Line: **4**
Condition: SUBSTANCE USE DISORDER (See Guideline Note 175)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.10-F10.11,F10.20-F10.21,F11.10-F11.11,F11.20-F11.21,F12.10-F12.11,F12.20-F12.21,F13.10-F13.11, F13.20-F13.21,F14.10-F14.11,F14.20-F14.21,F15.10-F15.11,F15.20-F15.21,F16.10-F16.11,F16.20-F16.21, F18.10-F18.11,F18.20-F18.21,F19.10-F19.11,F19.20-F19.21,Z71.51
CPT: 11981-11983,90785,90832-90840,90846-90853,90882,90887,96164-96171,97810-97814,98966-98972,99051, 99060,99202-99239,99324-99357,99366,99408,99409,99415-99423,99441-99449,99451,99452,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,G0443,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0516-G0518,G2011,G2012,G2064,G2065,G2067-G2077,G2080,G2086-G2088,G2213,G2214,G2251,G2252,H0004-H0006,H0010-H0016,H0018-H0020,H0023,H0032-H0035,H0038, H2010,H2013,H2014,H2033,H2035,T1006,T1007,T1502

Line: **5**
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4 and 92)
Treatment: MEDICAL THERAPY/BEHAVIORAL COUNSELING
ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6,Z72.0
CPT: 96156-96159,96164-96171,97810-97814,98966-98972,99078,99202-99215,99224,99324-99355,99366,99406, 99407,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2064,G2065,G2211,G2212,G2214,G2251,G2252,G9016,H0038,S9453,D1320

Line: **7**
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 69 and 102)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.2-F32.5,F32.9,F33.0-F33.3,F33.40-F33.42,F33.9,F53.0
CPT: 90785,90832-90840,90846-90853,90867-90870,90882,90887,98966-98972,99051,99060,99202-99239,99281-99285,99304-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459, G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2082,G2083,G2211,G2212,G2214,G2251, G2252,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032, S5151,S9125,S9480,S9484,T1005

Line: **22**
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 69 and 82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F20.0-F20.5,F20.81-F20.9,F25.0-F25.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,98966-98972,99051,99060,99202-99239,99281-99285, 99304-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459, G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125, S9480,S9484,T1005

Line: **26**
Condition: BIPOLAR DISORDERS (See Guideline Notes 69 and 82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F30.10-F30.9,F31.0,F31.10-F31.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,98966-98972,99051,99060,99202-99239,99281-99285, 99304-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459, G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125, S9480,S9484,S9537,T1005

Line: **62**
Condition: SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.14,F10.150-F10.180,F10.188,F10.24,F10.250-F10.259,F10.280,F10.288,F10.94,F10.950-F10.959,F10.980, F10.988,F11.14,F11.150-F11.159,F11.188,F11.24,F11.250-F11.259,F11.288,F11.94,F11.950-F11.959,F11.988, F12.150-F12.180,F12.250-F12.280,F12.950-F12.980,F13.14,F13.150-F13.180,F13.188,F13.24,F13.250-F13.259, F13.280,F13.288,F13.94,F13.950-F13.959,F13.980,F13.988,F14.14,F14.150-F14.180,F14.188,F14.24,F14.250-F14.280,F14.288,F14.94,F14.950-F14.980,F14.988,F15.14,F15.150-F15.180,F15.188,F15.24,F15.250-F15.280, F15.288,F15.94,F15.950-F15.980,F15.988,F16.14,F16.150-F16.188,F16.24,F16.250-F16.288,F16.94,F16.950-F16.988,F18.14,F18.150-F18.159,F18.180-F18.188,F18.24,F18.250-F18.259,F18.280-F18.288,F18.94,F18.950-F18.959,F18.980-F18.988,F19.14,F19.150-F19.159,F19.180,F19.188,F19.24,F19.250-F19.259,F19.280,F19.288, F19.94,F19.950-F19.959,F19.980,F19.988
CPT: 90785,90832-90840,90846-90853,90882,90887,97810-97814,98966-98972,99051,99060,99202-99239,99281-99285,99291,99292,99324-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004-H0006,H0010, H0011,H0013-H0016,H0020,H0032-H0035,H0038,H0045,H2013,T1006,T1007

Line: **96**
Condition: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.3
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,98966-98972,99051,99060,99202-99239,99324-99357, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459, G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004, H0018,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,H2033,S5151, S9125,S9480,S9484,T1005

Line: **120**
Condition: ABUSE AND NEGLECT (See Guideline Note 200)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: N90.810-N90.818,T73.0XXA-T73.0XXD,T73.1XXA-T73.1XXD,T74.01XA-T74.01XD,T74.02XA-T74.02XD, T74.11XA-T74.11XD,T74.12XA-T74.12XD,T74.21XA-T74.21XD,T74.22XA-T74.22XD,T74.31XA-T74.31XD, T74.32XA-T74.32XD,T74.4XXA-T74.4XXD,T74.51XA-T74.51XD,T74.52XA-T74.52XD,T74.61XA-T74.61XD, T74.62XA-T74.62XD,T74.91XA-T74.91XD,T74.92XA-T74.92XD,T76.01XA-T76.01XD,T76.02XA-T76.02XD, T76.11XA-T76.11XD,T76.12XA-T76.12XD,T76.21XA-T76.21XD,T76.22XA-T76.22XD,T76.31XA-T76.31XD, T76.32XA-T76.32XD,T76.51XA-T76.51XD,T76.52XA-T76.52XD,T76.61XA-T76.61XD,T76.62XA-T76.62XD, T76.91XA-T76.91XD,T76.92XA-T76.92XD,Z04.41-Z04.42,Z04.71-Z04.82,Z69.010-Z69.020,Z69.11,Z69.81
CPT: 13131,46700,46706,46707,56441,56800,56810,57023,57200,57210,57415,90785,90832-90840,90846-90853, 90882,90887,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99202-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2011,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0038,H2014,H2027

Line: **121**
Condition: ATTENTION DEFICIT/HYPERACTIVITY DISORDERS (See Guideline Note 20)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F90.0-F90.9
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032-H0038, H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005

Line: **149**
Condition: FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.82-F50.89,F98.21-F98.3
CPT: 90846,90849,90853,90882,90887,92526,97802-97804,98966-98972,99051,99060,99202-99239,99304-99357, 99366,99415,99416,99421-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2064,G2065,H0004,H0017,H0019,H0023,H0032-H0039,H0045,H2010, H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **173**
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Note 19)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.10-F43.12
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99239,99281-99285,99304-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **193**
Condition: AUTISM SPECTRUM DISORDERS (See Guideline Note 75)
Treatment: MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS
ICD-10: F84.0,F84.3-F84.9
CPT: 0362T,0373T,90785,90832-90840,90846-90849,90882,90887,97151-97158,98966-98972,99051,99060,99202-99215,99224-99226,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032,H0034,H0038,H2010,H2014,H2021,H2022,H2027,H2032,S9484

Line: **203**
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.0-F32.1,F32.81-F32.89,F33.8,F34.0,F34.81-F34.89,F39,N94.3
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99217,99281-99285,99324-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **211**
Condition: NON-SUBSTANCE-RELATED ADDICTIVE BEHAVIORAL DISORDERS (Note: This line is not priced as part of the list as funding comes from non-OHP sources)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.0
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005

Line: **252**
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (E.G., ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F54
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224-99226,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S9484,T1005

Line: **277**
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Note 82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F22-F24,F28,F29,F53.1
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99239,99324-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **282**
Condition: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.00-F50.02
CPT: 90785,90832-90840,90846-90853,90882,90887,97802-97804,98966-98972,99051,99060,99202-99239,99304-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **290**
Condition: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.0,R45.7
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99224,99231-99239,99281-99285,99324-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032-H0038,H0045,H2010,H2012,H2013,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005

Line: **312**
Condition: GENDER DYSPHORIA/TRANSEXUALISM (See Guideline Notes 127 and 196)
Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
ICD-10: F64.0-F64.9,Z87.890
CPT: 11981-11983,17110,17111,17380,19303,19316-19325,19340-19350,53405-53430,54120,54125,54520,54660,54690,55150-55180,55866,55970,55980,56620,56625,56800-56810,57106,57107,57110,57111,57291-57296,57335,57426,58150-58180,58260,58262,58275-58291,58353,58356,58541-58544,58550-58554,58563,58570-58573,58660,58661,58720,58940,90785,90832-90840,90846-90853,90882,90887,97110,97140,97161-97164,97530,98966-98972,99051,99060,99070,99078,99202-99215,99281-99285,99341-99378,99381-99404,99408-99416,99421-99429,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: C1789,G0068,G0071,G0176,G0177,G0248-G0250,G0396,G0397,G0459,G0463-G0467,G0469,G0470,G0490,G0511,G2011,G2012,G2064,G2065,H0004,H0023,H0032,H0034,H0035,H0038,H2010,H2014,H2027,H2032,H2033,S9484

Line: **381**
Condition: BULIMIA NERVOSA AND UNSPECIFIED EATING DISORDERS (See Coding Specification Below)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.2,F50.81,F50.89-F50.9
CPT: 90785,90832-90840,90846-90853,90882,90887,97802-97804,98966-98972,99051,99060,99202-99239,99304-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

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

Line: **388**
Condition: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F93.0
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005

Line: **391**
Condition: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.00-F40.02,F41.0
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99239,99281-99285,99324-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **407**
Condition: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F44.0-F44.2,F44.81-F44.89,F48.1
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99239,99324-99357,99366, 99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459, G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125, S9480,S9484,T1005

Line: **412**
Condition: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F21
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99239,99324-99357,99366, 99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459, G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004, H0018,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125, S9480,S9484,T1005

Line: **414**
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F41.1-F41.9
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045, H2010,H2012-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005

Line: **421**
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Note 152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.3,F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023, H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125, S9480,S9484,T1005

Line: **432**
Condition: PERSISTENT DEPRESSIVE DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F34.1
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032-H0034,H0036-H0039, H0045,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9480,S9484

Line: **437**
Condition: STEREOTYPED MOVEMENT DISORDER WITH SELF-INJURIOUS BEHAVIOR DUE TO NEURODEVELOPMENTAL DISORDER (See Guideline Note 126)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F98.4
CPT: 0362T,0373T,90785,90832-90840,90846-90853,90882,90887,97151-97158,98966-98972,99051,99060,99202-99215,99281-99285,99341-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459, G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004, H0017,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125, S9480,S9484,T1005

Line: **444**
Condition: ADJUSTMENT DISORDERS (See Coding Specification Below)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.20-F43.8,F98.9,Z62.810-Z62.812,Z62.819-Z62.898,Z63.4,Z63.8,Z71.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96158,96159,96164-96171,98966-98972,99051,99060,99202-99215,99224,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032-H0038,H0045,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005

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

Line: **446**
Condition: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F95.0-F95.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96158,96159,96164-96171,98966-98972,99051,99060,99202-99215,99224,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032-H0034,H0036-H0038,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S9484

Line: **449**
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.1-F94.2
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99217,99324-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005

Line: **458**
Condition: SIMPLE PHOBIAS AND SOCIAL ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.10-F40.11,F40.210-F40.9
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032-H0038,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9484

Line: **462**
Condition: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F42.2-F42.9,F45.22,F63.3
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S9480,S9484,T1005

Line: **470**
Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F98.1
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99217,99324-99357,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005

Line: **473**
Condition: SELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.0
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032-H0038,H2010,H2012, H2014,H2021,H2022,H2027,H2032,H2033,S9484

Line: **479**
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54 and 152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.0-F91.2,F91.8-F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023, H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125, S9480,S9484,T1005

Line: **494**
Condition: PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F65.0-F65.4,F65.50-F65.9,F66
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0023,H0032,H0034,H0035,H2010, H2014,H2027,H2032,H2033,S9484

Line: **546**
Condition: IMPULSE DISORDERS (See Guideline Note 58)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.1-F63.2,F63.81-F63.9
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99215,99224,99324-99355, 99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017-H0019,H0023, H0032-H0034,H0036-H0039,H0045,H2010,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484, T1005

Line: **551**
Condition: SOMATIC SYMPTOMS AND RELATED DISORDERS
Treatment: CONSULTATION
ICD-10: F44.0-F44.7,F44.81-F44.9,F45.0-F45.1,F45.20-F45.9,F52.5,F68.10-F68.A
CPT: 90785,90832-90840,90846-90853,90882,90887,96158,96159,96164-96171,98966-98972,99051,99060,99202-99215,99341-99355,99366,99415-99423,99439-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0088-G0090,G0176,G0177,G0248-G0250,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0511,G2012,G2064,G2065,G2211,G2212,G2214,G2251,G2252,H0004,H0017,H0019,H0023, H0032-H0039,H2010,H2012-H2014,H2021-H2023,H2027,H2032,H2033,S9484

Line: **574**
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.0-F60.2,F60.4-F60.7,F60.81-F60.9,F68.8,F69
CPT: 90846,90849,90853,90882,90887,98966-98972,99051,99060,99202-99215,99224-99226,99324-99355,99366, 99415,99416,99421-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2064,G2065,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2014,H2021-H2023,H2027,H2032, H2033,S5151,S9484,T1005

Line: **611**
Condition: ABUSE OF NONADDICTIVE SUBSTANCES
Treatment: MEDICAL THERAPY
ICD-10: F55.0-F55.8
CPT: 90785,90832-90840,90846-90853,90882,90887,98966-98972,99051,99060,99202-99239,99324-99357,99366, 99408,99409,99415,99416,99421-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0508-G0511,G2012,G2064,G2065,H0004-H0006,H0015,H0016,H0032-H0035,H0038,H2010,H2013,H2033, H2035,T1006,T1007,T1502

Line: **631**
Condition: PICA (See Coding Specification Below)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.89,F98.3
CPT: 90785,90832-90840,90847,98966-98972,99051,99060,99202-99215,99224,99324-99355,99366,99415-99423, 99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2064,G2065,G2214,G2251,G2252

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.

Line: **649**
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-10: F11.90,F12.90,F13.90,F14.90,F15.90,F16.90,F18.90,F19.90,F48.8,F93.8
CPT: 98966-98972,99202-99215,99224,99324-99355,99366,99415,99416,99421-99423,99441-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2064,G2065

GUIDELINE NOTE 4, TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY

Lines 1,5

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

A minimum of four counseling sessions of at least 10 minutes each (group or individual, telephonic or in person) are included for each quit attempt. More intensive interventions and group therapy are likely to be the most effective behavioral interventions. During pregnancy, additional intensive behavioral counseling is strongly encouraged. All tobacco cessation interventions during pregnancy are not subject to quantity or duration limits.

Inclusion on this line follows the minimum standard criteria as defined in the Oregon Public Health Division "Standard Tobacco Cessation Coverage" (based on the Patient Protection and Affordable Care Act), available here: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCOPREVENTION/Documents/tob_cessation_coverage_standards.pdf. The USPSTF has also made "A" recommendations for screening, counseling, and treatment of pregnant and nonpregnant adults, included in Guideline Note 106.

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

GUIDELINE NOTE 19, NEUROPSYCHOLOGICAL TESTING FOR PTSD

Line 173

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

GUIDELINE NOTE 20, ATTENTION DEFICIT/HYPERACTIVITY DISORDERS IN CHILDREN

Line 121

Use of ICD-10-CM F90.9, Attention deficit/hyperactivity disorder, unspecified type, in children age 5 and under, is appropriate only when the following apply:

- Child does not meet the full criteria for the full diagnosis because of their age.
- For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.

For children age 5 and under diagnosed with disruptive behavior disorders, including those at risk for ADHD, first line therapy is evidence-based, structured "parent-behavior training. Second line therapy is pharmacotherapy.

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

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

GUIDELINE NOTE 54, CONDUCT DISORDER

Line 479

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

GUIDELINE NOTE 58, IMPULSE DISORDERS

Line 546

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

GUIDELINE NOTE 69, ELECTROCONVULSIVE THERAPY (ECT)

Lines 7,22,26

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

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

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

GUIDELINE NOTE 75, APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER

Line 193

Applied behavioral analysis (ABA), including early intensive behavioral intervention (EIBI), represented by CPT codes 97151-97158, is included on Line 193 AUTISM SPECTRUM DISORDERS for the treatment of autism spectrum disorders.

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

<u>Individuals ages 1-12</u>

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

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

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

Less intensive ABA-based interventions

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

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

Parent/caregiver involvement

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

<u>Individuals ages 13 and older</u>

Intensive ABA is not included on this line.

Targeted ABA-based behavioral interventions to address problem behaviors, are included on this line. The quality of evidence is insufficient to support these interventions in this population. However, due to strong caregiver values and preferences and the potential

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

for avoiding suffering and expense in dealing with unmanageable behaviors, targeted interventions may be reasonable. Behaviors eligible for coverage include those which place the member at risk for harm or create significant daily issues related to care, education, or other important functions. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

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

Parent/caregiver involvement and training is encouraged.

GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS

Lines 22,26,277

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

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

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,5,64,65,92,111,112,114,125,129,133,135,157,158,191,199-201,208,210,214,215,229,234,237,238,258,259,262,271,276, 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 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

GUIDELINE NOTE 92, ACUPUNCTURE (CONT'D)

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. See https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx

*Below the current funding line.

GUIDELINE NOTE 102, REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION

Line 7

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

A) The patient has a confirmed diagnosis of severe major depressive disorder based on standardized rating scales, AND
B) The patient has treatment resistant depression as evidenced by BOTH of the following:
    1. Ongoing symptoms despite treatment with at least 2 psychopharmacologic regimens each used for 8 weeks unless not tolerated or contraindicated, AND
    2. Failure of a trial of psychotherapy conducted for a minimum duration of 6 weeks at least 1 time a week with no improvement in depressive symptoms as documented by standardized rating scales; AND
C) The patient does not have psychosis, acute suicidal risk, catatonia, significantly impaired essential function, or other condition for which electroconvulsive therapy (ECT) would be clinically superior to TMS; AND
D) The patient has no contraindications to rTMS such as implanted devices in or around the head, increased risk of seizure, etc; AND
E) The therapy is administered by an FDA approved device in accordance to labeled indications; AND
F) The patient is 18 years of age or older.

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

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

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

Line 437

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

GUIDELINE NOTE 127, GENDER DYSPHORIA

Line 312

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

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

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

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

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

GUIDELINE NOTE 127, GENDER DYSPHORIA (CONT'D)

G) For genital surgeries, have two referrals from mental health professionals provided in accordance with version 7 of the WPATH Standards of Care.

Electrolysis (CPT 17380) and laser hair removal (CPT 17110,17111) are only included on this line as part of pre-surgical preparation for chest or genital surgical procedures also included on this line. These procedures are not included on this line for facial or other cosmetic procedures or as pre-surgical preparation for a procedure not included on this line.

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

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

Pelvic physical therapy (CPT 97110,97140,97161-97164, and 97530) is included on this line only for pre- and post-operative therapy related to genital surgeries also included on this line and as limited in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

GUIDELINE NOTE 152, UNSPECIFIED CONDUCT DISORDER

Lines 421,479

ICD-10-CM F91.9 (Conduct disorder, unspecified) is included on Line 421 only for children ages 5 and younger who cannot be diagnosed with a more specific mental health diagnosis. This diagnosis is included on Line 479 for older children and adolescents.

GUIDELINE NOTE 175, MEDICATION-ASSISTED TREATMENT OF OPIOID DEPENDENCE

Lines 1,4

In patients who meet criteria for opioid use disorder, programs that offer treatment of opioid use disorder must offer patients a variety of evidence-based interventions including behavioral interventions, social support, and Medication Assisted Treatment (MAT) and are individualized to the patient's needs. Intensive programs, such as inpatient residential treatment programs, are required to inform patients about MAT and to offer access to and support for MAT (including at least one form of opioid substitution therapy) if patients elect to receive it, to be included on this line.

MAT includes pharmacotherapy with opioid substitution therapy (methadone and buprenorphine) and opioid antagonists (naltrexone).

Detoxification alone is likely ineffective for producing long-term benefit and should be followed by a formal substance use disorder individualized treatment plan.

In pregnant women with opioid dependence, comprehensive treatment (including opioid substitution therapy) is included on this line.

GUIDELINE NOTE 196, BREAST SURGERY REVISION

Lines 191,285,312,424,560,636,642

Revision of previous breast reconstruction, augmentation, or other breast surgery is only covered in cases where the revision is required to address complications of the surgery (wound dehiscence, fistula, chronic pain directly related to the surgery, etc.). For capsular contracture, only stage 4 contractures with chronic pain are covered for revision surgery/capsulotomy. Revisions of breast reconstruction, augmentation or other breast surgery are not covered solely for cosmetic issues.

GUIDELINE NOTE 200, SURGERIES RELATED TO FEMALE GENITAL MUTILATION

Line 120

Female genital mutilation of children or adults is not included on any line on the Prioritized List, including returning a woman to her former status after delivery.

Repair of female genital mutilation (e.g. Type II or III) with defibulation or lysis of adhesions is included on this line when causing interference in function (i.e. urinary, menstrual, or potential future vaginal childbirth) or causing recurrent complications including chronic pain related to the mutilation. Clitoral reconstruction is not included on this line due to an unclear risk/benefit ratio.

MULTISECTOR INTERVENTIONS

Note: The multisector interventions described below are provided as an aid in population health management and do not constitute Oregon Health Plan benefits.

MULTISECTOR INTERVENTION STATEMENT 1: TOBACCO PREVENTION AND CESSATION, INCLUDING DURING PREGNANCY

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

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

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

TASK FORCE FINDINGS ON TOBACCO USE

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

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

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

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

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

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

To reduce the use of tobacco during pregnancy and improve associated outcomes, the evidence supports the following interventions:

- Financial incentives (incentives contingent upon laboratory tests confirming tobacco abstinence are the most effective)
- Smoke-free legislation
- Tobacco excise taxes

MULTISECTOR INTERVENTION STATEMENT 2: PREVENTION OF EARLY CHILDHOOD CARIES

Evidence supports:
- Community water fluoridation
- Fluoride varnish, including applied in a primary care setting
- Fluoride gel
- Oral fluoride supplementation
- Community-based programs that combine oral health education with supervised toothbrushing

Limited evidence supports:
- Motivational interviewing towards caregivers

Insufficient or conflicting evidence on:
- Anticipatory guidance/oral health education alone
- Encouragement of preventive dental visits
- Risk assessment
- Xylitol products
- Chlorhexidine
- Silver diamine fluoride
- School-based behavioral interventions
- Breastfeeding interventions

MULTISECTOR INTERVENTION STATEMENT 3: PREVENTION AND TREATMENT OF OBESITY

Limited evidence supports the following interventions:

School and childcare settings
- School based interventions to reduce BMI (especially with physical activity focus)
- School nutrition policy and day care meal standards
- Family-based group education programs delivered in schools
- Obesity prevention interventions in childcare settings (nutrition education, healthy cooking classes for 2-6 year olds, physical activity and playful games)

Community level interventions
- Environmental interventions (social marketing, cafeteria signs, farmers markets, walking groups, etc)
- Introduction of light rail
- Community-based group health education and counseling interventions, workplace education interventions
- Workplace and college interventions to improve physical activity

Multiple settings:
- Interventions to reduce sedentary screen time (in some studies, also to increase physical activity and nutrition).
- Multicomponent individual mentored health promotion programs to prevent childhood obesity
- Parental support interventions for diet and physical activity (group education, mental health counseling)

Policy changes
- Sugar sweetened beverage taxes
- Elimination of tax subsidy for advertising unhealthy food to children

This Multisector Interventions statement is based on the work of the HERC Obesity Task Force and the full summary of the evidence report is available at https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx

MULTISECTOR INTERVENTION STATEMENT 4: COMMUNITY HEALTH WORKERS

To improve beneficial outcomes in patients with chronic conditions, the preponderance of evidence supports that community health workers (CHWs) serving as a part of an integrated care team appear to improve outcomes in:
- Children with asthma with preventable emergency department visits
- Adults with uncontrolled diabetes or uncontrolled hypertension

This evidence includes an emphasis on minority and low-income populations.

Characteristics of effective interventions include:
- Higher intensity interventions including longer duration
- Targeting populations with more severe chronic disease at baseline

Community health workers may be effective for patients with other conditions, however, limited was found for any other chronic condition.

This Multisector Interventions statement is based on a HERC evidence review, Community Health Workers for Patients with Chronic Disease https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx.

MULTISECTOR INTERVENTION STATEMENT 5: MULTICOMPONENT INTERVENTIONS TO IMPROVE SCREENING OUTCOMES OR ATTENDANCE FOR BREAST, CERVICAL, OR COLORECTAL CANCER (CONT'D)

MULTISECTOR INTERVENTION STATEMENT 5: MULTICOMPONENT INTERVENTIONS TO IMPROVE SCREENING OUTCOMES OR ATTENDANCE FOR BREAST, CERVICAL, OR COLORECTAL CANCER

To improve attendance at cancer screening for breast, cervical, and colorectal cancer, the evidence supports the following interventions across cancer types (ordered roughly according to effect size):

Across Cancer Types

Effective interventions

General population

- Combined approach including three interventions group (with objectives to increase community demand, community access, and provider delivery) (CPSTF, 2016)
- Patient navigation (Ali-Faisal et al, 2017)
- Combined approach including two interventions (with objectives to increase community demand and access) (CPSTF, 2016)
    - Increasing access is more effective than increasing demand
- Community health workers (Bellhouse et al, 2018)
- Narrative interventions (i.e. story-based; breast cancer and colorectal cancer) (Perrier et al, 2017)
- Clinician communication interventions (breast cancer and colorectal cancer) (Peterson et al, 2016)
    - Practice-facilitation workflow/communication skills training (breast cancer and colorectal cancer) (Peterson et al, 2016)

Subpopulations

- Limited English proficiency
    - Patient navigation (Genoff et al, 2016)
- Vulnerable populations
    - Community health workers (Kim et al, 2016)
- Hispanic/Latina populations
    - Educational interventions (*promotora*-delivered, one-on-one, group, combined, church or community-based settings) (Luque et al, 2018)

Interventions with unclear effectiveness

- Special events like health fairs, parties, special day (breast cancer, colorectal cancer and cervical cancer screening) (Escoffery et al, 2014)
- Clinician performance incentives (Mauro et al, 2019)

Breast Cancer Screening

Effective interventions

General population

- Two or more intervention approaches to increase community demand, community access and provider delivery (CPSTF, 2016)
- Two or more intervention approaches to reduce different structural barriers (CPSTF, 2016)

Subpopulations

- Multicomponent interventions to increase community demand or access in
    - African American populations (Copeland et al, 2018)
    - Rural areas (Rodriguez-Gomez et al, 2020)
- Multicomponent interventions that includes increasing provider delivery of screening services in rural areas (Rodriguez-Gomez et al, 2020)
- Individual-tailored educational interventions (provided by lay health workers) in American Indian/Alaska Native populations (Jerome D'Emilia et al, 2019)

Interventions with unclear effectiveness

- Health promotion programs (community-, home- or telephone-based) in ethnic minority women (Chan et al, 2015)
- Culturally tailored interventions (videos, individually tailored telephone counseling) in Chinese American women (Zhang et al, 2020)

Ineffective interventions

- Client reminders (calendar with health reminders) in American Indian/Alaska Native populations (Jerome D'Emilia et al, 2019)
- Small media in rural areas (Rodriguez-Gomez et al, 2020)
- One-on-one education in rural areas (Rodriguez-Gomez et al, 2020)

Cervical Cancer Screening

Effective interventions

General population

- Multicomponent interventions (two or more out of three categories) to increase community demand, access, or provider delivery (CPSTF, 2016)
- Two or more interventional approaches to reduce different structural barriers (CPSTF, 2016)

Subpopulations

- Rural populations (Rodriguez-Gomez et al, 2020)
    - Small media alone

Combination of small media, one-on-one education and client reminders (CONT'D)

- Combination of small media, one-on-one education and client reminders
- Combination of mass media, group education, and reducing structural barriers (e.g. HPV self-collection kit)

- Lower socioeconomic status populations
  - Client reminders (e.g. invitation) (Rees et al, 2018)
  - Lay health advisors (Rees et al, 2018)
  - Clinic-based strategies (Rees et al, 2018)
- Hispanic/Latina populations (Mann et al, 2015)
  - Lay health advisors
  - Clinic-based strategies
  - Church partnerships

Interventions with unclear effectiveness

- Health promotion programs alone in ethnic minority women (Chan et al, 2015)

Ineffective interventions

General population

- Provider assessment and feedback (CPSTF, 2016)

Subpopulations

- Rural areas (Rodriguez-Gomez et al, 2020)
  - Combination of group education and small media
  - Client reminders (e.g. invitation)
  - Small media (e.g. mailed video)

Colorectal Cancer Screening

Effective interventions

General population

- Multicomponent interventions (≥2 out of 3 categories) to increase community demand, access, or provider delivery (CPSTF, 2016; Dougherty et al, 2019)
- Two or more out of three intervention approaches to reduce different structural barriers (CPSTF, 2016)
- Distribution of fecal blood tests (in clinic or mailed outreach) (Dougherty et al, 2019; Issaka et al, 2019; Jager et al, 2019)
- Patient navigation (Dougherty et al, 2019)
- Multicomponent interventions (two or more out of three categories) to increase community demand, access, or provider delivery (CPSTF, 2016)
- Interventions focused on increasing community access
- Tailored communication interventions compared to control (Issaka et al, 2019)
- Clinician-directed interventions (Dougherty et al, 2019)
- Combination of FIT and influenza vaccination clinic (Issaka et al, 2019)
- Patient decision aids (Volk et al, 2016)
- Educational interventions (Dougherty et al, 2019; Issaka et al, 2019)
- Patient reminders (Dougherty et al, 2019)

Subpopulations

- Multicomponent interventions effective at increasing screening adherence in rural areas (Rodriguez-Gomez et al, 2020)
- Multicomponent interventions effective at increasing fecal testing in low-income and rural populations (Davis et al, 2018)
- First-degree relatives of individuals with colorectal cancer
  - Tailored communication interventions (Bai et al, 2020)
- Rural and low-income populations (Davis et al, 2018)
  - Multicomponent interventions to increase community demand, community access, and/or provider delivery
- Federally qualified health centers (Domingo et al, 2017)
  - Patient navigation
- Asian-Americans (Kim et al, 2020)
  - Culturally responsive interventions

Interventions with unclear effectiveness

- Interventions to increase community demand (Young et al, 2019)
- Tailored communication interventions based on family history and personal factors compared to mailed FIT kits (Issaka et al, 2019)

Ineffective interventions

General population

- Patient financial incentives (Dougherty et al, 2019)
- Small media (low literacy picture book, video mailed with FIT kit) (Issaka et al, 2019)

Subpopulations

- Rural areas (Rodriguez-Gomez, 2020)
  - Client reminders (e.g., telephone)
  - Clinician reminders (e.g., chart reminder)
  - Demonstrating how to use FIT kit

This Multisector Interventions statement is based on a HERC evidence review, Multicomponent Interventions to Improve Screening Outcomes or Attendance for Breast, Cervical, or Colorectal Cancer https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx. (CONT'D)

This Multisector Interventions statement is based on a HERC evidence review, Multicomponent Interventions to Improve Screening Outcomes or Attendance for Breast, Cervical, or Colorectal Cancer https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx.