

Covered telephone and online services billed using these codes do not include either of the following:

- A) Services related to a service performed and billed by the physician or qualified health professional within the previous seven days, regardless of whether it is the result of patient-initiated or physician-requested follow-up.
- B) Services which result in the patient being seen within 24 hours or the next available appointment.

Clinician-to-Clinician Consultations (telephonic, online or using electronic health record)

~~Coverage of~~Covered interprofessional consultations ~~include consultations~~ delivered online, through electronic health records or by telephone ~~is included as follows:~~

Consulting Providers (CPT ~~99451~~, 99446-99449)

- ~~A) For new or established patients.~~
- ~~B) Consult must be requested by another provider.~~
- ~~C) Can be for a new or an exacerbated condition.~~
- ~~D) Cannot be reported more than 1 time per 7 days for the same patient.~~
- ~~E) Must report cumulative time spent, even if time occurs over multiple days.~~
- ~~F) Cannot be reported if a transfer of care or request for face-to-face visit occurs as a result of the consultation within the following 14 days.~~
- ~~G) Cannot be reported if the patient was seen by the consultant within the past 14 days.~~
- ~~H) The request and reason for consultation is documented in the patient's medical record.~~
- ~~I) Requires a minimum of 5 minutes of medical consultation, discussion and/or review.~~

Requesting Providers (CPT ~~99451~~-99452)

- ~~A) Consult must be reported by requesting provider. (not for the transfer of a patient or request for face-to-face consult)~~
- ~~B) Reported only when the patient is not on-site with the requesting provider at the time of consultation.~~
- ~~C) Cannot be reported more than 1 time per 14 days per patient.~~
- ~~D) Requires a minimum of 16 minutes. Includes time for referral prep and/or communicating with the consultant.~~
- ~~E) Can be reported with prolonged services, non-direct.~~

~~Limited information provided by one clinician to another that does not constitute collaboration (e.g., interpretation of an electroencephalogram, report on an x-ray or scan, or reporting the results of a diagnostic test) is not considered a consultation.~~

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
- B) MRI is covered for monitoring for adverse effects of aducanumab or similar FDA approved medications for treatment of Alzheimer's disease

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)
 - 1) PET scans are covered for patients being considered for treatment with aducanumab or similar FDA approved medications for treatment of Alzheimer's disease.

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

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

~~In~~For adults over the age of 18 years:

- A) For patients with clinical signs and symptoms consistent with obstructive sleep apnea (OSA), a home sleep study is the first-line diagnostic test for most patients, when available.
 - 1) For portable devices, Type II-III are included on this line. Type IV sleep testing devices must measure three or more channels, one of which is airflow, to be included on this line. Sleep testing devices that are not Type I-IV and measure three or more channels that include actigraphy, oximetry, and peripheral arterial tone, are included on this line.
- B) Polysomnography in a sleep lab is indicated as a first-line test for patients with significant cardiorespiratory disease,

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potential respiratory muscle weakness due to a neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia.

- C) If a patient has had an inconclusive (or negative) home sleep apnea test and a clinical suspicion for OSA remains, then attended polysomnography is included on this line. Split night diagnostic protocols are required when a diagnosis of OSA is confirmed in the first portion of the night.

~~For portable devices, Type II-III are included on this line.~~ For children age of 18 or younger:

- A) Obstructive sleep apnea (OSA) 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.
- B) 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), children younger than three years of age

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

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

DIAGNOSTIC GUIDELINE D17, PRENATAL GENETIC TESTING

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

- A) Genetic counseling (CPT 96040, HPCPS S0265) for high-risk women who have family history of inheritable disorder or carrier state, ultrasound abnormality, previous pregnancy with aneuploidy, or elevated risk of neural tube defect.
- B) Genetic counseling (CPT 96040, HPCPS S0265) prior to consideration of chorionic villus sampling (CVS), amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening
- C) Validated questionnaire to assess genetic risk in all pregnant women
- D) Screening ~~high-risk ethnic groups~~ for hemoglobinopathies (CPT 83020, 83021)
- E) Screening for aneuploidy with any of six screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, contingency, and cell free fetal DNA testing] (CPT 76813, 76814, 81508, 81510, 81511, 81420, 81507, 81512, 82105, 82677, 84163)
- F) Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
- G) CVS or amniocentesis (CPT 59000, 59015, 76945, 76946, 82106, 88235, 88261-88264, 88267, 88269, 88280, 88283, 88285, 88289, 88291) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect
- H) Array CGH (CPT 81228, 81229) when major fetal congenital anomalies are apparent on imaging, or with normal imaging when array CGH would replace karyotyping performed with CVS or amniocentesis in ~~(HG)~~ above.
- I) FISH testing (CPT 88271, 88272, 88274, 88275, 81171, 81172) only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)
- J) ~~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~~
- K) Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
- L) Screening for fragile X status (CPT 81243, 81244, 81171, 81172) ~~once in a lifetime~~ in ~~patients with a personal or family history of lifetime~~
- 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~~
- M) Screening for spinal muscular atrophy (CPT 81329) once in a lifetime
- N) Screening ~~those with Ashkenazi Jewish heritage~~ for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255) ~~once in a lifetime~~. Ashkenazi Jewish carrier panel testing (CPT 81412) is covered if the panel would replace and would be of similar or lower cost than individual gene testing including CF carrier testing
- O) Expanded carrier screening only for those genetic conditions identified above

The following genetic screening tests are not covered:

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- A) Serum triple screen
- B) 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 <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>

DIAGNOSTIC GUIDELINE D22, PET ~~SCAN GUIDELINES~~ SCANS

Diagnosis:

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

- A) The PET scan is for evaluation of either:
 - 1) Solitary pulmonary nodules and non-small cell lung cancer, **OR**
 - 2) Evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor, **AND**

~~For diagnosis, B) The PET is covered only when it can~~ will avoid

- 1) Avoid an invasive diagnostic procedure, ~~or will assist~~ **OR**
- 2) Assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

Initial staging:

PET scans are covered for the initial staging when:

- A) The staging is for one of the following cancers/situations:
 - 1) Cervical cancer only when initial MRI or CT is negative for extra-pelvic metastasis
 - 2) Head and neck cancer when initial MRI or CT is equivocal
 - 3) Colon cancer
 - 4) Esophageal cancer
 - 5) Solitary pulmonary nodule
 - 6) Non-small cell lung cancer
 - 7) Lymphoma
 - 8) Melanoma
 - 9) Breast cancer **ONLY** when metastatic disease is suspected **AND** standard imaging results are equivocal or suspicious; **AND**

~~For staging, PET is covered when clinical~~

- B) Clinical management of the patient will differ depending on the stage of the cancer identified and either:
 - 1) the stage of the cancer remains in doubt after standard diagnostic work up, **OR**
 - 2) PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient.

Monitoring:

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

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

Restaging:

Restaging is covered only ~~for cancers for which~~ when:

- A) the cancer has staging ~~is covered and above~~ **OR** for thyroid cancer if recurrence is suspected and I131 scintigraphy is negative. ~~For restaging, AND~~
- B) initial therapy has been completed, **AND**
- C) the PET scan is ~~covered after completion of treatment~~ conducted for the purpose of
 - 1) detecting residual disease, ~~for or~~
 - 2) detecting suspected recurrence, or ~~to determine~~
 - 3) determining the extent of a known recurrence. ~~PET is not covered to monitor tumor response during the planned course of therapy. PET~~

Other indications:

PET scans are ~~NOT indicated for routine follow up of cancer treatment or routine surveillance in asymptomatic patients.~~

~~PET scans are also indicated~~ covered 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.~~ covered for patients being considered for treatment with aducanumab or similar FDA approved medications for treatment of Alzheimer's disease.

Non-covered conditions/situations:

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

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

DIAGNOSTIC GUIDELINE D25, HEREDITARY CANCER GENETIC TESTING

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

- A) Lynch syndrome (hereditary colorectal, endometrial and other cancers associated with Lynch syndrome) services (CPT 81288, 81292-81300, 81317-81319, 81435, 81436) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Colorectal V1.2020 (7/21/20). www.nccn.org.
- B) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for patients without a personal history of breast, ovarian and other associated cancers should be provided to high-risk patients as defined by the US Preventive Services Task Force or according to the NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic V1.2021 (9/8/20) www.nccn.org.
- C) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for women with a personal history of breast, ovarian, or other associated cancers and for men with breast or other associated cancers should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic V1.2021 (9/8/20) www.nccn.org.
- D) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: ~~Breast and Ovarian and Pancreatic V1.2021 (9/8/20)~~ ~~V2.2019 (7/30/18)~~ or Genetic/Familial High-Risk Assessment: Colorectal V1.2020 (7/21/20) www.nccn.org.

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

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

If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 has been identified in a family, a single site mutation analysis for that mutation is covered (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81163) analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).

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

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

DIAGNOSTIC GUIDELINE D27, SARS-COV-2 (COVID-19) TESTING

Testing for SARS-CoV-2 (COVID-19) virus RNA or viral antigen is a covered diagnostic service.

Antibody testing for SARS-CoV-2 (COVID-19; CPT 86413, 86328 or 86769) is covered as diagnostic only when such testing meets the following criteria:

- A) Testing is done using tests that have FDA Emergency Use Authorization (EUA) or FDA approval; AND
- B) Testing is used as part of the diagnostic work up ~~of hospitalized patients of~~
 - 1) ~~Acute COVID-19 infection in a patient with a previous negative COVID-19 antibody test and a negative COVID-19 RNA or viral antigen test; OR~~

~~Complications of COVID-19 infection, such as myocarditis, coagulopathy, or multisystem inflammatory syndrome in children (MIS-C) or multisystem inflammatory syndrome in adults (MIS-A) for hospitalized persons.~~

GUIDELINE NOTE 8, BARIATRIC SURGERY

Line 320

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

- A) Age \geq 18
- B) The patient has obesity with a:

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- 1) BMI \geq 40 OR
- 2) BMI \geq 35 with:
 - a) Type 2 diabetes, OR
 - b) at least two of the following other serious obesity-related comorbidities: hypertension, coronary heart disease, mechanical arthropathy in major weight bearing joint, sleep apnea
- C) Repeat bariatric surgery is included when it is a conversion from a less intensive (such as gastric band or sleeve gastrectomy) to a more intensive surgery (e.g. Roux-en-Y). Repair of surgical complications (excluding failure to lose sufficient weight) are also included on this and other lines. Reversal of surgical procedures and devices is included on this line when benefits of reversal outweigh harms.
- D) Participate in the following four evaluations and meet criteria as described.
 - 1) Psychosocial evaluation: (Conducted by a licensed mental health professional)
 - a) Evaluation to assess potential compliance with post-operative requirements.
 - b) Must remain free of abuse of or dependence on alcohol during the six-month period immediately preceding surgery. No current use of any nicotine product or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within 1 month of the quit date and within 1 month of the surgery to confirm abstinence from illicit drugs. Tobacco and nicotine abstinence to be confirmed in active users by negative cotinine levels at least 6 months apart, with the second test within one month of the surgery date.
 - c) No mental or behavioral disorder that may interfere with postoperative outcomes¹.
 - d) Patient with psychiatric illness must be stable for at least 6 months.
 - 2) Medical evaluation: (Conducted by OHP primary care provider)
 - a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
 - b) Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
 - c) Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
 - 3) Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program²)
 - a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery.
 - b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
 - 4) ~~Dietician~~**Dietitian** evaluation: (Conducted by licensed ~~dietician~~**dietitian**)
 - a) ~~Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month clinically supervised weight reduction program (including intensive nutrition and physical activity counseling as defined by the USPSTF).~~
 - b) Counseling in dietary lifestyle changes
 - c) **Counseling on post-operative dietary change requirements**
- E) Participate in additional evaluations:
 - 1) Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

¹ Many patients (>50%) have depression as a co-morbid diagnosis that, if treated, would not preclude their participation in the bariatric surgery program.

² All surgical services must be provided by a program with current accreditation (as a comprehensive center or low acuity center) by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)

GUIDELINE NOTE 13, HEMANGIOMAS, COMPLICATED; **PORT WINE STAINS**

Lines 321,627,656

Dermatologic hemangiomas (ICD-10-CM D18.01 Hemangioma and Lymphangioma of skin and subcutaneous tissue) are included on Line 321 when they are ulcerated, infected, recurrently hemorrhaging, or function-threatening (e.g. eyelid hemangioma). Otherwise, they are included on Line 627.

ICD-10-CM Q82.5 (Congenital non-neoplastic nevus) is included on Line 321 only when representing port wine stains. For all other diagnoses, it is included on Line 656. Treatment of port wine stains is only included on Line 321 when treatment is with pulsed dye lasers and:

- A) When lesions are located on the face and neck; OR
- B) When lesions are located on the trunk or extremities AND are associated with recurrent bleeding or painful nodules.

Otherwise, treatment of port wine stains is included on Line 656.

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GUIDELINE NOTE 21, SEVERE INFLAMMATORY SKIN DISEASE

Lines 426, 482, 504, 532, 541, 656

Inflammatory skin conditions included in this guideline are:

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

The conditions above are included on Line 426 if severe, defined as having functional impairment as indicated by Dermatology Life Quality Index (DLQI) ≥ 11 or Children's Dermatology Life Quality Index (CDLQI) ≥ 13 (or severe score on other validated tool) AND one or more of the following:

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

Otherwise, these conditions above are included on Lines 482, 504, 532, 541 and 656.

For severe psoriasis, first line agents include topical agents, phototherapy and methotrexate. Second line agents include other systemic agents and oral retinoids and should be limited to those who fail, or have contraindications to, or do not have access to first line agents. Biologics are included on this line only for the indication of severe plaque psoriasis; after documented failure of first line agents and failure of (or contraindications to) a second line agent.

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

ICD-10-CM Q82.8 (Other specified congenital malformations of skin) is included on Line 426 only for Darier disease.

GUIDELINE NOTE 27, TREATMENT OF SLEEP APNEA

Line 202

For adults over the age of 18 years:

- A) CPAP is covered initially when all of the following conditions are met:
 - 1) 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:
 - 2) 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
 - 3) documented hypertension, or
 - 4) ischemic heart disease, or
 - 5) history of stroke
 - 6) Additionally:
 - a) Providers must provide education to patients and caregivers prior to use of CPAP machine to ensure proper use; and
 - b) Positive diagnosis through polysomnogram (PSG) or Home Sleep Test (HST).
- B) 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.
- C) Mandibular advancement devices (oral appliances) are covered for those for whom CPAP fails or is contraindicated.
- D) Surgery for sleep apnea in adults is not included on this line (due to lack of evidence of efficacy). Surgical codes are included on this line only for children who meet criteria [according to Guideline Note 118-OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN](#).[below](#)
- E) Hypoglossal nerve stimulation for treatment of obstructive sleep apnea is not included on this line due to insufficient evidence of effectiveness and evidence of harm.

For children age of 18 years or younger:

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- A) Adenotonsillectomy is an appropriate first line treatment for children with OSA. Adenoidectomy without tonsillectomy is only covered when a child with OSA has previously had a tonsillectomy, when tonsillectomy is contraindicated, or when tonsillar hypertrophy is not present. More complex surgical treatments are only included on this line for children with craniofacial anomalies.
- B) Intranasal corticosteroids are an option for children with mild OSA in whom adenotonsillectomy is contraindicated or for mild postoperative OSA.
- C) 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)
- D) 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, AND
 - 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

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

GUIDELINE NOTE 47, URINARY INCONTINENCE

Line 455

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 and/or pelvic floor exercises ~~and/or biofeedback~~, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

GUIDELINE NOTE 50, PELVIC ORGAN PROLAPSE SURGERY

Line 466

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, and/or 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.

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GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT

Lines 40,386,469,652

Treatment with growth hormone should continue only until adult height as determined by bone age is achieved. ICD-10-CM E23.0 (Hypopituitarism) is included on Lines 40 and 386 for conditions other than adult human growth hormone deficiency. ICD-10-CM E23.0 is included on Line 652 only for adult human growth hormone deficiency.

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,4,5,64,65,92,111,112,114,125,129,133,135,157,158,191,199-201,208,210,214,215,229,234,237,238,258,259,262,271,276,286,287,294,314-316,329,342,361,396,397,402,410,420,434,463,540,558

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

Line 1 PREGNANCY

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

Hyperemesis gravidarum

ICD-10-CM: O21.0, O21.1

Acupuncture pairs with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 12 sessions of acupressure/acupuncture per pregnancy.

Breech presentation

ICD-10-CM: O32.1

Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 6 session per pregnancy.

Back and pelvic pain of pregnancy

ICD-10-CM: O99.89

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

Line 4 SUBSTANCE USE DISORDER, Line 62 SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS, Line 65 SUBSTANCE-INDUCED DELIRIUM; SUBSTANCE INTOXICATION AND WITHDRAWAL
Acupuncture is included on these lines only when used as part of a program that offers patients a variety of evidence-based interventions including behavioral interventions, social support, and Medication Assisted Treatment (MAT), as appropriate.

Line 5 TOBACCO DEPENDENCE

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

Lines 92, 111, 112, 114, 125, 129, 133, 135, 157, 158, 191, 199, 200, 208, 210, 214, 215, 229, 234, 237, 238, 258, 259, 261, 262, 271, 276, 286, 287, 294, 314, 315, 316, 329, 342, 372, 396, 397, 420, 434 and 558

Acupuncture is paired only with the ICD-10 code G89.3 (Neoplasm related pain (acute) (chronic)) when there is active cancer and limited to 12 total sessions per year; patients may have additional visits authorized beyond these limits if medically appropriate.

Line 201 CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS

Acupuncture is paired with the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time and limited to 12 total sessions per year, with documentation of meaningful improvement; patients may have additional visits authorized beyond these limits if medically appropriate.

Line 361 SCOLIOSIS

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

Line 402 CONDITIONS OF THE BACK AND SPINE

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

Line 410 MIGRAINE HEADACHES

Acupuncture pairs on Line 410 for migraine (ICD-10-CM G43.0, G43.1, G43.5, G43.7, G43.8, G43.9), for up to 12 sessions per year.

Line 463 OSTEOARTHRITIS AND ALLIED DISORDERS

Acupuncture pairs on Line 463 for osteoarthritis of the knee only (ICD-10-CM M17), for up to 12 sessions per year.

***Line 540 TENSION HEADACHES**

Acupuncture is included on Line 540 for treatment of tension headaches (ICD-10-CM G44.2), for up to 12 sessions per year.

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

*Below the current funding line.

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GUIDELINE NOTE 98, SIGNIFICANT INJURIES TO LIGAMENTS, TENDONS AND MENISCI

Lines 376, 418, 431, 608

Significant injuries to ligaments, tendons and/or menisci are those that result in clinically demonstrable joint instability or mechanical interference with motion. Significant injuries are covered on Line 376, [Line 418](#), or Line 431 for both medical and surgical interventions non-significant injuries are included on Line 608.

Iliotibial (IT) band syndrome (ICD10 M76.3) is included on Line 376 only for pairing with 2 physical therapy visits with a provider licensed to provide physical therapy services, anti-inflammatory medications, and primary care office visits. Otherwise, it is included on Line 608.

GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT

Lines 346, 529

Artificial disc replacement (CPT 22856-22865) is included on ~~these lines~~ [Line 346](#) as an alternative to fusion only when all of the following criteria are met:

Lumbar artificial disc replacement

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

Cervical artificial disc replacement

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

[Otherwise, artificial disc replacement is included on Line 529.](#)

[Artificial disc replacement combined with fusion in a single procedure \(hybrid procedure\) is not covered.](#)

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

GUIDELINE NOTE 106, PREVENTIVE SERVICES

Lines 3, 622

Included on Line 3 are the following preventive services:

- A) US Preventive Services Task Force (USPSTF) "A" and "B" Recommendations in effect and issued prior to January 1, 2020.
 - 1) <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
 - a) Treatment of falls prevention with exercise interventions is included on Line 292.
 - 2) USPSTF "D" recommendations are not included on this line or any other line of the Prioritized List.
- B) American Academy of Pediatrics (AAP) Bright Futures Guidelines:
 - 1) <http://brightfutures.aap.org>. Periodicity schedule available at [http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity Schedule_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf).
 - a) [Bright Futures is the periodicity schedule for screening for EPSDT for the Oregon Health Plan.](#)
 - 2) Screening for lead levels is defined as blood lead level testing and is indicated for Medicaid populations at 12 and 24 months. In addition, blood lead level screening of any child between ages 24 and 72 months with no record of a previous blood lead screening test is indicated.
- C) Health Resources and Services Administration (HRSA) Women's Preventive Services-Required Health Plan Coverage Guidelines as updated by HRSA in December 2019. Available at <https://www.hrsa.gov/womens-guidelines-2019> as of September 4, 2020.
- D) Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP): <http://www.cdc.gov/vaccines/schedules/hcp/index.html> or approved for the Oregon Immunization Program:

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<https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMApVactable.pdf>

- 1) COVID-19 vaccines are intended to be included on this line even if the specific administration code(s) do not yet appear on the line when the vaccine has both 1) FDA approval or FDA emergency use authorization (EUA) and 2) ACIP recommendation.

Colorectal cancer screening is included on Line 3 for average-risk adults aged 5045 to 75, using one of the following screening programs:

- A) Colonoscopy every 10 years
- B) Flexible sigmoidoscopy every 5 years
- C) Fecal immunochemical test (FIT) every year
- D) Guaiac-based fecal occult blood test (gFOBT) every year

CT colonography (CPT 74263), FIT-DNA (CPT 81528) and mSEPT9 (HCPCS G0327) are included on Line 502 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS.

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

- A) ~~Are healthy enough to undergo treatment if colorectal cancer is detected, and~~
- B) ~~Do not have comorbid conditions that would significantly limit their life expectancy.~~

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

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

GUIDELINE NOTE 108, CONTINUOUS GLUCOSE MONITORING

Line 8

Real-time (personal) continuous glucose monitoring (CGM) is included on Line 8 for:

- A) Adults with type 1 diabetes mellitus not on insulin pump management:
 - 1) Who have received or will receive diabetes education specific to the use of CGM AND
 - 2) Who have used the device for at least 50% of the time at their first follow-up visit AND
 - 3) Who have baseline HbA1c levels greater than or equal to 8.0%, frequent or severe hypoglycemia, or impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM).
- B) Adults with type 1 diabetes on insulin pump management (including the CGM-enabled insulin pump):
 - 1) Who have received or will receive diabetes education specific to the use of CGM AND
 - 2) Who have used the device for at least 50% of the time at their first follow-up visit.
- C) Women with type 1 diabetes who are pregnant or who plan to become pregnant within six months without regard to HbA1c levels.
- D) Children and adolescents under age 21 with type 1 diabetes:
 - 1) Who have received or will receive diabetes education specific to the use of CGM AND
 - 2) Who have used the device for at least 50% of the time at their first follow-up visit

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

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

GUIDELINE NOTE 148, BIOMARKER TESTS OF CANCER TISSUE

Lines 157, 184, 191, 229, 262, 271, 329

The use of tissue of origin testing (e.g. CPT 81504) is included on Line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.

For early stage breast cancer, the following breast cancer genome profile tests are included on Line 191 when the listed criteria are met. One test per primary breast cancer is covered when the patient is willing to use the test results in a shared decision-making process regarding adjuvant chemotherapy. Lymph nodes with micrometastases less than 2 mm in size are considered node negative.

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- Oncotype DX Breast Recurrence Score (CPT 81519) for breast tumors that are estrogen receptor positive, HER2 negative, and either lymph node negative, or lymph node positive with 1-3 involved nodes.
- EndoPredict (CPT 81522) and Prosigna (CPT 81520 or PLA 0008M) for breast tumors that are estrogen receptor positive, HER2 negative, and lymph node negative.
- MammaPrint (using CPT 81521 or HCPCS S3854) for breast tumors that are estrogen receptor or progesterone receptor positive, HER2 negative, lymph node negative, and only in those cases categorized as high clinical risk.

For early stage breast cancer that is estrogen receptor positive, HER2 negative, and either lymph node negative or lymph node positive with 1-3 involved nodes, Breast Cancer Index (CPT 81518) is included on Line 191 when the patient is willing to use the test results in a shared decision-making process regarding prolonged adjuvant endocrine therapy.

EndoPredict, Prosigna, and MammaPrint are not included on Line 191 for early stage breast cancer with involved axillary lymph nodes. Oncotype DX Breast Recurrence Score is not included on Line 191 for breast cancer involving four or more axillary lymph nodes or more extensive metastatic disease.

Oncotype DX Breast DCIS Score (CPT 81479) ~~and Breast Cancer Index (CPT 81518)~~ are included on Line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.

For melanoma, BRAF gene mutation testing (CPT 81210) is included on Line 229. DecisionDx-Melanoma (CPT 81529) is included on Line 662.

For lung cancer, epidermal growth factor receptor (EGFR) gene mutation testing (CPT 81235) is included on Line 262 only for non-small cell lung cancer. KRAS gene mutation testing (CPT 81275) is not included on this line.

For colorectal cancer, KRAS gene mutation testing (CPT 81275) is included on Line 157. BRAF (CPT 81210) and Oncotype DX are not included on this line. Microsatellite instability (MSI) is included on the Line 662.

For bladder cancer, Urovysion testing is included on Line 662.

For prostate cancer, Oncotype DX Genomic Prostate Score, Prolaris Score Assay (CPT 81541), and Decipher Prostate RP (CPT 81542) are included on Line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.

For thyroid cancer, Afirma gene expression classifier (CPT 81546) is included on Line 662.

The development of this guideline note was informed by a HERC coverage guidance on [Biomarkers Tests of Cancer Tissue for Prognosis and Potential Response to Treatment](#); the prostate-related portion of that coverage guidance was superseded by a [Coverage Guidance on Gene Expression Profiling for Prostate Cancer](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>

GUIDELINE NOTE 157, WIGS

~~Line~~ Lines 424,586

Wigs (HCPCS A9282) are covered only for hair loss due to chemotherapy or radiation therapy.

ICD-10-CM codes L58.0 (Acute radiodermatitis), L64.0 (Drug-induced androgenic alopecia) and L65.8 (Other specified nonscarring hair loss) are only included on Line 424 for pairing with HCPC A9282 (Wig). Otherwise, these ICD-10-CM codes are included on Line 586.

GUIDELINE NOTE 167, CHOLECYSTECTOMY FOR CHOLECYSTITIS AND BILIARY COLIC

Lines 55,641

Cholecystectomy for cholecystitis and biliary colic are including on Line 55 when meeting the following criteria:

- A) For cholecystitis, with either:
 - 1) The presence of right upper quadrant abdominal pain, mass, tenderness or a positive Murphy's sign, AND
 - 2) Evidence of inflammation (e.g. fever, elevated white blood cell count, elevated C reactive protein) OR
 - 3) Ultrasound findings characteristic of acute cholecystitis or non-visualization of the gall bladder on oral cholecystogram or HIDA scan, or gallbladder ejection fraction of < 35%.
- B) For biliary colic (i.e. documented clinical encounter for right upper quadrant or epigastric pain with gallstones seen on imaging during each episode) without evidence of cholecystitis or other complications is included on Line 55 only when
 - 1) Recurrent (i.e. 2 or more episodes in a one year period) OR

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- 2) A single episode in a patient at high risk for complications with emergent cholecystitis (e.g. immunocompromised patients, morbidly obese patients, diabetic patients) OR
- 3) When any of the following are present: elevated pancreatic enzymes, elevated liver enzymes or dilated common bile duct on ultrasound.

Otherwise, biliary colic is included on Line 641.

ICD-10-CM K82.8 (Other specified diseases of gallbladder) is included on Line 55 when the patient has porcelain gallbladder or gallbladder dyskinesia with a gallbladder ejection fraction <35%. Otherwise, K82.8 is included on Line 641.

GUIDELINE NOTE 170, INTRATHECAL OR EPIDURAL DRUG INFUSION

Lines 71, 285, 292, 491

Implantation, revision and replacement of devices for intrathecal or epidural drug infusion systems is only included on these lines when the patient meets the criteria for at least one of the categories (A or B) below:

- A) Placed for administration of baclofen for spasticity where all of the following (1-3) occur:
 - 1) The patient has had an adequate trial of non-invasive methods of spasticity control and not had adequate control of spasticity or had intolerable side effects with these methods.
 - 2) The spasticity is causing difficulties with at least one of the following (a, b or c):
 - a) Posture or function
 - b) Balance or locomotion
 - c) Self-care (or ease of care by parents or caregivers)
 - 3) The patient has a favorable response to a trial intrathecal dosage of the anti-spasmodic drug prior to pump implantation.
- B) Palliation for severe, intractable pain due to life-limiting active cancer which
 - 1) Has not been responsive to non-invasive systemic pain control strategies or had intolerable side effects from such strategies, AND
 - 2) Where the patient has a favorable response to a trial of an intrathecal dose of the analgesic drug prior to pump implantation

Intrathecal or epidural drug infusion pump insertion, revision, and replacement are included on Line 662 for use with chronic non-malignant pain and all other indications not listed above. See Guideline Note 173 INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS. Removal of pumps placed for such indications is included on Line 285.

Maintenance (i.e. reprogramming, medication refill) of epidural or intrathecal medication infusion pumps for any condition is only included on these lines for patients who

- A) have no significant complications with the current medication regimen or pump delivery system AND
- B) are continuing to receive adequate benefit from the pump-delivered medication.

Maintenance (but not replacement) of these infusion systems may be paired with ICD-10-CM Z45.49 (Encounter for adjustment and management of other implanted nervous system device).

CPT codes 62320-62323 (Injection(s) of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), interlaminar epidural or subarachnoid) are only included on Lines 71 and 292 for trials of antispasmodics in preparation for placement of a baclofen pump.

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

Line 502

The following interventions are prioritized on Line 502 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS:

Procedure Code	Intervention Description	Rationale	Last Review
74263, 81528, 81327, G0327	Screening CT colonography, FIT-DNA (Cologuard), mSEPT9, Chromoscopy	Insufficient evidence for use in population screening	September, 2017 ; August 2020 (Cologuard) August 2021

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GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 662

The following Interventions are prioritized on Line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Harms outweigh benefits, more efficacious procedures exist	May, 2014 May, 2021
...			
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Insufficient evidence of effectiveness	May, 2021
...			
29866-29867	Arthroscopy, knee, surgical; osteochondral autograft(s)/allograft(s) (eg, mosaicplasty)	Insufficient evidence of effectiveness	November 2007
...			
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Insufficient evidence of effectiveness	January 2021
...			
Breast Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999, S3854)	<ul style="list-style-type: none"> Mammostrat Oncotype DX Breast DCIS Score IHC4 	Unproven intervention Insufficient evidence of effectiveness	May, 2018 Coverage guidance
...			
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Insufficient evidence of effectiveness	November 2018 Coverage Guidance May, 2018
...			
Prostate Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999)	<ul style="list-style-type: none"> Oncotype DX Genomic Prostate Score Decipher RP for prostate cancer 	Unproven intervention Insufficient evidence of effectiveness	January 2018 March, 2021
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping)	Unproven intervention Insufficient evidence of effectiveness	August, 2015 March, 2021
...			
82610	Cystatin	Insufficient evidence of effectiveness	October 2020
...			
90875-90876 90901	Individual psychophysiological therapy incorporating biofeedback training by any modality Biofeedback training by any modality	Insufficient evidence of effectiveness	January 2021
90912-90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed	Insufficient evidence of effectiveness	January 2021

GUIDELINE NOTE 178, SPINAL CORD STIMULATOR THERAPY

Lines 292,346,529

A spinal cord stimulator trial is included on Lines 292 and 346 only when a patient meets all of the following criteria:

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Revisions to Existing Guideline Notes
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- A) The patient has moderate to severe (>5 on the VAS pain scale) neuropathic pain and objective neurologic impairment with documented pathology related to pain complaint (i.e., abnormal MRI). Neurologic impairment is defined as objective evidence of one or more of the following:
 - 1) Markedly abnormal reflexes
 - 2) Segmental muscle weakness
 - 3) Segmental sensory loss
 - 4) EMG or NCV evidence of nerve root impingement
 - 5) Cauda equina syndrome
 - 6) Neurogenic bowel or bladder
 - 7) Long tract abnormalities; AND
- B) The patient has failed 12 or more months of other treatment modalities (e.g., pharmacological, surgical, physical therapy, cognitive therapy, and activity lifestyle modification); AND
- C) The patient has had an evaluation by a mental health provider (e.g., a face-to-face assessment with or without psychological questionnaires and/or psychological testing) which revealed no evidence of an inadequately controlled mental health problem (e.g., alcohol or drug dependence, depression, psychosis) and the patient receives written clearance from the mental health provider for device placement.

Implantation of a spinal cord stimulator is included on Lines 292 and 346 when the trial criteria above are met and the patient experienced significant pain reduction (50% or more) with a 3 to 7 day trial of percutaneous spinal stimulation.

Spinal cord stimulation (CPT 63650-63688) is not included on Line 292 when paired with ICD-10-CM category G90.5 Complex regional pain syndrome/reflex sympathetic dystrophy.

Replacement of a spinal cord stimulator is included on Lines 292 and 346 only for patients who:

- 1) meet the criteria for initial insertion above; AND
- 2) have experienced significant pain reduction (50% or more) with the stimulator prior to its malfunction; AND
- 3) and the existing stimulator is no longer under warranty and cannot be repaired.

Otherwise, spinal cord stimulation therapy is included on Line 529.

GUIDELINE NOTE 192, SACRAL NERVE STIMULATION FOR URINARY CONDITIONS

Lines 327,455

Sacral nerve stimulation is included on these lines only for urinary incontinence, non-obstructive urinary retention, and overactive bladder AND only when all of the following criteria are met:

- A) The patient has had symptoms for at least 12 months and the condition has resulted in significant disability (the frequency and/or severity of symptoms are limiting the member's ability to participate in daily activities); AND
- B) Documented failure or intolerance to pharmacotherapies and behavioral treatments (e.g., pelvic floor exercise, ~~biofeedback~~, timed voids, and fluid management) and, for non-obstructive urinary retention, intermittent catheterization; AND
- C) The patient must be an appropriate surgical candidate such that implantation with anesthesia can occur; AND
- D) The patient does not have stress incontinence, urinary obstruction, or specific neurologic diseases (e.g., diabetes with peripheral nerve involvement, spinal cord injury, or multiple sclerosis); AND
- E) Patient must have had a successful test stimulation, defined as a 50% or greater improvement in symptoms.

ATTACHMENT E

Deleted Guideline Notes

Effective October 1, 2021

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

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.

GUIDELINE NOTE 42, CHEMODENERVATION FOR CHRONIC MIGRAINE

Line 410

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

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

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

GUIDELINE NOTE 45, CHEMODENERVATION OF THE BLADDER

Line 327

Chemodenervation of the bladder (CPT 52287) is included on this line only for treatment of idiopathic detrusor over-activity or neurogenic detrusor over-activity (ICD-10-CM N32.81) in patients who have not responded to or been unable to tolerate at least two urinary incontinence antimuscarinic therapies (e.g. fesoterodine, oxybutynin, solifenacin, darifenacin, tolterodine, trospium). Treatment is limited to 90 days, with additional treatment only if the patient shows documented positive response. Positive response to therapy is defined as a reduction of urinary frequency of 8 episodes per day or urinary incontinence of 2 episodes per day compared to baseline frequency.

GUIDELINE NOTE 118, OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN

Line 202

Obstructive sleep apnea (OSA) in children (18 or younger) must be diagnosed by

- A) nocturnal polysomnography with an AHI >5 episodes/h or AHI >1 episodes/h with history and exam consistent with OSA, OR
- B) nocturnal pulse oximetry with 3 or more SpO₂ drops <90% and 3 or more clusters of desaturation events, or alternatives desaturation (>3%) index >3.5 episodes/h, OR
- C) use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA-18), OR
- D) consultation with a sleep medicine specialist.

Polysomnography and/or consultation with a sleep medicine specialist to support the diagnosis of OSA and/or to identify perioperative risk is recommended for

- A) high-risk children (i.e. children with cranio-facial abnormalities, neuromuscular disorders, Down syndrome, etc.)
- B) children with equivocal indications for adenotonsillectomy (such as discordance between tonsillar size on physical examination and the reported severity of sleep-disordered breathing),
- C) children younger than three years of age

Adenotonsillectomy is an appropriate first line treatment for children with OSA. Weight loss is recommended in addition to other therapy in patients who are overweight or obese. Adenoidectomy without tonsillectomy is only covered when a child with OSA has previously had a tonsillectomy, when tonsillectomy is contraindicated, or when tonsillar hypertrophy is not present. More complex surgical treatments are only included on this line for children with craniofacial anomalies. Intranasal corticosteroids are an option for children with mild OSA in whom adenotonsillectomy is contraindicated or for mild postoperative OSA.

CPAP is covered for a 3 month trial for children through age 18 who have

- A) undergone surgery or are not candidates for surgery, AND
- B) have documented residual sleep apnea symptoms (sleep disruption and/or significant desaturations) with residual daytime symptoms (daytime sleepiness or behavior problems)

CPAP will be covered for children through age 18 on an ongoing basis if:

- There is documentation of improvement in sleep disruption and daytime sleepiness and behavior problems with CPAP use
- Annual re-evaluation for CPAP demonstrates ongoing clinical benefit and compliance with use, defined as use of CPAP for at least four hours per night on 70% of the nights in a consecutive 30-day period

ATTACHMENT F

Change Log for the 2/1/2021 Prioritized List

- 1) On 5/20/2021, an erroneously-added guideline was deleted. This proposed guideline was discussed at a prior Commission meeting but ultimately not approved. However, the proposed guideline was erroneously added to the Prioritized List. The deleted guideline appears below:

~~GUIDELINE NOTE 201, POLYDACTYLY OF TOES~~

~~Line 359~~

~~Polydactyly of toes is only included on Line 359 when a child cannot be fitted into a shoe after age 1. Otherwise, polydactyly of toes is included on Line 578.~~

- 2) On 3/11/2021, the incorrect lines attached to the acupuncture guideline were corrected. The corrected portion of the guideline appears below:

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1, 4, 5, 12, 62, ~~64, 65~~, 92, 111, 112, 114, 125, 129, 133, 135, 157, 158, 191, 199, ~~201~~ ~~202~~, 208, 210, 214, 215, 229, 234, 237, 238, 258, 259, ~~261~~, 262, 271, 276, 286, 287, 294, 314-316, 329, 342, 361, ~~372~~, 396, 397, ~~401~~, 402, ~~409~~, 410, 420, 434, ~~461~~, 463, ~~538~~, 540, 558

- 3) On 3/11/2021, one NCCN reference that was missed in the cancer genetic testing guideline was added. As the other references to the same NCCN guideline were updated, HERC staff felt that the HERC intention was to update all references to this same guideline. The relevant excerpt from the corrected guideline is below:

DIAGNOSTIC GUIDELINE D25, HEREDITARY CANCER GENETIC TESTING

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

- A) Lynch syndrome (hereditary colorectal, endometrial and other cancers associated with Lynch syndrome) services (CPT 81288, 81292-81300, 81317-81319, 81435, 81436) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Colorectal V1.2020 (7/21/20) www.nccn.org.
- B) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for patients without a personal history of breast, ovarian and other associated cancers should be provided to high-risk patients as defined by the US Preventive Services Task Force or according to the NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic V1.2021 (9/8/20) www.nccn.org.
- C) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217)) for women with a personal history of breast, ovarian, or other associated cancers and for men with breast or other associated cancers should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High- Risk Assessment: Breast, Ovarian and Pancreatic V1.2021 (9/8/20) www.nccn.org.
- D) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian, ~~Ovarian and Pancreatic and ovarian. V2.2019 (7/30/18).~~ [V1.2021 \(9/8/20\)](http://www.nccn.org) or Genetic/Familial High-Risk Assessment: Colorectal V1.2020 (7/21/20) www.nccn.org.

- 4) On 3/11/2021, the newly renamed Line 399 was missing the 'Novel' in its new title and this was corrected.