Line: **1**
Condition: PREGNANCY (See Guideline Notes 2,4,22,33,39,64,85,92,99,147,150,153,175,176,197)
Treatment: MATERNITY CARE
ICD-10: N88.3,O02.81-O02.89,O09.00-O09.A3,O09.211-O09.93,O10.011-O10.93,O11.1-O11.9,O12.00-O12.25,O13.1-O13.9,O14.00-O14.95,O15.00-O15.9,O16.1-O16.9,O20.0-O20.9,O21.0-O21.9,O22.00-O22.53,O22.8X1-O22.93,O23.00-O23.43,O23.511-O23.93,O24.011-O24.93,O25.10-O25.3,O26.00-O26.53,O26.611-O26.93,O29.011-O29.93,O30.001-O30.93,O31.00X0-O31.8X99,O32.0XX0-O32.9XX9,O33.0-O33.2,O33.3XX0-O33.9,O34.00-O34.13,O34.211-O34.93,O35.0XX0-O35.9XX9,O36.0110-O36.93X9,O40.1XX0-O40.9XX9,O41.00X0-O41.93X9,O42.00,O42.011-O42.92,O43.011-O43.93,O44.00-O44.53,O45.001-O45.93,O46.001-O46.93,O47.00-O47.9,O48.0-O48.1,O60.00-O60.03,O60.10X0-O60.23X9,O61.0-O61.9,O62.0-O62.9,O63.0-O63.9,O64.0XX0-O64.9XX9,O65.0-O65.9,O66.0-O66.3,O66.40-O66.9,O67.0-O67.9,O68,O69.0XX0-O69.9XX9,O70.0-O70.1,O70.20-O70.9,O71.00-O71.9,O72.0-O72.3,O73.0-O73.1,O74.0-O74.9,O75.0-O75.5,O75.81-O75.9,O76,O77.0-O77.9,O80-O85,O86.11-O86.89,O87.0-O87.9,O88.011-O88.83,O89.01-O89.9,O90.1-O90.6,O90.81-O90.9,O91.011-O91.03,O91.211-O91.23,O92.011-O92.79,O98.011-O98.93,O99.011-O99.89,O9A.111-O9A.53,Q92.61,Q95.0-Q95.1,Z03.71-Z03.79,Z22.330,Z29.13,Z31.82,Z32.00-Z32.02,Z34.00-Z34.93,Z36.0-Z36.5,Z36.81-Z36.9,Z39.0-Z39.2,Z40.03,Z86.32,Z87.51-Z87.59
CPT: 01958-01963,01967-01969,10140,12021,12041,12042,13131-13133,37191-37193,49013,49014,57022,58150,58180,58260,58262,58290,58291,58541-58544,58550-58554,58559-58573,58700,59000-59100,59160-59622,59866,59871,74712,74713,76801-76828,76945,76946,80081,81508-81512,84163,84704,88235,88267,88269,93792,93793,96156-96159,96164-96171,97802-97814,98960-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1880,G0068,G0071,G0108,G0109,G0248-G0250,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,H0045,S2401-S2403,S2405,S2411,S8055,S9140,S9141,S9208-S9214

Line: **2**
Condition: BIRTH OF INFANT (See Guideline Notes 64,153)
Treatment: NEWBORN CARE
ICD-10: P00.0-P00.7,P00.81-P00.9,P01.0-P01.9,P02.0-P02.1,P02.20-P02.9,P03.0-P03.6,P03.810-P03.9,P04.0,P04.11-P04.9,P05.00-P05.9,P22.1,P29.11-P29.2,P29.4,P29.81-P29.9,P39.3,P92.01-P92.09,P94.1-P94.9,P96.0,P96.3-P96.5,P96.82-P96.89,Q27.0,Z05.0-Z05.3,Z05.41-Z05.9,Z38.00-Z38.8
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **3**
Condition: PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS (See Coding Specification Below) (See Guideline Notes 1,17,64,106,122,140,179,181,197)
Treatment: MEDICAL THERAPY
ICD-10: F17.210,R73.03,R78.71,Z00.00-Z00.01,Z00.110-Z00.5,Z00.70-Z00.8,Z01.00-Z01.01,Z01.020-Z01.118,Z01.411-Z01.42,Z08,Z11.1-Z11.4,Z11.51,Z11.7,Z12.11,Z12.2,Z12.31,Z12.4,Z13.1,Z13.220,Z13.31-Z13.39,Z13.41-Z13.6,Z13.820,Z13.88,Z20.1-Z20.7,Z20.810-Z20.89,Z23,Z29.11-Z29.12,Z29.14,Z29.8,Z39.1,Z71.41,Z71.7,Z76.1-Z76.2,Z80.0,Z80.41,Z86.32,Z87.891,Z91.81
CPT: 0403T,0488T,44392,44394,45333,45338,45384,45385,76706,77067,90378,90460-90472,90619-90621,90630-90689,90694-90716,90723-90736,90739-90748,90750,90756,92002-92014,92551,93792,93793,96110,96127,96158-96171,98962-98972,99051,99060,99070,99078,99173,99188,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99473,99474,99487-99491,99495-99498,99605-99607
HCPCS: D0191,D1206,G0008-G0010,G0068,G0071,G0104,G0105,G0121,G0248-G0250,G0296,G0297,G0396,G0397,G0438-G0445,G0463-G0468,G0490,G0511,G0513,G0514,G2010-G2012,G2058-G2065,G9873-G9891,H0049,H0050,S0285,S0610-S0613,S9443,T1029

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

Line: **4**
Condition: SUBSTANCE USE DISORDER (See Guideline Notes 64,175)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.10-F10.11,F10.20-F10.21,F11.10-F11.11,F11.20-F11.21,F12.10-F12.11,F12.20-F12.21,F13.10-F13.11,F13.20-F13.21,F14.10-F14.11,F14.20-F14.21,F15.10-F15.11,F15.20-F15.21,F16.10-F16.11,F16.20-F16.21,F18.10-F18.11,F18.20-F18.21,F19.10-F19.11,F19.20-F19.21,Z71.51
CPT: 11981-11983,90785,90832-90840,90846-90853,90882,90887,93792,93793,96156-96159,96164-96171,97810-97814,98966-98972,99051,99060,99201-99239,99324-99357,99366,99408,99409,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,G0443,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G0516-G0518,G2010-G2012,G2058-G2065,G2067-G2077,G2080,G2086-G2088,H0004-H0006,H0010-H0016,H0018-H0020,H0023,H0032-H0035,H0038,H2010,H2013,H2033,H2035,T1006,T1007,T1502

Line: 5
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4,64,92)
Treatment: MEDICAL THERAPY/BEHAVIORAL COUNSELING
ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6,Z72.0
CPT: 93792,93793,96156-96159,96164-96171,97810-97814,98966-98972,99078,99201-99215,99224,99324-99355, 99366,99406,99407,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: D1320,G0068,G0071,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,G9016,H0038,S9453

Line: 6
Condition: REPRODUCTIVE SERVICES (See Guideline Notes 64,68,162,176)
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
ICD-10: Z30.011-Z30.9,Z31.61-Z31.69,Z39.2,Z40.03
CPT: 11976,11981-11983,55250,57170,58300,58301,58340,58565,58600-58615,58661,58670,58671,58700,74740, 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S4981,S4989,T1015

Line: 7
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,69,102)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.2-F32.5,F32.9,F33.0-F33.3,F33.40-F33.42,F33.9,F53.0
CPT: 90785,90832-90840,90846-90853,90867-90870,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2058-G2065,G2082,G2083,H0004,H0017-H0019,H0023,H0032-H0039, H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: 8
Condition: TYPE 1 DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 62,64,108)
Treatment: MEDICAL THERAPY
ICD-10: E10.10-E10.29,E10.311-E10.319,E10.3211-E10.9,E89.1,O24.011-O24.019,Z46.81
CPT: 49435,49436,90935-90947,90989-90997,92002-92014,92227,92250,93792,93793,95249-95251,96156-96159, 96164-96171,97605-97608,97802-97804,98960-98972,99051,99060,99070,99078,99091,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: E0787,G0068,G0071,G0108,G0109,G0245,G0246,G0248-G0250,G0270,G0271,G0396,G0397,G0406-G0408, G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9140-S9145,S9353

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

Line: 9
Condition: ASTHMA (See Guideline Notes 64,156,187)
Treatment: MEDICAL THERAPY
ICD-10: J45.20-J45.52,J45.901-J45.998,Z51.6
CPT: 31600,31601,31820,31825,86003,86008,86486,93792,93793,94002-94005,94640,94644-94668,95004,95018-95180,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0237-G0239,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9441,S9473

Line: 10
Condition: GALACTOSEMIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E74.20-E74.29
CPT: 93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **11**
Condition: RESPIRATORY CONDITIONS OF FETUS AND NEWBORN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P22.0,P22.8-P22.9,P23.0-P23.9,P24.00-P24.9,P25.0-P25.8,P26.0-P26.9,P28.0,P28.10-P28.9,P84,Q31.0,R04.81
CPT: 31580,33946-33966,33969,33984-33989,39501,39503,39545,93792,93793,94002-94005,94610,94640,94660-94668,94772-94777,96167-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **12**
Condition: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS (See Guideline Notes 7,64)
Treatment: MEDICAL THERAPY
ICD-10: B20,Z21
CPT: 90284,93792,93793,94642,96156-96159,96164-96171,97810-97814,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **13**
Condition: CONGENITAL HYPOTHYROIDISM (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E00.0-E00.9,E03.0-E03.1,P72.0
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **14**
Condition: PHENYLKETONURIA (PKU) (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E70.0-E70.1
CPT: 93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **15**
Condition: CONGENITAL INFECTIOUS DISEASES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A50.01-A50.9,P35.0-P35.9,P37.0-P37.4,P37.8-P37.9
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **16**
Condition: LOW BIRTH WEIGHT; PREMATURE NEWBORN (See Guideline Notes 64,183)
Treatment: MEDICAL THERAPY
ICD-10: P07.00-P07.39,P83.0,P91.60
CPT: 92227,92228,93792,93793,94772,96167-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,T2101

Line: **17**
Condition: NEONATAL MYASTHENIA GRAVIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P94.0
CPT: 93792,93793,96167-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **18**
Condition: FEEDING PROBLEMS IN NEWBORNS (See Guideline Notes 64,139)
Treatment: MEDICAL THERAPY
ICD-10: P78.2,P78.83,P92.1-P92.9,Q38.1
CPT: 41010,92526,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D7960,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **19**
Condition: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G91.0-G91.3,G91.8-G91.9,G93.2,Q03.0-Q03.9,Q04.4-Q04.8,Q05.0-Q05.3,Q07.02-Q07.03,Z45.41
CPT: 20664,31294,61020,61070,61107,61120,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,62329,63740-63746,67570,92002-92014,92081-92083,92133,92134,92201,92202,92250,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **20**
Condition: CYSTIC FIBROSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E84.0,E84.11-E84.9
CPT: 31600,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **21**
Condition: VESICOURETERAL REFLUX (See Guideline Notes 64,138,180)
Treatment: MEDICAL THERAPY, SURGERY
ICD-10: N13.70-N13.71,N13.721-N13.9,Q62.7
CPT: 50220,50225,50234-50240,50389,50432,50435,50605,50695,50760-50820,50845,50860,50947,50948,52281,52327,54150-54161,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **22**
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F20.0-F20.5,F20.81-F20.9,F25.0-F25.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **23**
Condition: INTRACRANIAL HEMORRHAGES; CEREBRAL CONVULSIONS, DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF THE NEWBORN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P90,P91.0-P91.1,P91.3-P91.5,P91.811-P91.9
CPT: 93792,93793,96167-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **24**
Condition: ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P70.0-P70.9,P71.0-P71.9,P72.1-P72.9,P74.0-P74.1,P74.21-P74.41,P74.421-P74.9
CPT: 93792,93793,96167-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **25**
Condition: ABNORMAL PAP SMEARS; DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA (See Guideline Notes 64,66,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D06.0-D06.9,N84.2,N86,N87.0-N87.9,N88.0,N89.0-N89.4,R87.610-R87.614,R87.618-R87.619,R87.810,Z40.03,Z87.410
CPT: 57061,57065,57150,57180,57400,57420,57421,57452-57530,57540,57550-57558,58120,58150,58260-58263,58290,58291,58550-58554,58570-58573,58700,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **26**
Condition: BIPOLAR DISORDERS (See Guideline Notes 64,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F30.10-F30.9,F31.0,F31.10-F31.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,S9537,T1005

Line: **27**
Condition: TYPE 2 DIABETES MELLITUS (See Guideline Notes 62,64)
Treatment: MEDICAL THERAPY
ICD-10: E08.00-E08.29,E08.311-E08.319,E08.3211-E08.9,E09.00-E09.29,E09.311-E09.319,E09.3211-E09.9,E11.00-E11.29,E11.311-E11.319,E11.3211-E11.9,E13.00-E13.29,E13.311-E13.319,E13.3211-E13.9,E16.1
CPT: 48155,90935-90947,90989-90997,92002-92014,92227,92250,93792,93793,96156-96159,96164-96171,97605-97608,97802-97804,98960-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0108,G0109,G0245,G0246,G0248-G0250,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9140-S9145,S9353,S9537

Line: **28**
Condition: DRUG WITHDRAWAL SYNDROME IN NEWBORN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P96.1-P96.2
CPT: 93792,93793,96167-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **29**
Condition: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE (See Guideline Notes 9,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K50.00,K50.011-K50.919,K51.00,K51.011-K51.319,K51.411-K51.413,K51.418-K51.919,K52.3,K62.6,K63.2-K63.3, K92.81,Z46.59
CPT: 44110,44120-44125,44139-44160,44187-44227,44300-44320,44345,44379,44381,44384,44391,44402,44404, 44405,44620-44661,44701,45112-45119,45123,45136,45303,45308-45320,45327,45334,45335,45340,45347, 45381,45382,45386,45389,45397,45805,45825,46710,46712,49442,86711,91110,93792,93793,96156-96159, 96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **30**
Condition: EPILEPSY AND FEBRILE CONVULSIONS (See Guideline Notes 64,84)
Treatment: MEDICAL THERAPY
ICD-10: G40.001-G40.919,R56.00-R56.9
CPT: 93792,93793,96156-96159,96164-96171,97535,97802-97804,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **31**
Condition: SEVERE BIRTH TRAUMA FOR BABY; INTRAVENTRICULAR HEMORRHAGE (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P12.2,P19.0-P19.9,P52.0-P52.1,P52.21-P52.9
CPT: 93792,93793,96167-96171,97110-97124,97140,97150,97161-97168,97530,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **32**
Condition: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P53,P60,P61.0,P61.6
CPT: 93792,93793,96167-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **33**
Condition: SPINA BIFIDA (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: Q05.0-Q05.9,Q07.00-Q07.03
CPT: 27036,61070,61343,62160,62180-62258,63700-63710,93792,93793,96156-96159,96164-96171,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **34**
Condition: OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM (See Guideline Notes 64,183)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: Q79.0-Q79.4,Q79.51-Q79.59
CPT: 39503,39545,49600-49611,51500,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,T2101

Line: **35**
Condition: TERMINATION OF PREGNANCY (See Guideline Notes 64,99,197) (Note: This line item is not priced as part of the list)
Treatment: INDUCED ABORTION
ICD-10: O02.89,O04.5-O04.7,O04.80-O04.89,O07.0-O07.2,O07.30-O07.4,O35.0XX0-O35.6XX9,O35.8XX0-O35.9XX9, O36.80X0-O36.80X9,Z30.8,Z33.2
CPT: 01966,58520,59100,59160,59200,59812,59830-59857,76801-76810,76815-76817,93792,93793,96156-96159, 96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S0199,S2260

Line: **36**
Condition: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E01.8,E02,E03.2-E03.9,E07.1,E89.0
CPT: 60210-60240,60270,60271,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **37**
Condition: ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA (See Guideline Notes 64,99,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: C58,O00.00-O00.01,O00.101-O00.91,O01.0-O01.9,O08.0-O08.7,O08.81-O08.9,Z40.03,Z87.59
CPT: 32553,49327,49411,49412,57020,58120,58150,58180,58200,58260,58262,58520,58541-58544,58550-58554, 58570-58573,58660-58662,58673,58700-58740,58770,58940,58953,58956,59100-59151,59870,76801-76810, 76815-76817,77014,77261-77290,77295,77300,77321-77370,77387,77401-77417,77424-77427,77469,77470, 93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **38**
Condition: PRIMARY AND SECONDARY SYPHILIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A51.0-A51.2,A51.31-A51.9,A52.00-A52.09
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **39**
Condition: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P08.0-P08.1,P08.21-P08.22
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **40**
Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Coding Specification Below) (See Guideline Notes 64,74)
Treatment: MEDICAL THERAPY
ICD-10: E23.0-E23.1,E23.6,E24.1,E89.3
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

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

Line: **41**
Condition: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, HAZARDOUS FOREIGN BODY IN GI TRACT WITH RISK OF PERFORATION OR OBSTRUCTION (See Guideline Notes 64,128)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K31.5,K51.012,K51.212,K51.312,K51.412,K51.512,K51.812,K51.912,K56.1-K56.2,K56.41-K56.52,K56.600-K56.699,K59.31-K59.39,T18.2XXA-T18.2XXD,T18.3XXA-T18.3XXD,T18.4XXA-T18.4XXD,T18.5XXA-T18.5XXD,T18.8XXA-T18.8XXD,T18.9XXA-T18.9XXD,Z46.59
CPT: 43241,43247,43500,43870,44005,44010,44020-44055,44110-44130,44139-44213,44300,44310,44320,44370,44379,44381,44384,44390,44392-44402,44404,44405,44408,44615,44625,44626,44701,45303,45307-45315,45320-45327,45332,45333,45335-45340,45346,45347,45379,45381,45384-45389,45393,45915,46604,46608,49402,49442,74283,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **42**
Condition: CLEFT PALATE WITH AIRWAY OBSTRUCTION (See Guideline Notes 36,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-10: J39.8,J98.09,Q31.0-Q31.9,Q32.0-Q32.4,Q35.1-Q35.9
CPT: 30140,30520,30620,31527,31545-31561,31587,31630,31631,31636-31638,31641,31780,31781,31820,33800,41510,42820-42836,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D8010-D8040,D8070-D8690,D8696-D8704,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **43**
Condition: NEONATAL INFECTIONS OTHER THAN SEPSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P38.1-P38.9,P39.0,P39.3-P39.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **44**
Condition: COARCTATION OF THE AORTA
Treatment: SURGICAL TREATMENT
ICD-10: Q25.1,Q25.29,Q25.40-Q25.42,Q25.45-Q25.46,Q25.48-Q25.49,Q25.8-Q25.9
CPT: 33720,33722,33802,33803,33840-33853,33946-33966,33969,33984-33989,37246,37247,92960-92971,92978-92998,93355,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **45**
Condition: CORONARY ARTERY ANOMALY
Treatment: REIMPLANTATION OF CORONARY ARTERY
ICD-10: Q24.5
CPT: 33500-33510,33530,35572,92920-92938,92943,92944,92960-92998,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **46**
Condition: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-10: A39.84,L40.50-L40.59,M02.011-M02.19,M02.211-M02.89,M05.00,M05.011-M05.9,M06.00,M06.011-M06.29,M06.38,M06.4,M06.80,M06.811-M06.9,M08.00,M08.011-M08.99,M14.811-M14.89
CPT: 20550,20600-20611,93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98925-98942,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **47**
Condition: DEEP ABSCESSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS (See Guideline Notes 36,62,64,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A06.4-A06.6,A54.82,D73.3,E32.1,G06.0-G06.2,G07,G08,H05.011-H05.049,J36,J39.0-J39.1,J85.0-J85.3,J86.0-J86.9,K35.20-K35.80,K35.890-K35.891,K36,K37,K38.0-K38.8,K50.014,K50.114,K50.814,K50.914,K51.014,K51.214,K51.314,K51.414,K51.514,K51.814,K51.914,K57.00-K57.01,K57.20-K57.21,K57.40-K57.41,K57.80-K57.81,K63.0-K63.1,K65.0-K65.1,K65.3-K65.9,K68.12-K68.19,K75.0-K75.1,M46.30-M46.39,M65.00,M65.011-M65.08,M67.20,M67.211-M67.29,M71.00,M71.011-M71.09,M71.80,M71.811-M71.89,N10,N15.1,N28.84-N28.86,N49.3,O91.111-O91.13,P78.0
CPT: 10030,10060,10061,10160,10180,11004,11006,11042,13131-13133,15004,15005,19020,20700-20705,20930,20931,20936-20938,22010,22015,22532-22632,22840-22855,22859,23031,23405,23406,23930,25000,25031,25085,25118,26020-26034,26990,27301,27603,28001,31610,31612,31613,31645,31646,32035,32036,32200-32320,32480-32488,32550,32552,32554-32562,32650-32652,32655,32656,32663-32665,32810,32815,32906,32940,33020-33050,38100-38120,39000,39010,39220,42700-42725,42808-42972,43840,44120-44125,44130,44139-44160,44187-44227,44300-44316,44602-44605,44620-44626,44900-44970,45000,47010,47015,48140-48154,49020,49322,49405-49407,49422,49423,50020,50220,50391,50400,50405,50520-50526,50542-50546,50548,50575,50693-50695,50947,50948,52332,52334,55150,61105-61253,61312-61323,61501,61514,61522,61570,61571,61582,61600,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,63295,67405,67414,67445,68400,75984,92002-92014,93792,93793,96156-96159,96164-96171,97605-97608,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **48**
Condition: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P27.0-P27.9
CPT: 31601,31820,31825,93792,93793,94774-94777,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **49**
Condition: CONGENITAL HYDRONEPHROSIS (See Guideline Note 64)
Treatment: NEPHRECTOMY/REPAIR
ICD-10: Q62.0,Q62.10-Q62.39
CPT: 50100,50220-50240,50400,50405,50500,50540,50544,50546,50553,50572,50575,50600,50605,50693-50695,50722-50728,50760,50780-50785,50845-50900,50970,51535,52290-52301,52310,52332-52346,52352-52354,52356,52400,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **50**
Condition: PULMONARY TUBERCULOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A15.0-A15.9,A19.0-A19.9,A31.0,R76.11-R76.12,Z22.7
CPT: 32662,32906,32960,33020-33050,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **51**
Condition: ACUTE PELVIC INFLAMMATORY DISEASE (See Guideline Notes 64,110,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A18.17,A56.11,N70.01-N70.03,N70.91-N70.93,N71.0,N71.9,N73.0,N73.2-N73.5,N73.8-N73.9,N74,Z40.03
CPT: 44960,49020,49322,49406,49407,57010,58150-58200,58260-58294,58541-58544,58550-58554,58570-58573,58660-58662,58700-58740,58820,58822,58925,58940,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **52**
Condition: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES OF THE ORAL, ANAL AND GENITOURINARY TRACT (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A54.00-A54.29,A54.40-A54.81,A54.83,A54.85,A54.89-A54.9,A55,A56.00-A56.8,A57,A58,A60.00-A60.9,A63.8, A64,A74.81-A74.9,N34.1
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **53**
Condition: PREVENTIVE DENTAL SERVICES (See Guideline Notes 17,64)
Treatment: CLEANING, FLUORIDE AND SEALANTS
ICD-10: K00.4,K08.55,Z01.20-Z01.21,Z29.3,Z91.841-Z91.849
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99188,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: D0120,D0145,D0150,D0180,D0191,D0601-D0603,D1110-D1310,D1330,D1351,D1510-D1575,D4346,D4355, D5986,D9920,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010,G2011,G2058-G2065

Line: **54**
Condition: DENTAL CONDITIONS (E.G., INFECTION, PAIN, TRAUMA)
Treatment: EMERGENCY DENTAL SERVICES
ICD-10: S02.5XXA-S02.5XXB,S03.2XXA-S03.2XXD
HCPCS: D0140,D0160,D0170,D3110,D3221,D7140,D7210,D7260-D7270,D7510,D7520,D7530,D7560,D7670,D7770, D7910,D7911,D7997,D9110,D9410,D9420,D9440,D9610,D9612,D9995,D9996

Line: **55**
Condition: COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS (See Coding Specification Below) (See Guideline Notes 64,167)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K56.3,K80.00-K80.19,K80.21-K80.47,K80.51-K80.67,K80.71,K80.81,K81.0-K81.9,K82.0-K82.3,K82.8,K82.A1-K82.A2,K83.01-K83.3
CPT: 43260-43265,43273-43278,47015,47420-47490,47533-47540,47542,47544,47554-47620,47701-47900,48548, 49422,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

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.

Line: **56**
Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 9,64,77)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I85.00-I85.11,I86.4,K22.11,K22.6,K22.8,K25.0-K25.9,K26.0-K26.9,K27.0-K27.9,K28.0-K28.9,K29.00-K29.91, K31.1,K31.3,K31.5,K31.811-K31.82,K52.0,K55.20-K55.21,K57.11,K57.31,K57.51,K57.91,K62.5,K63.81,K92.2, P54.1-P54.3,P78.82
CPT: 37145,37160,37181-37183,37244,38100,43107-43124,43192,43201,43204,43205,43227,43241,43243-43245, 43255,43270,43280,43286-43288,43327,43328,43400,43410,43415,43460,43501,43502,43520,43610-43641, 43800,43820,43825,43840,43850,43855,43865,43870,44160,44186,44320,44391-44401,44404,44602,44603, 44620-44626,45308-45320,45333-45335,45346,45381-45384,45388,46614,64680,65781,65782,68371,77014, 91110,93792,93793,96156-96159,96164-96171,96902,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **57**
Condition: SEVERE BURNS (See Guideline Notes 6,64)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-10: L00,L49.7,L55.2,T20.30XA-T20.30XD,T20.311A-T20.311D,T20.312A-T20.312D,T20.319A-T20.319D,T20.32XA-T20.32XD,T20.33XA-T20.33XD,T20.34XA-T20.34XD,T20.35XA-T20.35XD,T20.36XA-T20.36XD,T20.37XA-T20.37XD,T20.39XA-T20.39XD,T20.70XA-T20.70XD,T20.711A-T20.711D,T20.712A-T20.712D,T20.719A-T20.719D,T20.72XA-T20.72XD,T20.73XA-T20.73XD,T20.74XA-T20.74XD,T20.75XA-T20.75XD,T20.76XA-T20.76XD,T20.77XA-T20.77XD,T20.79XA-T20.79XD,T21.30XA-T21.30XD,T21.31XA-T21.31XD,T21.32XA-T21.32XD,T21.33XA-T21.33XD,T21.34XA-T21.34XD,T21.35XA-T21.35XD,T21.36XA-T21.36XD,T21.37XA-

T21.37XD,T21.39XA-T21.39XD,T21.70XA-T21.70XD,T21.71XA-T21.71XD,T21.72XA-T21.72XD,T21.73XA-T21.73XD,T21.74XA-T21.74XD,T21.75XA-T21.75XD,T21.76XA-T21.76XD,T21.77XA-T21.77XD,T21.79XA-T21.79XD,T22.30XA-T22.30XD,T22.311A-T22.311D,T22.312A-T22.312D,T22.319A-T22.319D,T22.321A-T22.321D,T22.322A-T22.322D,T22.329A-T22.329D,T22.331A-T22.331D,T22.332A-T22.332D,T22.339A-T22.339D,T22.341A-T22.341D,T22.342A-T22.342D,T22.349A-T22.349D,T22.351A-T22.351D,T22.352A-T22.352D,T22.359A-T22.359D,T22.361A-T22.361D,T22.362A-T22.362D,T22.369A-T22.369D,T22.391A-T22.391D,T22.392A-T22.392D,T22.399A-T22.399D,T22.70XA-T22.70XD,T22.711A-T22.711D,T22.712A-T22.712D,T22.719A-T22.719D,T22.721A-T22.721D,T22.722A-T22.722D,T22.729A-T22.729D,T22.731A-T22.731D,T22.732A-T22.732D,T22.739A-T22.739D,T22.741A-T22.741D,T22.742A-T22.742D,T22.749A-T22.749D,T22.751A-T22.751D,T22.752A-T22.752D,T22.759A-T22.759D,T22.761A-T22.761D,T22.762A-T22.762D,T22.769A-T22.769D,T22.791A-T22.791D,T22.792A-T22.792D,T22.799A-T22.799D,T23.301A-T23.301D,T23.302A-T23.302D,T23.309A-T23.309D,T23.311A-T23.311D,T23.312A-T23.312D,T23.319A-T23.319D,T23.321A-T23.321D,T23.322A-T23.322D,T23.329A-T23.329D,T23.331A-T23.331D,T23.332A-T23.332D,T23.339A-T23.339D,T23.341A-T23.341D,T23.342A-T23.342D,T23.349A-T23.349D,T23.351A-T23.351D,T23.352A-T23.352D,T23.359A-T23.359D,T23.361A-T23.361D,T23.362A-T23.362D,T23.369A-T23.369D,T23.371A-T23.371D,T23.372A-T23.372D,T23.379A-T23.379D,T23.391A-T23.391D,T23.392A-T23.392D,T23.399A-T23.399D,T23.701A-T23.701D,T23.702A-T23.702D,T23.709A-T23.709D,T23.711A-T23.711D,T23.712A-T23.712D,T23.719A-T23.719D,T23.721A-T23.721D,T23.722A-T23.722D,T23.729A-T23.729D,T23.731A-T23.731D,T23.732A-T23.732D,T23.739A-T23.739D,T23.741A-T23.741D,T23.742A-T23.742D,T23.749A-T23.749D,T23.751A-T23.751D,T23.752A-T23.752D,T23.759A-T23.759D,T23.761A-T23.761D,T23.762A-T23.762D,T23.769A-T23.769D,T23.771A-T23.771D,T23.772A-T23.772D,T23.779A-T23.779D,T23.791A-T23.791D,T23.792A-T23.792D,T23.799A-T23.799D,T24.301A-T24.301D,T24.302A-T24.302D,T24.309A-T24.309D,T24.311A-T24.311D,T24.312A-T24.312D,T24.319A-T24.319D,T24.321A-T24.321D,T24.322A-T24.322D,T24.329A-T24.329D,T24.331A-T24.331D,T24.332A-T24.332D,T24.339A-T24.339D,T24.391A-T24.391D,T24.392A-T24.392D,T24.399A-T24.399D,T24.701A-T24.701D,T24.702A-T24.702D,T24.709A-T24.709D,T24.711A-T24.711D,T24.712A-T24.712D,T24.719A-T24.719D,T24.721A-T24.721D,T24.722A-T24.722D,T24.729A-T24.729D,T24.731A-T24.731D,T24.732A-T24.732D,T24.739A-T24.739D,T24.791A-T24.791D,T24.792A-T24.792D,T24.799A-T24.799D,T25.311A-T25.311D,T25.312A-T25.312D,T25.319A-T25.319D,T25.321A-T25.321D,T25.322A-T25.322D,T25.329A-T25.329D,T25.331A-T25.331D,T25.332A-T25.332D,T25.339A-T25.339D,T25.391A-T25.391D,T25.392A-T25.392D,T25.399A-T25.399D,T25.711A-T25.711D,T25.712A-T25.712D,T25.719A-T25.719D,T25.721A-T25.721D,T25.722A-T25.722D,T25.729A-T25.729D,T25.731A-T25.731D,T25.732A-T25.732D,T25.739A-T25.739D,T25.791A-T25.791D,T25.792A-T25.792D,T25.799A-T25.799D,T26.00XA-T26.00XD,T26.01XA-T26.01XD,T26.02XA-T26.02XD,T26.10XA-T26.10XD,T26.11XA-T26.11XD,T26.12XA-T26.12XD,T26.20XA-T26.20XD,T26.21XA-T26.21XD,T26.22XA-T26.22XD,T26.30XA-T26.30XD,T26.31XA-T26.31XD,T26.32XA-T26.32XD,T26.40XA-T26.40XD,T26.41XA-T26.41XD,T26.42XA-T26.42XD,T26.50XA-T26.50XD,T26.51XA-T26.51XD,T26.52XA-T26.52XD,T26.60XA-T26.60XD,T26.61XA-T26.61XD,T26.62XA-T26.62XD,T26.70XA-T26.70XD,T26.71XA-T26.71XD,T26.72XA-T26.72XD,T26.80XA-T26.80XD,T26.81XA-T26.81XD,T26.82XA-T26.82XD,T26.90XA-T26.90XD,T26.91XA-T26.91XD,T26.92XA-T26.92XD,T27.0XXA-T27.0XXD,T27.1XXA-T27.1XXD,T27.2XXA-T27.2XXD,T27.3XXA-T27.3XXD,T27.4XXA-T27.4XXD,T27.5XXA-T27.5XXD,T27.6XXA-T27.6XXD,T27.7XXA-T27.7XXD,T28.0XXA-T28.0XXD,T28.1XXA-T28.1XXD,T28.2XXA-T28.2XXD,T28.3XXA-T28.3XXD,T28.40XA-T28.40XD,T28.411A-T28.411D,T28.412A-T28.412D,T28.419A-T28.419D,T28.49XA-T28.49XD,T28.5XXA-T28.5XXD,T28.6XXA-T28.6XXD,T28.7XXA-T28.7XXD,T28.8XXA-T28.8XXD,T28.90XA-T28.90XD,T28.911A-T28.911D,T28.912A-T28.912D,T28.919A-T28.919D,T28.99XA-T28.99XD,T31.11,T31.21-T31.22,T31.31-T31.33,T31.41-T31.44,T31.51-T31.55,T31.61-T31.66,T31.71-T31.77,T31.81-T31.88,T31.91-T31.99,T32.11,T32.21-T32.22,T32.31-T32.33,T32.41-T32.44,T32.51-T32.55,T32.61-T32.66,T32.71-T32.77,T32.81-T32.88,T32.91-T32.99

CPT: 11000,11042,11045,11960-11971,15002-15005,15271-15278,16000-16036,25900-25931,26910-26952,27888,28800-28825,65778-65782,68371,92002-92014,92507,92508,92521-92524,92607-92609,92633,93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: C5271-C5278,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: 58

Condition: BRONCHIECTASIS (See Guideline Notes 64,187)

Treatment: MEDICAL AND SURGICAL TREATMENT

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

CPT: 31645,31646,32320,32480-32488,32501,32505-32507,32663,32666-32670,93792,93793,94002-94005,94640,94660-94668,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0237-G0239,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9473

Line: **59**
Condition: END STAGE RENAL DISEASE (See Guideline Notes 7,64)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-10: E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,M32.14-M32.15,M35.04,N05.0-N05.1,N18.5-N18.6
CPT: 36818-36821,36831-36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90997,93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1750,C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0420,G0421,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9339,S9537

Line: **60**
Condition: METABOLIC DISORDERS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D81.810,D84.1,E71.310-E71.548,E75.00-E75.09,E75.11-E75.22,E75.240-E75.249,E75.3-E75.4,E75.6,E76.01-E76.1,E76.210-E76.9,E77.0,E77.8,E78.70,E78.9,E80.0-E80.1,E80.20-E80.3,E88.40-E88.89,H49.811-H49.819
CPT: 93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9357

Line: **61**
Condition: TORSION OF OVARY (See Guideline Notes 64,176)
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-10: N83.511-N83.53,Z40.03
CPT: 58660-58662,58700-58740,58770,58925-58943,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **62**
Condition: SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.14,F10.150-F10.180,F10.188,F10.24,F10.250-F10.259,F10.280,F10.288,F10.94,F10.950-F10.959,F10.980,F10.988,F11.14,F11.150-F11.159,F11.188,F11.24,F11.250-F11.259,F11.288,F11.94,F11.950-F11.959,F11.988,F12.150-F12.180,F12.250-F12.280,F12.950-F12.980,F13.14,F13.150-F13.180,F13.188,F13.24,F13.250-F13.259,F13.280,F13.288,F13.94,F13.950-F13.959,F13.980,F13.988,F14.14,F14.150-F14.180,F14.188,F14.24,F14.250-F14.280,F14.288,F14.94,F14.950-F14.980,F14.988,F15.14,F15.150-F15.180,F15.188,F15.24,F15.250-F15.280,F15.288,F15.94,F15.950-F15.980,F15.988,F16.14,F16.150-F16.188,F16.24,F16.250-F16.288,F16.94,F16.950-F16.988,F18.14,F18.150-F18.159,F18.180-F18.188,F18.24,F18.250-F18.259,F18.280-F18.288,F18.94,F18.950-F18.959,F18.980-F18.988,F19.14,F19.150-F19.159,F19.180,F19.188,F19.24,F19.250-F19.259,F19.280,F19.288,F19.94,F19.950-F19.959,F19.980,F19.988
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,97810-97814,98966-98972,99051,99060,99201-99239,99281-99285,99291,99292,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004-H0006,H0010,H0011,H0013-H0016,H0020,H0032-H0035,H0038,H0045,H2013,T1006,T1007

Line: **63**
Condition: SPONTANEOUS ABORTION; MISSED ABORTION (See Guideline Notes 64,99,176,197)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: O02.0-O02.1,O02.81-O02.9,O03.0-O03.2,O03.30-O03.9,O36.80X0-O36.80X9,Z31.82,Z40.03
CPT: 58150,58152,58520,58700,59135,59136,59200,59425,59426,59812-59830,59855-59857,76801-76810,76815-76817,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S0199

Line: **64**
Condition: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: Q38.4-Q38.8,Q39.0-Q39.9,Q40.0-Q40.9,Q93.81
CPT: 31750,31760,42145,42200,42215,42815-42826,42950,43112-43124,43196,43226,43248,43249,43279,43283, 43286-43288,43300-43331,43338-43361,43420,43450,43453,43496,43520,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9727,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **65**
Condition: SUBSTANCE-INDUCED DELIRIUM; SUBSTANCE INTOXICATION AND WITHDRAWAL
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.120-F10.129,F10.220-F10.239,F10.920-F10.929,F11.120-F11.129,F11.220-F11.23,F11.920-F11.93,F12.120-F12.129,F12.220-F12.23,F12.920-F12.93,F13.120-F13.129,F13.220-F13.239,F13.26-F13.27,F13.920-F13.939, F13.96-F13.97,F14.120-F14.129,F14.220-F14.23,F14.920-F14.929,F15.120-F15.129,F15.220-F15.23,F15.920-F15.93,F16.120-F16.129,F16.220-F16.229,F16.920-F16.929,F18.120-F18.129,F18.17,F18.220-F18.229,F18.27, F18.920-F18.929,F18.97,F19.120-F19.129,F19.16-F19.17,F19.220-F19.239,F19.26-F19.27,F19.920-F19.939, F19.96-F19.97
CPT: 90785,90832-90840,93792,93793,97810-97814,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,H0010,H0011,H0013-H0015,H0032,H0033,H0035,H0038,H2013

Line: **66**
Condition: LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS (See Guideline Notes 64,141)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-10: J38.01-J38.02,J38.6
CPT: 31528,31529,31551-31554,31561-31571,31574,31590,31591,64905,92507,92508,92524,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1878,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **67**
Condition: VENTRICULAR SEPTAL DEFECT (See Guideline Note 64)
Treatment: CLOSURE
ICD-10: Q21.0,Z79.01
CPT: 33610,33620,33621,33647,33665,33675-33688,33735-33737,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93581,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **68**
Condition: ACUTE BACTERIAL MENINGITIS (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: A02.21,A20.3,A32.11-A32.12,A39.0,A39.3,A39.81-A39.82,G00.0-G00.9,G01,G02,G04.2
CPT: 61000-61070,61107,61210,61215,92507,92508,92521-92526,92607-92609,92633,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: **69**
Condition: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 49,64,111,195)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I20.0,I21.01-I21.A9,I22.0-I22.9,I23.1-I23.5,I23.7-I23.8,I24.0-I24.9,I25.110,I25.700,I25.710,I25.720,I25.730,I25.750,I25.760,I25.790,I51.81,R57.0,T81.11XA-T81.11XD,Z45.010-Z45.09
CPT: 33202,33206-33210,33212-33229,33233-33238,33310,33315,33361-33430,33465,33475,33477,33500,33508-33545,33572,33681,33922,33946-33974,33984-33993,35001,35182,35189,35226,35256,35286,35572,35600,92920-92944,92960-92998,93279-93284,93286-93289,93292-93296,93355,93724,93745,93792-93798,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,K0606-K0609,S0340-S0342,S2205-S2209

Line: **70**
Condition: CONGENITAL PULMONARY VALVE ANOMALIES (See Guideline Note 64)
Treatment: PULMONARY VALVE REPAIR
ICD-10: Q22.1-Q22.3,Q24.3
CPT: 33470-33476,33478,33496,33530,33608,33620,33621,33768,33946-33966,33969,33984-33989,37246,37247,75573,92986-92990,93355,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **71**
Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES (See Coding Specification Below) (See Guideline Notes 6,64,129,170)
Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.15,A52.17-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.30-D81.39,D81.5,E00.0-E00.9,E45,E70.20-E70.29,E70.330-E70.331,E70.8-E70.9,E71.0,E71.110-E71.548,E72.00-E72.51,E72.59-E72.9,E74.00-E74.09,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F71-F79,F84.0-F84.3,F84.8,G04.1,G04.81-G04.91,G10,G11.0-G11.4,G12.0-G12.1,G12.21-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9,G32.0,G32.81-G32.89,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.1,G60.3-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.30-G83.9,G90.01-G90.1,G90.3-G90.4,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,G98.0,G99.0-G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.312,I63.319-I63.322,I63.329-I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.010-I69.018,I69.020-I69.022,I69.051-I69.069,I69.091-I69.092,I69.110-I69.118,I69.121-I69.122,I69.128,I69.151-I69.169,I69.191-I69.192,I69.210-I69.218,I69.221-I69.222,I69.251-I69.269,I69.291-I69.292,I69.310-I69.318,I69.321-I69.322,I69.351-I69.369,I69.391-I69.392,I69.810-I69.818,I69.822,I69.851-I69.869,I69.891-I69.892,I69.910-I69.918,I69.922,I69.951-I69.969,I69.991-I69.992,I97.810-I97.821,K59.2,M62.3,M62.58-M62.59,M62.89,N31.0-N31.9,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,P55.1-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.11-Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R13.0,R13.10-R13.19,R15.0,R15.2-R15.9,R41.4,R41.81,R53.2,R54,R62.51,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.899D,S06.9X0A-S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D,S06.9X4A-S06.9X4D,S06.9X5A-S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-S06.9X9D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-

S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2XXA-S14.2XXD,S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.1X1A-T40.1X1D,T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,T40.4X4A-T40.4X4D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,T40.5X4A-T40.5X4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,T40.8X4A-T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA-T71.9XXD,T74.4XXA-T74.4XXD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.4XXA-T75.4XXD,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD,T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD,T78.3XXA-T78.3XXD,T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,T79.6XXA-T79.6XXD,T88.2XXA-T88.2XXD,T88.51XA-T88.51XD,T88.6XXA-T88.6XXD,Z43.0-Z43.4,Z43.8,Z45.49,Z46.59

CPT: 15845,31600,31601,31610-31614,31630,31631,31636-31638,31641,31730-31760,31820-31830,43810-43825,44130,44139-44160,44186-44188,44204-44213,44300-44320,44620-44626,44701,46750-46754,49442,51040,51102,51700,51705,51710,51880,51960,52277,53431,61215,62320-62323,62350-62362,62367-62370,77387,77401-77432,77469,77470,92526,93792,93793,94002-94005,94640,94660-94668,95990,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,97802,97803,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: D5937,D5992,D5993,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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

Line: 72

Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: P61.1

CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 73

Condition: DERMATOMYOSITIS, POLYMYOSITIS (See Guideline Notes 6,64)

Treatment: MEDICAL THERAPY

ICD-10: M33.00-M33.99,M35.8,M36.0

CPT: 90284,93792,93793,96156-96159,96164-96171,97110,97116,97161-97168,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **74**
Condition: ADDISON'S DISEASE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E27.1-E27.3,E27.40-E27.49,E31.0,E31.8-E31.9,E89.6
CPT: 92081-92083,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **75**
Condition: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: I10,I11.0-I11.9,I15.2-I15.9,I16.0-I16.9,I67.4
CPT: 92960-92971,92978-92998,93792-93798,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **76**
Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW (See Guideline Note 64)
Treatment: LIGATION
ICD-10: P29.30-P29.38,Q21.4,Q25.0
CPT: 33500-33504,33702,33710,33750,33813-33824,33946-33966,33969,33984-33989,92960-92971,92978-92998,93355,93582,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **77**
Condition: INJURY TO MAJOR BLOOD VESSELS
Treatment: LIGATION/REPAIR
ICD-10: S09.0XXA-S09.0XXD,S15.001A-S15.001D,S15.002A-S15.002D,S15.009A-S15.009D,S15.011A-S15.011D,S15.012A-S15.012D,S15.019A-S15.019D,S15.021A-S15.021D,S15.022A-S15.022D,S15.029A-S15.029D,S15.091A-S15.091D,S15.092A-S15.092D,S15.099A-S15.099D,S15.101A-S15.101D,S15.102A-S15.102D,S15.109A-S15.109D,S15.111A-S15.111D,S15.112A-S15.112D,S15.119A-S15.119D,S15.121A-S15.121D,S15.122A-S15.122D,S15.129A-S15.129D,S15.191A-S15.191D,S15.192A-S15.192D,S15.199A-S15.199D,S15.201A-S15.201D,S15.202A-S15.202D,S15.209A-S15.209D,S15.211A-S15.211D,S15.212A-S15.212D,S15.219A-S15.219D,S15.221A-S15.221D,S15.222A-S15.222D,S15.229A-S15.229D,S15.291A-S15.291D,S15.292A-S15.292D,S15.299A-S15.299D,S15.301A-S15.301D,S15.302A-S15.302D,S15.309A-S15.309D,S15.311A-S15.311D,S15.312A-S15.312D,S15.319A-S15.319D,S15.321A-S15.321D,S15.322A-S15.322D,S15.329A-S15.329D,S15.391A-S15.391D,S15.392A-S15.392D,S15.399A-S15.399D,S15.8XXA-S15.8XXD,S15.9XXA-S15.9XXD,S25.00XA-S25.00XD,S25.01XA-S25.01XD,S25.02XA-S25.02XD,S25.09XA-S25.09XD,S25.101A-S25.101D,S25.102A-S25.102D,S25.109A-S25.109D,S25.111A-S25.111D,S25.112A-S25.112D,S25.119A-S25.119D,S25.121A-S25.121D,S25.122A-S25.122D,S25.129A-S25.129D,S25.191A-S25.191D,S25.192A-S25.192D,S25.199A-S25.199D,S25.20XA-S25.20XD,S25.21XA-S25.21XD,S25.22XA-S25.22XD,S25.29XA-S25.29XD,S25.301A-S25.301D,S25.302A-S25.302D,S25.309A-S25.309D,S25.311A-S25.311D,S25.312A-S25.312D,S25.319A-S25.319D,S25.321A-S25.321D,S25.322A-S25.322D,S25.329A-S25.329D,S25.391A-S25.391D,S25.392A-S25.392D,S25.399A-S25.399D,S25.401A-S25.401D,S25.402A-S25.402D,S25.409A-S25.409D,S25.411A-S25.411D,S25.412A-S25.412D,S25.419A-S25.419D,S25.421A-S25.421D,S25.422A-S25.422D,S25.429A-S25.429D,S25.491A-S25.491D,S25.492A-S25.492D,S25.499A-S25.499D,S25.501A-S25.501D,S25.502A-S25.502D,S25.509A-S25.509D,S25.511A-S25.511D,S25.512A-S25.512D,S25.519A-S25.519D,S25.591A-S25.591D,S25.592A-S25.592D,S25.599A-S25.599D,S25.801A-S25.801D,S25.802A-S25.802D,S25.809A-S25.809D,S25.811A-S25.811D,S25.812A-S25.812D,S25.819A-S25.819D,S25.891A-S25.891D,S25.892A-S25.892D,S25.899A-S25.899D,S25.90XA-S25.90XD,S25.91XA-S25.91XD,S25.99XA-S25.99XD,S35.00XA-S35.00XD,S35.01XA-S35.01XD,S35.02XA-S35.02XD,S35.09XA-S35.09XD,S35.10XA-S35.10XD,S35.11XA-S35.11XD,S35.12XA-S35.12XD,S35.19XA-S35.19XD,S35.211A-S35.211D,S35.212A-S35.212D,S35.218A-S35.218D,S35.219A-S35.219D,S35.221A-S35.221D,S35.222A-S35.222D,S35.228A-S35.228D,S35.229A-S35.229D,S35.231A-S35.231D,S35.232A-S35.232D,S35.238A-S35.238D,S35.239A-S35.239D,S35.291A-S35.291D,S35.292A-S35.292D,S35.298A-S35.298D,S35.299A-S35.299D,S35.311A-S35.311D,S35.318A-S35.318D,S35.319A-S35.319D,S35.321A-S35.321D,S35.328A-S35.328D,S35.329A-S35.329D,S35.331A-S35.331D,S35.338A-S35.338D,S35.339A-S35.339D,S35.341A-S35.341D,S35.348A-S35.348D,S35.349A-S35.349D,S35.401A-S35.401D,S35.402A-S35.402D,S35.403A-S35.403D,S35.404A-S35.404D,S35.405A-S35.405D,S35.406A-S35.406D,S35.411A-S35.411D,S35.412A-S35.412D,S35.413A-S35.413D,S35.414A-S35.414D,S35.415A-S35.415D,S35.416A-S35.416D,S35.491A-S35.491D,S35.492A-S35.492D,S35.493A-S35.493D,S35.494A-S35.494D,S35.495A-S35.495D,S35.496A-S35.496D,S35.50XA-S35.50XD,S35.511A-S35.511D,S35.512A-S35.512D,S35.513A-S35.513D,S35.514A-S35.514D,S35.515A-S35.515D,S35.516A-S35.516D,S35.531A-S35.531D,S35.532A-S35.532D,S35.533A-S35.533D,S35.534A-S35.534D,S35.535A-S35.535D,S35.536A-S35.536D,S35.59XA-S35.59XD,S45.001A-S45.001D,

S45.002A-S45.002D,S45.009A-S45.009D,S45.011A-S45.011D,S45.012A-S45.012D,S45.019A-S45.019D,
S45.091A-S45.091D,S45.092A-S45.092D,S45.099A-S45.099D,S45.101A-S45.101D,S45.102A-S45.102D,
S45.109A-S45.109D,S45.111A-S45.111D,S45.112A-S45.112D,S45.119A-S45.119D,S45.191A-S45.191D,
S45.192A-S45.192D,S45.199A-S45.199D,S45.201A-S45.201D,S45.202A-S45.202D,S45.209A-S45.209D,
S45.211A-S45.211D,S45.212A-S45.212D,S45.219A-S45.219D,S45.291A-S45.291D,S45.292A-S45.292D,
S45.299A-S45.299D,S45.801A-S45.801D,S45.802A-S45.802D,S45.809A-S45.809D,S45.811A-S45.811D,
S45.812A-S45.812D,S45.819A-S45.819D,S45.891A-S45.891D,S45.892A-S45.892D,S45.899A-S45.899D,
S45.901A-S45.901D,S45.902A-S45.902D,S45.909A-S45.909D,S45.911A-S45.911D,S45.912A-S45.912D,
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S55.211A-S55.211D,S55.212A-S55.212D,S55.219A-S55.219D,S55.291A-S55.291D,S55.292A-S55.292D,
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S65.211A-S65.211D,S65.212A-S65.212D,S65.219A-S65.219D,S65.291A-S65.291D,S65.292A-S65.292D,
S65.299A-S65.299D,S65.301A-S65.301D,S65.302A-S65.302D,S65.309A-S65.309D,S65.311A-S65.311D,
S65.312A-S65.312D,S65.319A-S65.319D,S65.391A-S65.391D,S65.392A-S65.392D,S65.399A-S65.399D,
S65.801A-S65.801D,S65.802A-S65.802D,S65.809A-S65.809D,S65.811A-S65.811D,S65.812A-S65.812D,
S65.819A-S65.819D,S65.891A-S65.891D,S65.892A-S65.892D,S65.899A-S65.899D,S65.901A-S65.901D,
S65.902A-S65.902D,S65.909A-S65.909D,S65.911A-S65.911D,S65.912A-S65.912D,S65.919A-S65.919D,
S65.991A-S65.991D,S65.992A-S65.992D,S65.999A-S65.999D,S75.001A-S75.001D,S75.002A-S75.002D,
S75.009A-S75.009D,S75.011A-S75.011D,S75.012A-S75.012D,S75.019A-S75.019D,S75.021A-S75.021D,
S75.022A-S75.022D,S75.029A-S75.029D,S75.091A-S75.091D,S75.092A-S75.092D,S75.099A-S75.099D,
S75.101A-S75.101D,S75.102A-S75.102D,S75.109A-S75.109D,S75.111A-S75.111D,S75.112A-S75.112D,
S75.119A-S75.119D,S75.121A-S75.121D,S75.122A-S75.122D,S75.129A-S75.129D,S75.191A-S75.191D,
S75.192A-S75.192D,S75.199A-S75.199D,S75.201A-S75.201D,S75.202A-S75.202D,S75.209A-S75.209D,
S75.211A-S75.211D,S75.212A-S75.212D,S75.219A-S75.219D,S75.221A-S75.221D,S75.222A-S75.222D,
S75.229A-S75.229D,S75.291A-S75.291D,S75.292A-S75.292D,S75.299A-S75.299D,S75.801A-S75.801D,
S75.802A-S75.802D,S75.809A-S75.809D,S75.811A-S75.811D,S75.812A-S75.812D,S75.819A-S75.819D,
S75.891A-S75.891D,S75.892A-S75.892D,S75.899A-S75.899D,S75.901A-S75.901D,S75.902A-S75.902D,
S75.909A-S75.909D,S75.911A-S75.911D,S75.912A-S75.912D,S75.919A-S75.919D,S75.991A-S75.991D,
S75.992A-S75.992D,S75.999A-S75.999D,S85.001A-S85.001D,S85.002A-S85.002D,S85.009A-S85.009D,
S85.011A-S85.011D,S85.012A-S85.012D,S85.019A-S85.019D,S85.091A-S85.091D,S85.092A-S85.092D,
S85.099A-S85.099D,S85.101A-S85.101D,S85.102A-S85.102D,S85.109A-S85.109D,S85.111A-S85.111D,
S85.112A-S85.112D,S85.119A-S85.119D,S85.121A-S85.121D,S85.122A-S85.122D,S85.129A-S85.129D,
S85.131A-S85.131D,S85.132A-S85.132D,S85.139A-S85.139D,S85.141A-S85.141D,S85.142A-S85.142D,
S85.149A-S85.149D,S85.151A-S85.151D,S85.152A-S85.152D,S85.159A-S85.159D,S85.161A-S85.161D,
S85.162A-S85.162D,S85.169A-S85.169D,S85.171A-S85.171D,S85.172A-S85.172D,S85.179A-S85.179D,
S85.181A-S85.181D,S85.182A-S85.182D,S85.189A-S85.189D,S85.201A-S85.201D,S85.202A-S85.202D,
S85.209A-S85.209D,S85.211A-S85.211D,S85.212A-S85.212D,S85.219A-S85.219D,S85.291A-S85.291D,
S85.292A-S85.292D,S85.299A-S85.299D,S85.301A-S85.301D,S85.302A-S85.302D,S85.309A-S85.309D,
S85.311A-S85.311D,S85.312A-S85.312D,S85.319A-S85.319D,S85.391A-S85.391D,S85.392A-S85.392D,
S85.399A-S85.399D,S85.401A-S85.401D,S85.402A-S85.402D,S85.409A-S85.409D,S85.411A-S85.411D,
S85.412A-S85.412D,S85.419A-S85.419D,S85.491A-S85.491D,S85.492A-S85.492D,S85.499A-S85.499D,
S85.501A-S85.501D,S85.502A- S85.502D,S85.509A-S85.509D,S85.511A-S85.511D,S85.512A-S85.512D,
S85.519A-S85.519D,S85.591A-S85.591D,S85.592A-S85.592D,S85.599A-S85.599D,S85.801A-S85.801D,
S85.802A-S85.802D,S85.809A-S85.809D,S85.811A-S85.811D,S85.812A-S85.812D,S85.819A-S85.819D,
S85.891A-S85.891D,S85.892A-S85.892D,S85.899A-S85.899D,S85.901A-S85.901D,S85.902A-S85.902D,
S85.909A-S85.909D,S85.911A-S85.911D,S85.912A-S85.912D,S85.919A-S85.919D,S85.991A-S85.991D,
S85.992A-S85.992D,S85.999A-S85.999D

CPT: 32654,33320-33335,33880-33891,34502,34839-34848,35189-35206,35211,35216,35226-35246,35256-35276,
35286,35500,35506,35516,35616,37565,37615,37616,37618,37650,92960-92971,92986-92998,93792-93798,
98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,
99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-
G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **78**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP (See Guideline Notes 64,147)
Treatment: MEDICAL THERAPY
ICD-10: I80.10-I80.13,I80.201-I80.299,I82.401-I82.5Z9,Z79.01
CPT: 11042,11045,32661,35700,35860,35875,35876,35903,37187-37193,37248,37249,37500,37650,37660,37735-37761,37785,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1880,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **79**
Condition: INJURY TO INTERNAL ORGANS (See Guideline Notes 62,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: B51.0,S21.301A-S21.301D,S21.302A-S21.302D,S21.309A-S21.309D,S21.311A-S21.311D,S21.312A-S21.312D,
S21.319A-S21.319D,S21.321A-S21.321D,S21.322A-S21.322D,S21.329A-S21.329D,S21.331A-S21.331D,
S21.332A-S21.332D,S21.339A-S21.339D,S21.341A-S21.341D,S21.342A-S21.342D,S21.349A-S21.349D,
S21.351A-S21.351D,S21.352A-S21.352D,S21.359A-S21.359D,S21.401A-S21.401D,S21.402A-S21.402D,
S21.409A-S21.409D,S21.411A-S21.411D,S21.412A-S21.412D,S21.419A-S21.419D,S21.421A-S21.421D,
S21.422A-S21.422D,S21.429A-S21.429D,S21.431A-S21.431D,S21.432A-S21.432D,S21.439A-S21.439D,
S21.441A-S21.441D,S21.442A-S21.442D,S21.449A-S21.449D,S21.451A-S21.451D,S21.452A-S21.452D,
S21.459A-S21.459D,S26.00XA-S26.00XD,S26.01XA-S26.01XD,S26.020A-S26.020D,S26.021A-S26.021D,
S26.022A-S26.022D,S26.09XA-S26.09XD,S26.10XA-S26.10XD,S26.11XA-S26.11XD,S26.12XA-S26.12XD,
S26.19XA-S26.19XD,S26.90XA-S26.90XD,S26.91XA-S26.91XD,S26.92XA-S26.92XD,S26.99XA-S26.99XD,
S27.301A-S27.301D,S27.302A-S27.302D,S27.309A-S27.309D,S27.311A-S27.311D,S27.312A-S27.312D,
S27.319A-S27.319D,S27.321A-S27.321D,S27.322A-S27.322D,S27.329A-S27.329D,S27.331A-S27.331D,
S27.332A-S27.332D,S27.339A-S27.339D,S27.391A-S27.391D,S27.392A-S27.392D,S27.399A-S27.399D,
S27.401A-S27.401D,S27.402A-S27.402D,S27.409A-S27.409D,S27.411A-S27.411D,S27.412A-S27.412D,
S27.419A-S27.419D,S27.421A-S27.421D,S27.422A-S27.422D,S27.429A-S27.429D,S27.431A-S27.431D,
S27.432A-S27.432D,S27.439A-S27.439D,S27.491A-S27.491D,S27.492A-S27.492D,S27.499A-S27.499D,
S27.50XA-S27.50XD,S27.51XA-S27.51XD,S27.52XA-S27.52XD,S27.53XA-S27.53XD,S27.59XA-S27.59XD,
S27.60XA-S27.60XD,S27.63XA-S27.63XD,S27.69XA-S27.69XD,S27.802A-S27.802D,S27.803A-S27.803D,
S27.808A-S27.808D,S27.809A-S27.809D,S27.892A-S27.892D,S27.893A-S27.893D,S27.898A-S27.898D,
S27.899A-S27.899D,S27.9XXA-S27.9XXD,S31.001A-S31.001D,S31.011A-S31.011D,S31.021A-S31.021D,
S31.031A-S31.031D,S31.041A-S31.041D,S31.051A-S31.051D,S31.600A-S31.600D,S31.601A-S31.601D,
S31.602A-S31.602D,S31.603A-S31.603D,S31.604A-S31.604D,S31.605A-S31.605D,S31.609A-S31.609D,
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S31.623A-S31.623D,S31.624A-S31.624D,S31.625A-S31.625D,S31.629A-S31.629D,S31.630A-S31.630D,
S31.631A-S31.631D,S31.632A-S31.632D,S31.633A-S31.633D,S31.634A-S31.634D,S31.635A-S31.635D,
S31.639A-S31.639D,S31.640A-S31.640D,S31.641A-S31.641D,S31.642A-S31.642D,S31.643A-S31.643D,
S31.644A-S31.644D,S31.645A-S31.645D,S31.649A-S31.649D,S31.650A-S31.650D,S31.651A-S31.651D,
S31.652A-S31.652D,S31.653A-S31.653D,S31.654A-S31.654D,S31.655A-S31.655D,S31.659A-S31.659D,
S36.00XA-S36.00XD,S36.020A-S36.020D,S36.021A-S36.021D,S36.029A-S36.029D,S36.030A-S36.030D,
S36.031A-S36.031D,S36.032A-S36.032D,S36.039A-S36.039D,S36.09XA-S36.09XD,S36.112A-S36.112D,
S36.113A-S36.113D,S36.114A-S36.114D,S36.115A-S36.115D,S36.116A-S36.116D,S36.118A-S36.118D,
S36.119A-S36.119D,S36.122A-S36.122D,S36.123A-S36.123D,S36.128A-S36.128D,S36.129A-S36.129D,
S36.13XA-S36.13XD,S36.200A-S36.200D,S36.201A-S36.201D,S36.202A-S36.202D,S36.209A-S36.209D,
S36.220A-S36.220D,S36.221A-S36.221D,S36.222A-S36.222D,S36.229A-S36.229D,S36.230A-S36.230D,
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S36.32XA-S36.32XD,S36.33XA-S36.33XD,S36.39XA-S36.39XD,S36.400A-S36.400D,S36.408A-S36.408D,
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S36.593A-S36.593D,S36.598A-S36.598D,S36.599A-S36.599D,S36.60XA-S36.60XD,S36.61XA-S36.61XD,
S36.62XA-S36.62XD,S36.63XA-S36.63XD,S36.69XA-S36.69XD,S36.81XA-S36.81XD,S36.892A-S36.892D,
S36.893A-S36.893D,S36.898A-S36.898D,S36.899A-S36.899D,S36.90XA-S36.90XD,S36.92XA-S36.92XD,
S36.93XA-S36.93XD,S36.99XA-S36.99XD,S37.001A-S37.001D,S37.002A-S37.002D,S37.009A-S37.009D,
S37.011A-S37.011D,S37.012A-S37.012D,S37.019A-S37.019D,S37.021A-S37.021D,S37.022A-S37.022D,
S37.029A-S37.029D,S37.031A-S37.031D,S37.032A-S37.032D,S37.039A-S37.039D,S37.041A-S37.041D,
S37.042A-S37.042D,S37.049A-S37.049D,S37.051A-S37.051D,S37.052A-S37.052D,S37.059A-S37.059D,
S37.061A-S37.061D,S37.062A-S37.062D,S37.069A-S37.069D,S37.091A-S37.091D,S37.092A-S37.092D,
S37.099A-S37.099D,S37.10XA-S37.10XD,S37.12XA-S37.12XD,S37.13XA-S37.13XD,S37.19XA-S37.19XD,
S37.20XA-S37.20XD,S37.22XA-S37.22XD,S37.23XA-S37.23XD,S37.29XA-S37.29XD,S37.30XA-S37.30XD,

S37.32XA-S37.32XD,S37.33XA-S37.33XD,S37.39XA-S37.39XD,S37.401A-S37.401D,S37.402A-S37.402D, S37.409A-S37.409D,S37.421A-S37.421D,S37.422A-S37.422D,S37.429A-S37.429D,S37.431A-S37.431D, S37.432A-S37.432D,S37.439A-S37.439D,S37.491A-S37.491D,S37.492A-S37.492D,S37.499A-S37.499D, S37.501A-S37.501D,S37.502A-S37.502D,S37.509A-S37.509D,S37.511A-S37.511D,S37.512A-S37.512D, S37.519A-S37.519D,S37.521A-S37.521D,S37.522A-S37.522D,S37.529A-S37.529D,S37.531A-S37.531D, S37.532A-S37.532D,S37.539A-S37.539D,S37.591A-S37.591D,S37.592A-S37.592D,S37.599A-S37.599D, S37.60XA-S37.60XD,S37.62XA-S37.62XD,S37.63XA-S37.63XD,S37.69XA-S37.69XD,S37.812A-S37.812D, S37.813A-S37.813D,S37.818A-S37.818D,S37.819A-S37.819D,S37.822A-S37.822D,S37.823A-S37.823D, S37.828A-S37.828D,S37.829A-S37.829D,S37.892A-S37.892D,S37.893A-S37.893D,S37.898A-S37.898D, S37.899A-S37.899D,S37.90XA-S37.90XD,S37.92XA-S37.92XD,S37.93XA-S37.93XD,S37.99XA-S37.99XD, T79.4XXA-T79.4XXD,T79.7XXA-T79.7XXD

CPT: 31775,31805,32110-32124,32653,32654,32658,32820,33300-33335,34839-34848,37619,39501,39540,39545, 43840,44120-44125,44139-44160,44227,44320,44602-44605,44620-44626,44701,45562,45563,47120-47130, 47350-47362,47533-47537,47802,47900,48545,50220,50546,50693-50695,50740-50760,50947,50948,51102, 51860,51865,52310,52315,52332,53502-53515,58520,93792,93793,97605-97608,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: 80

Condition: FRACTURE OF HIP (See Guideline Notes 6,15,64)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: M84.359A-M84.359G,M84.459A-M84.459G,M84.559A-M84.559G,M84.659A-M84.659G,M91.10-M91.92, S72.001A-S72.001J,S72.002A-S72.002J,S72.009A-S72.009J,S72.011A-S72.011J,S72.012A-S72.012J, S72.019A-S72.019J,S72.021A-S72.021J,S72.022A-S72.022J,S72.023A-S72.023J,S72.024A-S72.024J, S72.025A-S72.025J,S72.026A-S72.026J,S72.031A-S72.031J,S72.032A-S72.032J,S72.033A-S72.033J, S72.034A-S72.034J,S72.035A-S72.035J,S72.036A-S72.036J,S72.041A-S72.041J,S72.042A-S72.042J, S72.043A-S72.043J,S72.044A-S72.044J,S72.045A-S72.045J,S72.046A-S72.046J,S72.051A-S72.051J, S72.052A-S72.052J,S72.059A-S72.059J,S72.061A-S72.061J,S72.062A-S72.062J,S72.063A-S72.063J, S72.064A-S72.064J,S72.065A-S72.065J,S72.066A-S72.066J,S72.091A-S72.091J,S72.092A-S72.092J, S72.099A-S72.099J,S72.101A-S72.101J,S72.102A-S72.102J,S72.109A-S72.109J,S72.111A-S72.111J, S72.112A-S72.112J,S72.113A-S72.113J,S72.114A-S72.114J,S72.115A-S72.115J,S72.116A-S72.116J, S72.121A-S72.121J,S72.122A-S72.122J,S72.123A-S72.123J,S72.124A-S72.124J,S72.125A-S72.125J, S72.126A-S72.126J,S72.131A-S72.131J,S72.132A-S72.132J,S72.133A-S72.133J,S72.134A-S72.134J, S72.135A-S72.135J,S72.136A-S72.136J,S72.141A-S72.141J,S72.142A-S72.142J,S72.143A-S72.143J, S72.144A-S72.144J,S72.145A-S72.145J,S72.146A-S72.146J,S72.21XA-S72.21XJ,S72.22XA-S72.22XJ, S72.23XA-S72.23XJ,S72.24XA-S72.24XJ,S72.25XA-S72.25XJ,S72.26XA-S72.26XJ,S79.001A-S79.001G, S79.002A-S79.002G,S79.009A-S79.009G,S79.011A-S79.011G,S79.012A-S79.012G,S79.019A-S79.019G, S79.091A-S79.091G,S79.092A-S79.092G,S79.099A-S79.099G,Z47.1-Z47.2

CPT: 11012,20680,20700-20705,27122-27132,27230-27248,27254,27267-27269,27506,27656,29035-29046,29305, 29325,29700,29710,29720,77014,77261-77290,77295,77300,77331-77336,77387,77401-77417,77427,77470, 93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 81

Condition: MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS (See Guideline Notes 18,64)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: A18.84,A32.82,A39.50-A39.53,A52.03,A52.06,B26.82,B37.6,B57.0,D86.85,I09.0,I09.2,I23.0,I30.0-I30.9,I31.0-I31.9,I32,I33.0-I33.9,I39,I40.0-I40.9,I41,I51.4,I97.0,M32.11-M32.12,Z45.09

CPT: 31750,31760,32659,32661,33016-33050,33361-33391,33405-33413,33418,33419,33425-33465,33475,33477, 33530,33946-33966,33969,33975-33989,33992,33993,35820,92960-92971,92978-92998,93355,93750,93792-93798,97802-97804,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9348

Line: **82**
Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA (See Guideline Note 64)
Treatment: REPAIR
ICD-10: S11.011A-S11.011D,S11.012A-S11.012D,S11.013A-S11.013D,S11.014A-S11.014D,S11.015A-S11.015D, S11.019A-S11.019D,S11.021A-S11.021D,S11.022A-S11.022D,S11.023A-S11.023D,S11.024A-S11.024D, S11.025A-S11.025D,S11.029A-S11.029D,S11.031A-S11.031D,S11.032A-S11.032D,S11.033A-S11.033D, S11.034A-S11.034D,S11.035A-S11.035D,S11.039A-S11.039D,S11.10XA-S11.10XD,S11.11XA-S11.11XD, S11.12XA-S11.12XD,S11.13XA-S11.13XD,S11.14XA-S11.14XD,S11.15XA-S11.15XD,S11.20XA-S11.20XD, S11.21XA-S11.21XD,S11.22XA-S11.22XD,S11.23XA-S11.23XD,S11.24XA-S11.24XD,S11.25XA-S11.25XD, S11.80XA-S11.80XD,S11.81XA-S11.81XD,S11.82XA-S11.82XD,S11.83XA-S11.83XD,S11.84XA-S11.84XD, S11.85XA-S11.85XD,S11.89XA-S11.89XD,S11.90XA-S11.90XD,S11.91XA-S11.91XD,S11.92XA-S11.92XD, S11.93XA-S11.93XD,S11.94XA-S11.94XD,S11.95XA-S11.95XD,S12.8XXA-S12.8XXD,S13.20XA-S13.20XD, S13.29XA-S13.29XD,S16.2XXA-S16.2XXD
CPT: 11010-11012,12001-12007,13131-13133,15004,15005,20100,20700-20705,31528,31529,31584,31630,31766, 31780,31781,31800,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **83**
Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
ICD-10: E10.21-E10.29,T86.10-T86.19,T86.850-T86.899,Z48.22,Z48.288
CPT: 48550-48556,50300-50365,76776,86825-86835,93792,93793,96156-96159,96164-96171,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2065

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

Line: **84**
Condition: ENDOCARDIAL CUSHION DEFECTS (See Guideline Note 64)
Treatment: REPAIR
ICD-10: Q20.6-Q20.8,Q21.2,Q21.8-Q21.9
CPT: 33620,33621,33645-33670,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,96167-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **85**
Condition: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Note 64)
Treatment: SHUNT/REPAIR
ICD-10: Q22.0
CPT: 33470-33474,33530,33608,33620,33621,33750-33766,33920,33925,33926,33946-33966,33969,33984-33989, 75573,92960-92971,92978-92998,93355,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **86**
Condition: CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM (See Guideline Notes 64,72)
Treatment: RECONSTRUCTION
ICD-10: Q55.23,Q55.3,Q60.3,Q61.00-Q61.9,Q62.4-Q62.5,Q62.60-Q62.69,Q62.8,Q63.0-Q63.9,Q64.10,Q64.12-Q64.6, Q64.71,Q64.73-Q64.74,Q64.79
CPT: 15002-15005,45820,50040,50045,50100,50125,50135,50220-50290,50390,50400,50405,50540,50542-50546, 50548,50553,50572,50605,50650,50722-50728,50760,50780-50785,50825-50860,50947,50948,50970,51020-51045,51080-51597,51800-51980,52214,52290,52300,52400,53020,53025,53080,53085,53210,53215,53400-53431,53444,53450,53460,53621,55175,55180,93792,93793,96156-96159,96164-96171,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **87**
Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN (See Guideline Notes 64,183)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K55.30-K55.33,P77.1-P77.9,Z46.59
CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,49442,93792,93793, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,T2101

Line: **88**
Condition: DISCORDANT CARDIOVASCULAR CONNECTIONS (See Guideline Note 64)
Treatment: REPAIR
ICD-10: Q20.1-Q20.3,Q20.5,Q20.8-Q20.9,Q93.81
CPT: 33418,33419,33611,33612,33620,33621,33684,33735-33766,33770-33783,33946-33966,33969,33984-33989, 42225,42226,75573,92960-92971,92978-92998,93355,93792-93798,96156-96159,96164-96171,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **89**
Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Note 64)
Treatment: MITRAL VALVE REPAIR/REPLACEMENT
ICD-10: Q23.2-Q23.3,Z79.01
CPT: 33418-33430,33496,33620,33621,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355, 93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **90**
Condition: GUILLAIN-BARRE SYNDROME (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: G61.0
CPT: 31600,31610,36514,36516,90284,92507,92508,92521-92526,92607-92609,92633,93792,93793,96156-96159, 96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: **91**
Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH PERSISTENT SYMPTOMS (See Guideline Notes 6,64,90,121)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S02.0XXA-S02.0XXG,S02.101A-S02.101G,S02.102A-S02.102G,S02.109A-S02.109G,S02.110A-S02.110G, S02.111A-S02.111G,S02.112A-S02.112G,S02.113A-S02.113G,S02.118A-S02.118G,S02.119A-S02.119G, S02.11AA-S02.11AG,S02.11BA-S02.11BG,S02.11CA-S02.11CG,S02.11DA-S02.11DG,S02.11EA-S02.11EG, S02.11FA-S02.11FG,S02.11GA-S02.11GG,S02.11HA-S02.11HG,S02.19XB-S02.19XG,S02.80XA-S02.80XG, S02.81XA-S02.81XG,S02.82XA-S02.82XG,S02.91XA-S02.91XG,S04.041A-S04.041D,S04.042A-S04.042D, S04.049A-S04.049D,S06.0X0A-S06.0X0D,S06.0X1A-S06.0X1D,S06.0X9A-S06.0X9D,S06.1X7A-S06.1X8A, S06.2X0A-S06.2X0D,S06.2X1A-S06.2X1D,S06.2X2A-S06.2X2D,S06.2X3A-S06.2X3D,S06.2X4A-S06.2X4D, S06.2X5A-S06.2X5D,S06.2X6A-S06.2X6D,S06.2X7A-S06.2X9D,S06.300A-S06.300D,S06.301A-S06.301D, S06.302A-S06.302D,S06.303A-S06.303D,S06.304A-S06.304D,S06.305A-S06.305D,S06.306A-S06.306D, S06.307A-S06.309D,S06.310A-S06.310D,S06.311A-S06.311D,S06.312A-S06.312D,S06.313A-S06.313D, S06.314A-S06.314D,S06.315A-S06.315D,S06.316A-S06.316D,S06.317A-S06.319D,S06.320A-S06.320D, S06.321A-S06.321D,S06.322A-S06.322D,S06.323A-S06.323D,S06.324A-S06.324D,S06.325A-S06.325D, S06.326A-S06.326D,S06.327A-S06.329D,S06.330A-S06.330D,S06.331A-S06.331D,S06.332A-S06.332D, S06.333A-S06.333D,S06.334A-S06.334D,S06.335A-S06.335D,S06.336A-S06.336D,S06.337A-S06.339D, S06.5X8A,S06.6X7A-S06.6X8A
CPT: 11010-11012,11971,21100,21110,61107,61108,61210,61312-61322,61340,61345,61571,62000-62010,62140-62148,92507,92508,92521-92526,92607-92609,92633,93792,93793,96156-96159,96164-96171,97012,97110-97130,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: **92**
Condition: CHILDHOOD LEUKEMIAS (See Guideline Notes 7,11,12,16,64)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C90.10-C90.12,C91.00-C91.02,C92.00-C92.02,C93.30-C93.32,C95.00-C95.02,D46.20-D46.22,D61.810,G89.3, Z45.49,Z51.0,Z51.12
CPT: 32553,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77427,77469,77520-77525, 81246,93792,93793,95990,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570, 96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **93**
Condition: UNDESCENDED TESTICLE (See Guideline Note 72)
Treatment: SURGICAL TREATMENT
ICD-10: Q53.00-Q53.10,Q53.111-Q53.9,Q55.22
CPT: 54512-54522,54550,54560,54620-54660,54690,54692,55200,93792,93793,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **94**
Condition: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: D61.810,D81.0-D81.2,D81.30-D81.4,D81.6-D81.7,D81.89-D81.9,D82.0-D82.1,T86.01-T86.09,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,93792,93793,96156-96159,96164-96171,96377, 96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **95**
Condition: DIABETIC AND OTHER RETINOPATHY (See Guideline Notes 64,116)
Treatment: MEDICAL, SURGICAL, AND LASER TREATMENT
ICD-10: D18.09,E08.311-E08.319,E08.3211-E08.3599,E08.37X1-E08.39,E09.311-E09.319,E09.3211-E09.3599, E09.37X1-E09.39,E10.311-E10.319,E10.3211-E10.3599,E10.37X1-E10.39,E11.311-E11.319,E11.3211-E11.3599, E11.37X1-E11.39,E13.311-E13.319,E13.3211-E13.3599,E13.37X1-E13.39,H31.401-H31.8,H35.021-H35.09, H35.20-H35.23,H35.60-H35.63
CPT: 67027,67028,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92136, 92201-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **96**
Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.3
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239, 99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010, H2012-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005

Line: **97**
Condition: HEART FAILURE (See Guideline Notes 18,64,95)
Treatment: MEDICAL THERAPY
ICD-10: I09.81,I27.0-I27.1,I27.20-I27.81,I27.83-I27.9,I50.1,I50.20-I50.43,I50.810-I50.9,I97.110-I97.111,I97.130-I97.191, J81.0-J81.1,P29.0,Z45.09,Z79.01
CPT: 33215,33216,33218-33273,33946-33989,33992,33993,92920-92938,92943,92944,92960-92998,93282-93284, 93286-93289,93292-93296,93355,93644,93745,93750,93792-93798,96156-96159,96164-96171,97802-97804, 98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451-99453,99457,99458,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1721,C1722,C1777,C1895,C1896,C1899,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9348

Line: **98**
Condition: CARDIOMYOPATHY (See Guideline Notes 49,64,95,124)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: B57.2,I42.0-I42.9,I43,I51.5,Z45.010-Z45.09,Z79.01
CPT: 20700-20705,21630,33215,33216,33218,33220,33223-33226,33230,33231,33240-33249,33262-33264,33270-33273,33414-33416,33508-33530,92960-92971,92978-92998,93282-93284,93287,93289,93292,93295,93296,93583,93644,93724,93745,93792-93798,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1721,C1722,C1777,C1895,C1896,C1899,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,K0606-K0609,S0340-S0342,S9348

Line: **99**
Condition: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
ICD-10: D30.9,D57.1,D59.3,D69.0,E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,E75.21-E75.22,E75.240-E75.249,E75.3,E77.0,E77.8,E78.71-E78.72,I12.0,M30.0-M30.2,M30.8,M31.0,M31.31,M31.7,M32.14-M32.19,M35.04,N00.8,N01.0-N01.9,N02.0-N02.9,N03.0-N03.9,N04.0-N04.9,N05.0-N05.9,N06.0-N06.9,N07.0-N07.9,N08,N11.0-N11.8,N14.0-N14.4,N15.0,N15.8-N15.9,N16,N17.0-N17.9,N18.5-N18.6,N26.1,N26.9,N28.0,Q60.0-Q60.2,Q60.4-Q60.6,Q61.19-Q61.5,Q62.0,Q62.10-Q62.39,Q79.4,Q79.51,Q87.2-Q87.3,Q87.5,Q87.81,Q87.89,Q89.8,T86.10-T86.19,Z48.22,Z52.4
CPT: 36825,36830,50300-50370,50547,52310,76776,86825-86835,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **100**
Condition: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See Guideline Notes 64,183)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K31.6,P76.0-P76.9,P78.1,P78.81,P78.84-P78.89,Q40.0,Q41.0-Q41.9,Q42.0-Q42.9,Q43.0-Q43.9,Q45.0-Q45.9,T86.890-T86.899,Z46.59
CPT: 31750,31760,32905,32906,39503,39545,43500-43520,43620-43640,43800-43825,43840,43850,43860,43870,43880,44005,44010,44020,44021,44050,44055,44110-44130,44139-44227,44300-44346,44363-44370,44378,44379,44381,44384,44391-44402,44404,44405,44408-44701,44715-44721,44800-44955,45000-45020,45108-45123,45130-45150,45303,45308-45320,45327,45333-45335,45338,45340,45346,45347,45381-45389,45393-45397,45800,45905,45910,46040,46045,46060-46080,46270,46275,46604,46610-46614,46705-46754,47300,47533-47540,47542,47544,47554-47556,47600-47620,47701,47715-47999,48120-48146,48150,48500-48556,49203-49250,49324,49325,49421-49423,49442,49600-49611,49904,49905,51500,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,T2101

Line: **101**
Condition: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E80.5,P50.0-P50.9,P51.0-P51.9,P55.0-P55.9,P57.0-P57.9,P58.0-P58.3,P58.41-P58.9,P59.0-P59.1,P59.20-P59.9,P61.3-P61.4
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: E0202,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **102**
Condition: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See Guideline Notes 64,156)
Treatment: MEDICAL THERAPY
ICD-10: E67.0,E67.3,P93.0-P93.8,R78.71,T36.0X1A-T36.0X1D,T36.0X2A-T36.0X2D,T36.0X3A-T36.0X3D,T36.0X4A-T36.0X4D,T36.0X5A-T36.0X5D,T36.1X1A-T36.1X1D,T36.1X2A-T36.1X2D,T36.1X3A-T36.1X3D,T36.1X4A-T36.1X4D,T36.1X5A-T36.1X5D,T36.2X1A-T36.2X1D,T36.2X2A-T36.2X2D,T36.2X3A-T36.2X3D,T36.2X4A-T36.2X4D,T36.2X5A-T36.2X5D,T36.3X1A-T36.3X1D,T36.3X2A-T36.3X2D,T36.3X3A-T36.3X3D,T36.3X4A-T36.3X4D,T36.3X5A-T36.3X5D,T36.4X1A-T36.4X1D,T36.4X2A-T36.4X2D,T36.4X3A-T36.4X3D,T36.4X4A-T36.4X4D,T36.4X5A-T36.4X5D,T36.5X1A-T36.5X1D,T36.5X2A-T36.5X2D,T36.5X3A-T36.5X3D,T36.5X4A-T36.5X4D,T36.5X5A-T36.5X5D,T36.6X1A-T36.6X1D,T36.6X2A-T36.6X2D,T36.6X3A-T36.6X3D,T36.6X4A-T36.6X4D,T36.6X5A-T36.6X5D,T36.7X1A-T36.7X1D,T36.7X2A-T36.7X2D,T36.7X3A-T36.7X3D,T36.7X4A-T36.7X4D,T36.7X5A-T36.7X5D,T36.8X1A-T36.8X1D,T36.8X2A-T36.8X2D,T36.8X3A-T36.8X3D,T36.8X4A-

T36.8X4D,T36.8X5A-T36.8X5D,T36.91XA-T36.91XD,T36.92XA-T36.92XD,T36.93XA-T36.93XD,T36.94XA-
T36.94XD,T36.95XA-T36.95XD,T37.0X1A-T37.0X1D,T37.0X2A-T37.0X2D,T37.0X3A-T37.0X3D,T37.0X4A-
T37.0X4D,T37.0X5A-T37.0X5D,T37.1X1A-T37.1X1D,T37.1X2A-T37.1X2D,T37.1X3A-T37.1X3D,T37.1X4A-
T37.1X4D,T37.1X5A-T37.1X5D,T37.2X1A-T37.2X1D,T37.2X2A-T37.2X2D,T37.2X3A-T37.2X3D,T37.2X4A-
T37.2X4D,T37.2X5A-T37.2X5D,T37.3X1A-T37.3X1D,T37.3X2A-T37.3X2D,T37.3X3A-T37.3X3D,T37.3X4A-
T37.3X4D,T37.3X5A-T37.3X5D,T37.4X1A-T37.4X1D,T37.4X2A-T37.4X2D,T37.4X3A-T37.4X3D,T37.4X4A-
T37.4X4D,T37.4X5A-T37.4X5D,T37.5X1A-T37.5X1D,T37.5X2A-T37.5X2D,T37.5X3A-T37.5X3D,T37.5X4A-
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CPT: 43241,43247,49435,49436,90935-90947,90989-90997,93792,93793,94640,95017,95018,95076,95079,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99175,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9355,T1029

Line: 103

Condition: BOTULISM (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: A05.1,A48.51-A48.52

CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **104**
Condition: TETRALOGY OF FALLOT (TOF); CONGENITAL VENOUS ABNORMALITIES (See Guideline Note 64)
Treatment: REPAIR
ICD-10: Q21.3,Q25.5-Q25.6,Q25.71-Q25.79,Q26.0-Q26.1,Q26.3-Q26.9,Z79.01
CPT: 33606,33608,33620,33621,33692-33697,33724,33726,33735-33750,33764,33917,33924-33926,33946-33966, 33969,33984-33989,34502,75573,92960-92971,92978-92998,93355,93792-93798,96156-96159,96164-96171, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **105**
Condition: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Note 64)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-10: Q23.0-Q23.1,Q24.4,Q25.3
CPT: 33361-33417,33440,33496,33530,33620,33621,33946-33966,33969,33984-33989,37246,37247,75573,92960-92971,92978-92998,93355,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **106**
Condition: GIANT CELL ARTERITIS, POLYMYALGIA RHEUMATICA AND KAWASAKI DISEASE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M30.3,M31.0,M31.4-M31.6,M35.3
CPT: 36514,36516,37609,90284,92002-92014,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **107**
Condition: FRACTURE OF RIBS AND STERNUM, OPEN (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S22.20XB,S22.21XB,S22.22XB,S22.23XB,S22.24XB,S22.31XB,S22.32XB,S22.39XB,S22.41XB,S22.42XB, S22.43XB,S22.49XB,S22.5XXB,S22.9XXB
CPT: 11010-11012,20700-20705,21811-21813,21825,93792,93793,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **108**
Condition: SUBACUTE MENINGITIS (E.G., TUBERCULOSIS, CRYPTOCOCCOSIS) (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A01.01,A17.0-A17.1,A17.81-A17.89,A27.81,A42.81-A42.82,B37.5,B45.8,B57.40-B57.49,B58.2,B60.0,G02,G03.0-G03.1,G03.8-G03.9
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **109**
Condition: COAGULATION DEFECTS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D66-D67,D68.0-D68.2,D68.311-D68.4,D68.8-D68.9,M25.00,M25.011-M25.08,Z14.02
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S9345

Line: **110**
Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Notes 49,64,95)
Treatment: MEDICAL THERAPY
ICD-10: Q23.8-Q23.9,Q24.6-Q24.8,Q28.8,Z45.010-Z45.09,Z79.01
CPT: 33202-33249,33262-33264,33270-33273,33418-33430,33460-33496,33530,33620,33621,33946-33966,33969, 33984-33989,75573,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93355,93644,93745, 93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,K0606-K0609

Line: **111**
Condition: CANCER OF TESTIS (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C62.00-C62.92,D40.10-D40.12,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.47
CPT: 32553,38564,38571-38573,38780,49327,49411,49412,54512-54535,54660,54690,77261-77290,77295,77300, 77306,77307,77321-77370,77385-77387,77401-77417,77424-77431,77469,77470,93792,93793,96156-96159, 96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **112**
Condition: CANCER OF EYE AND ORBIT (See Guideline Notes 7,11,12,16,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C69.00-C69.92,D09.20-D09.22,D48.7,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.840
CPT: 11420,11440,13132,20969,32553,49411,65091,65101-65114,65435,65450,65778-65780,65900,66600,66605, 66770,67208-67218,67412,67414,67445,68110-68135,68320-68328,68335,68340,77014,77261-77295,77300-77370,77385-77387,77401-77432,77469,77470,77520-77525,77750,77789,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,96156-96159,96164-96171,96377,96405,96406, 96420-96440,96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **113**
Condition: APLASTIC ANEMIAS; AGRANULOCYTOSIS (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: D60.0-D60.9,D61.01-D61.3,D61.810,D61.82-D61.9,T86.01-T86.09,Z48.290,Z52.000-Z52.008,Z52.090-Z52.098, Z52.3
CPT: 36680,38204-38215,38240,38242,86825,86826,90284,93792,93793,96377,96405,96406,96420-96440,96450, 96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **114**
Condition: CHRONIC MYELOID LEUKEMIA (See Guideline Notes 7,11,12)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C92.10-C92.32,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,79101,90284,93792,93793,96158,96159,96164-96171,96377,96405,96406,96420-96450,96542, 96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **115**
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C81.00-C81.99,D61.810,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3,Z85.71
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450, 96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **116**
Condition: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS (See Guideline Note 64)
Treatment: REMOVAL OF FOREIGN BODY
ICD-10: T17.200A-T17.200D,T17.208A-T17.208D,T17.210A-T17.210D,T17.220A-T17.220D,T17.228A-T17.228D, T17.290A-T17.290D,T17.298A-T17.298D,T17.300A-T17.300D,T17.308A-T17.308D,T17.310A-T17.310D, T17.320A-T17.320D,T17.328A-T17.328D,T17.390A-T17.390D,T17.398A-T17.398D,T17.400A-T17.400D, T17.408A-T17.408D,T17.410A-T17.410D,T17.418A-T17.418D,T17.420A-T17.420D,T17.428A-T17.428D, T17.490A-T17.490D,T17.498A-T17.498D,T17.500A-T17.500D,T17.508A-T17.508D,T17.510A-T17.510D, T17.518A-T17.518D,T17.520A-T17.520D,T17.528A-T17.528D,T17.590A-T17.590D,T17.598A-T17.598D, T17.800A-T17.800D,T17.808A-T17.808D,T17.810A-T17.810D,T17.820A-T17.820D,T17.828A-T17.828D, T17.890A-T17.890D,T17.898A-T17.898D,T17.900A-T17.900D,T17.908A-T17.908D,T17.910A-T17.910D, T17.920A-T17.920D,T17.928A-T17.928D,T17.990A-T17.990D,T17.998A-T17.998D,T18.0XXA-T18.0XXD, T18.100A-T18.100D,T18.108A-T18.108D,T18.110A-T18.110D,T18.120A-T18.120D,T18.128A-T18.128D, T18.190A-T18.190D,T18.198A-T18.198D
CPT: 31511,31512,31530,31531,31635,32150,32151,40804,41805,42809,43020,43045,43194,43215,43247,43249, 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **117**
Condition: NUTRITIONAL DEFICIENCIES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D50.0-D50.9,D51.0-D51.9,D52.0-D52.9,D53.0-D53.9,D64.0-D64.3,D81.818-D81.819,E40-E43,E44.0-E44.1,E45, E46,E50.0-E50.9,E51.11-E51.12,E51.8-E51.9,E52,E53.0-E53.9,E54,E55.0-E55.9,E56.0-E56.8,E58-E60,E61.0-E61.6,E63.0-E63.8
CPT: 93792,93793,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **118**
Condition: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Note 64)
Treatment: REPAIR SEPTAL DEFECT
ICD-10: Q21.1
CPT: 33641,33647,33946-33966,33969,33984-33989,92960-92971,92978-92998,93355,93580,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **119**
Condition: CHOANAL ATRESIA (See Guideline Note 64)
Treatment: REPAIR OF CHOANAL ATRESIA
ICD-10: Q30.0
CPT: 30520-30545,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **120**
Condition: ABUSE AND NEGLECT (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: T73.0XXA-T73.0XXD,T73.1XXA-T73.1XXD,T74.01XA-T74.01XD,T74.02XA-T74.02XD,T74.11XA-T74.11XD, T74.12XA-T74.12XD,T74.21XA-T74.21XD,T74.22XA-T74.22XD,T74.31XA-T74.31XD,T74.32XA-T74.32XD, T74.4XXA-T74.4XXD,T74.51XA-T74.51XD,T74.52XA-T74.52XD,T74.61XA-T74.61XD,T74.62XA-T74.62XD, T74.91XA-T74.91XD,T74.92XA-T74.92XD,T76.01XA-T76.01XD,T76.02XA-T76.02XD,T76.11XA-T76.11XD, T76.12XA-T76.12XD,T76.21XA-T76.21XD,T76.22XA-T76.22XD,T76.31XA-T76.31XD,T76.32XA-T76.32XD, T76.51XA-T76.51XD,T76.52XA-T76.52XD,T76.61XA-T76.61XD,T76.62XA-T76.62XD,T76.91XA-T76.91XD, T76.92XA-T76.92XD,Z04.41-Z04.42,Z04.71-Z04.82,Z69.010-Z69.020,Z69.11,Z69.81
CPT: 46700,46706,46707,56800,56810,57023,57200,57210,57415,90785,90832-90840,90846-90853,90882,90887, 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,H0038,H2014,H2027

Line: **121**
Condition: ATTENTION DEFICIT/HYPERACTIVITY DISORDERS (See Guideline Notes 20,64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F90.0-F90.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224, 99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2058-G2065,H0004,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027, H2032,S5151,S9125,S9484,T1005

Line: **122**
Condition: MALARIA, CHAGAS' DISEASE AND TRYPANOSOMIASIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B50.0-B50.9,B51.8-B51.9,B52.0-B52.9,B53.0-B53.8,B54,B56.0-B56.9,B57.1,B57.30-B57.39,B57.5
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **123**
Condition: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX (See Guideline Notes 64,156)
Treatment: MEDICAL THERAPY
ICD-10: J38.4,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD, T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD, T78.2XXA-T78.2XXD,T88.2XXA-T88.2XXD,T88.6XXA-T88.6XXD,Z51.6
CPT: 86003,86008,86486,93792,93793,95004,95017-95180,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **124**
Condition: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS (See Guideline Notes 12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT WHICH INCLUDES RADIATION THERAPY
ICD-10: E05.00-E05.91,E06.0-E06.9,Z51.0
CPT: 32553,36514,36516,49411,60210-60240,60270,60271,60512,67414,67440,67445,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79403,92002-92014,92081,92082,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: **125**
Condition: BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD (See Guideline Notes 7,11,16,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: D18.02,D32.0-D32.9,D33.0-D33.7,D35.2-D35.3,D44.3-D44.4,D61.810,G89.3,H47.141-H47.149,Q85.00-Q85.09, Q85.8-Q85.9,Z45.49,Z51.0,Z51.12,Z86.011
CPT: 12034,32553,49411,61312-61512,61516-61521,61524-61530,61534,61536-61564,61571-61626,61781,61782, 61796-61800,62100,62140-62160,62163-62165,62223,62272,62329,63265,63275-63295,64788-64792,77014, 77261-77295,77300-77307,77321-77372,77385-77387,77402-77432,77469,77470,77520-77763,77770-77790, 79005-79403,92002-92014,92081-92083,92133,92134,92250,93792,93793,95990,96156-96159,96164-96171, 96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: **126**
Condition: ACUTE KIDNEY INJURY (See Guideline Note 64)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-10: N00.0-N00.9,N01.0-N01.9,N17.0-N17.9,Z49.01-Z49.32
CPT: 36514,36516,36818-36821,36831-36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90947, 90989-90997,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9339,S9537

Line: **127**
Condition: MODERATE BURNS (See Guideline Notes 6,64)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-10: L49.7,L55.1,T20.20XA-T20.20XD,T20.211A-T20.211D,T20.212A-T20.212D,T20.219A-T20.219D,T20.22XA-T20.22XD,T20.23XA-T20.23XD,T20.24XA-T20.24XD,T20.25XA-T20.25XD,T20.26XA-T20.26XD,T20.27XA-T20.27XD,T20.29XA-T20.29XD,T20.60XA-T20.60XD,T20.611A-T20.611D,T20.612A-T20.612D,T20.619A-T20.619D,T20.62XA-T20.62XD,T20.63XA-T20.63XD,T20.64XA-T20.64XD,T20.65XA-T20.65XD,T20.66XA-T20.66XD,T20.67XA-T20.67XD,T20.69XA-T20.69XD,T21.20XA-T21.20XD,T21.21XA-T21.21XD,T21.22XA-T21.22XD,T21.23XA-T21.23XD,T21.24XA-T21.24XD,T21.25XA-T21.25XD,T21.26XA-T21.26XD,T21.27XA-T21.27XD,T21.29XA-T21.29XD,T21.60XA-T21.60XD,T21.61XA-T21.61XD,T21.62XA-T21.62XD,T21.63XA-T21.63XD,T21.64XA-T21.64XD,T21.65XA-T21.65XD,T21.66XA-T21.66XD,T21.67XA-T21.67XD,T21.69XA-T21.69XD,T22.20XA-T22.20XD,T22.211A-T22.211D,T22.212A-T22.212D,T22.219A-T22.219D,T22.221A-T22.221D,T22.222A-T22.222D,T22.229A-T22.229D,T22.231A-T22.231D,T22.232A-T22.232D,T22.239A-T22.239D,T22.241A-T22.241D,T22.242A-T22.242D,T22.249A-T22.249D,T22.251A-T22.251D,T22.252A-T22.252D,T22.259A-T22.259D,T22.261A-T22.261D,T22.262A-T22.262D,T22.269A-T22.269D,T22.291A-T22.291D,T22.292A-T22.292D,T22.299A-T22.299D,T22.60XA-T22.60XD,T22.611A-T22.611D,T22.612A-T22.612D,T22.619A-T22.619D,T22.621A-T22.621D,T22.622A-T22.622D,T22.629A-T22.629D,T22.631A-T22.631D,T22.632A-T22.632D,T22.639A-T22.639D,T22.641A-T22.641D,T22.642A-T22.642D,T22.649A-T22.649D,T22.651A-T22.651D,T22.652A-T22.652D,T22.659A-T22.659D,T22.661A-T22.661D,T22.662A-T22.662D,T22.669A-T22.669D,T22.691A-T22.691D,T22.692A-T22.692D,T22.699A-T22.699D,T23.201A-T23.201D,T23.202A-T23.202D,T23.209A-T23.209D,T23.211A-T23.211D,T23.212A-T23.212D,T23.219A-T23.219D,T23.221A-T23.221D,T23.222A-T23.222D,T23.229A-T23.229D,T23.231A-T23.231D,T23.232A-T23.232D,T23.239A-T23.239D,T23.241A-T23.241D,T23.242A-T23.242D,T23.249A-T23.249D,T23.251A-T23.251D,T23.252A-T23.252D,T23.259A-T23.259D,T23.261A-T23.261D,T23.262A-T23.262D,T23.269A-T23.269D,T23.271A-T23.271D,T23.272A-T23.272D,T23.279A-T23.279D,T23.291A-T23.291D,T23.292A-T23.292D,T23.299A-T23.299D,T23.601A-T23.601D,T23.602A-T23.602D,T23.609A-T23.609D,T23.611A-T23.611D,T23.612A-T23.612D,T23.619A-T23.619D,T23.621A-T23.621D,T23.622A-T23.622D,T23.629A-T23.629D,T23.631A-T23.631D,T23.632A-T23.632D,T23.639A-T23.639D,T23.641A-T23.641D,T23.642A-T23.642D,T23.649A-T23.649D,T23.651A-T23.651D,T23.652A-T23.652D,T23.659A-T23.659D,T23.661A-T23.661D,T23.662A-T23.662D,T23.669A-T23.669D,T23.671A-T23.671D,T23.672A-T23.672D,T23.679A-T23.679D,T23.691A-T23.691D,T23.692A-T23.692D,T23.699A-T23.699D,T24.201A-T24.201D,T24.202A-T24.202D,T24.209A-T24.209D,T24.211A-T24.211D,T24.212A-T24.212D,T24.219A-T24.219D,T24.221A-T24.221D,T24.222A-T24.222D,T24.229A-T24.229D,T24.231A-T24.231D,T24.232A-T24.232D,T24.239A-T24.239D,T24.291A-T24.291D,T24.292A-T24.292D,T24.299A-T24.299D,T24.601A-T24.601D,T24.602A-T24.602D,T24.609A-T24.609D,T24.611A-T24.611D,T24.612A-T24.612D,T24.619A-T24.619D,T24.621A-T24.621D,T24.622A-T24.622D,T24.629A-T24.629D,T24.631A-T24.631D,T24.632A-T24.632D,T24.639A-T24.639D,T24.691A-T24.691D,T24.692A-T24.692D,T24.699A-T24.699D,T25.211A-T25.211D,T25.212A-T25.212D,T25.219A-T25.219D,T25.221A-T25.221D,T25.222A-T25.222D,T25.229A-T25.229D,T25.231A-T25.231D,T25.232A-T25.232D,T25.239A-T25.239D,T25.291A-T25.291D,T25.292A-T25.292D,T25.299A-T25.299D,T25.611A-T25.611D,T25.612A-T25.612D,T25.619A-T25.619D,T25.621A-T25.621D,T25.622A-T25.622D,T25.629A-T25.629D,T25.631A-T25.631D,T25.632A-T25.632D,T25.639A-T25.639D,T25.691A-T25.691D,T25.692A-T25.692D,T25.699A-T25.699D,T31.10,T31.20,T31.30,T31.40,T31.50,T31.60,T31.70,T31.80, T31.90,T32.10,T32.20,T32.30,T32.40,T32.50,T32.60,T32.70,T32.80,T32.90

CPT: 11000,11042,11045,11960-11971,15002-15005,15271-15278,16020-16036,92507,92508,92521-92524,92607-92609,92633,93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C5271-C5278,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: 128
Condition: COMMON TRUNCUS (See Guideline Note 64)
Treatment: TOTAL REPAIR/REPLANT ARTERY
ICD-10: Q20.0
CPT: 33608,33620,33621,33786,33788,33813,33814,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 129
Condition: GRANULOMATOSIS WITH POLYANGIITIS (See Guideline Notes 12,16,64)
Treatment: MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-10: G89.3,M30.1,M31.2,M31.30-M31.31,M31.7,Z51.0
CPT: 32553,36514,36516,49411,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,77520-77525,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: 130
Condition: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Notes 14,64)
Treatment: COMPLETE REPAIR
ICD-10: Q24.2,Q26.2
CPT: 33620,33621,33724,33730,33732,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 131
Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M60.000-M60.005,M60.011-M60.09,M62.82,M79.A11-M79.A9,S07.0XXA-S07.0XXD,S07.1XXA-S07.1XXD,S07.8XXA-S07.8XXD,S07.9XXA-S07.9XXD,S17.0XXA-S17.0XXD,S17.8XXA-S17.8XXD,S17.9XXA-S17.9XXD,S28.0XXA-S28.0XXD,S35.8X1A-S35.8X1D,S35.8X8A-S35.8X8D,S35.8X9A-S35.8X9D,S35.90XA-S35.90XD,S35.91XA-S35.91XD,S35.99XA-S35.99XD,S38.001A-S38.001D,S38.002A-S38.002D,S38.01XA-S38.01XD,S38.02XA-S38.02XD,S38.03XA-S38.03XD,S38.1XXA-S38.1XXD,S47.1XXA-S47.1XXD,S47.2XXA-S47.2XXD,S47.9XXA-S47.9XXD,S57.00XA-S57.00XD,S57.01XA-S57.01XD,S57.02XA-S57.02XD,S57.80XA-S57.80XD,S57.81XA-S57.81XD,S57.82XA-S57.82XD,S67.20XA-S67.20XD,S67.21XA-S67.21XD,S67.22XA-S67.22XD,S67.30XA-S67.30XD,S67.31XA-S67.31XD,S67.32XA-S67.32XD,S67.40XA-S67.40XD,S67.41XA-S67.41XD,S67.42XA-S67.42XD,S67.90XA-S67.90XD,S67.91XA-S67.91XD,S67.92XA-S67.92XD,S77.00XA-S77.00XD,S77.01XA-S77.01XD,S77.02XA-S77.02XD,S77.10XA-S77.10XD,S77.11XA-S77.11XD,S77.12XA-S77.12XD,S77.20XA-S77.20XD,S77.21XA-S77.21XD,S77.22XA-S77.22XD,S87.00XA-S87.00XD,S87.01XA-S87.01XD,S87.02XA-S87.02XD,S87.80XA-S87.80XD,S87.81XA-S87.81XD,S87.82XA-S87.82XD,S97.00XA-S97.00XD,S97.01XA-S97.01XD,S97.02XA-S97.02XD,S97.80XA-S97.80XD,S97.81XA-S97.81XD,S97.82XA-S97.82XD,T79.5XXA-T79.5XXD,T79.6XXA-T79.6XXD,T79.A0XA-T79.A0XD,T79.A11A-T79.A11D,T79.A12A-T79.A12D,T79.A19A-T79.A19D,T79.A21A-T79.A21D,T79.A22A-T79.A22D,T79.A29A-T79.A29D,T79.A3XA-T79.A3XD,T79.A9XA-T79.A9XD,T79.8XXA-T79.8XXD,T79.9XXA-T79.9XXD
CPT: 11043-11047,11740,20101-20103,20700-20705,20950,20972,21627,21630,23395,24495,25020-25025,25274,25295,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26037,26357-26390,26437,27025,27027,27057,27305,27465-27468,27496-27499,27600-27602,27656-27659,27665,27695-27698,27892-27894,28008,35141,35221,36514,36516,37616,37617,54230,74445,92960-92971,92978-92998,93792-93798,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **132**
Condition: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S42.001B,S42.002B,S42.009B,S42.011B,S42.012B,S42.013B,S42.014B,S42.015B,S42.016B,S42.017B,
S42.018B,S42.019B,S42.021B,S42.022B,S42.023B,S42.024B,S42.025B,S42.026B,S42.031B,S42.032B,
S42.033B,S42.034B,S42.035B,S42.036B,S42.101B,S42.102B,S42.109B,S42.111B,S42.112B,S42.113B,
S42.114B,S42.115B,S42.116B,S42.121B,S42.122B,S42.123B,S42.124B,S42.125B,S42.126B,S42.131B,
S42.132B,S42.133B,S42.134B,S42.135B,S42.136B,S42.141B,S42.142B,S42.143B,S42.144B,S42.145B,
S42.146B,S42.151B,S42.152B,S42.153B,S42.154B,S42.155B,S42.156B,S42.191B,S42.192B,S42.199B,
S42.201B,S42.202B,S42.209B,S42.211B,S42.212B,S42.213B,S42.214B,S42.215B,S42.216B,S42.221B,
S42.222B,S42.223B,S42.224B,S42.225B,S42.226B,S42.231B,S42.232B,S42.239B,S42.241B,S42.242B,
S42.249B,S42.251B,S42.252B,S42.253B,S42.254B,S42.255B,S42.256B,S42.261B,S42.262B,S42.263B,
S42.264B,S42.265B,S42.266B,S42.291B,S42.292B,S42.293B,S42.294B,S42.295B,S42.296B,S42.301B,
S42.302B,S42.309B,S42.321B,S42.322B,S42.323B,S42.324B,S42.325B,S42.326B,S42.331B,S42.332B,
S42.333B,S42.334B,S42.335B,S42.336B,S42.341B,S42.342B,S42.343B,S42.344B,S42.345B,S42.346B,
S42.351B,S42.352B,S42.353B,S42.354B,S42.355B,S42.356B,S42.361B,S42.362B,S42.363B,S42.364B,
S42.365B,S42.366B,S42.391B,S42.392B,S42.399B,S42.401B,S42.402B,S42.409B,S42.411B,S42.412B,
S42.413B,S42.414B,S42.415B,S42.416B,S42.421B,S42.422B,S42.423B,S42.424B,S42.425B,S42.426B,
S42.431B,S42.432B,S42.433B,S42.434B,S42.435B,S42.436B,S42.441B,S42.442B,S42.443B,S42.444B,
S42.445B,S42.446B,S42.447B,S42.448B,S42.449B,S42.451B,S42.452B,S42.453B,S42.454B,S42.455B,
S42.456B,S42.461B,S42.462B,S42.463B,S42.464B,S42.465B,S42.466B,S42.471B,S42.472B,S42.473B,
S42.474B,S42.475B,S42.476B,S42.491B,S42.492B,S42.493B,S42.494B,S42.495B,S42.496B,S42.90XB,
S42.91XB,S42.92XB,S52.001B-S52.001C,S52.001E-S52.001F,S52.001H-S52.001J,S52.002B-S52.002C,
S52.002E-S52.002F,S52.002H-S52.002J,S52.009B-S52.009C,S52.009E-S52.009F,S52.009H-S52.009J,
S52.021B-S52.021C,S52.021E-S52.021F,S52.021H-S52.021J,S52.022B-S52.022C,S52.022E-S52.022F,
S52.022H-S52.022J,S52.023B-S52.023C,S52.023E-S52.023F,S52.023H-S52.023J,S52.024B-S52.024C,
S52.024E-S52.024F,S52.024H-S52.024J,S52.025B-S52.025C,S52.025E-S52.025F,S52.025H-S52.025J,
S52.026B-S52.026C,S52.026E-S52.026F,S52.026H-S52.026J,S52.031B-S52.031C,S52.031E-S52.031F,
S52.031H-S52.031J,S52.032B-S52.032C,S52.032E-S52.032F,S52.032H-S52.032J,S52.033B-S52.033C,
S52.033E-S52.033F,S52.033H-S52.033J,S52.034B-S52.034C,S52.034E-S52.034F,S52.034H-S52.034J,
S52.035B-S52.035C,S52.035E-S52.035F,S52.035H-S52.035J,S52.036B-S52.036C,S52.036E-S52.036F,
S52.036H-S52.036J,S52.041B-S52.041C,S52.041E-S52.041F,S52.041H-S52.041J,S52.042B-S52.042C,
S52.042E-S52.042F,S52.042H-S52.042J,S52.043B-S52.043C,S52.043E-S52.043F,S52.043H-S52.043J,
S52.044B-S52.044C,S52.044E-S52.044F,S52.044H-S52.044J,S52.045B-S52.045C,S52.045E-S52.045F,
S52.045H-S52.045J,S52.046B-S52.046C,S52.046E-S52.046F,S52.046H-S52.046J,S52.091B-S52.091C,
S52.091E-S52.091F,S52.091H-S52.091J,S52.092B-S52.092C,S52.092E-S52.092F,S52.092H-S52.092J,
S52.099B-S52.099C,S52.099E-S52.099F,S52.099H-S52.099J,S52.101B-S52.101C,S52.101E-S52.101F,
S52.101H-S52.101J,S52.102B-S52.102C,S52.102E-S52.102F,S52.102H-S52.102J,S52.109B-S52.109C,
S52.109E-S52.109F,S52.109H-S52.109J,S52.121B-S52.121C,S52.121E-S52.121F,S52.121H-S52.121J,
S52.122B-S52.122C,S52.122E-S52.122F,S52.122H-S52.122J,S52.123B-S52.123C,S52.123E-S52.123F,
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CPT: 11010-11012,11740,11760,12001-12020,12031-12057,20150,20650,20663,20670-20694,20700-20705,21485,21490,22848,23395,23400,23515,23530,23532,23550,23552,23585,23615,23630,23660,23670,23680,24130,24300,24332,24343,24345,24346,24515,24516,24545,24546,24575,24579,24586,24587,24615,24635,24640,24665,24666,24685,25119,25210-25240,25275,25310,25320,25337,25390-25392,25394,25430,25431,25441-25447,25450-25492,25515,25525,25526,25545,25574,25575,25606-25609,25628,25645,25652,25670,25676,25685,25695,25810-25825,26340,26615,26645,26665,26685,26686,26715,26727,26735,26746,26756,26765,26775-26785,26910,27235,27244,27248,27253-27258,27275,27350,27430,27435,27465-27468,27502,27506,27507,27511-27514,27519,27524,27535,27536,27540,27556-27566,27610,27656,27695-27698,27712,27756-27759,27766,27769,27784,27792,27814,27822-27832,27846,27848,28415,28420,28445,28465,28485,28505,28525,28531-28675,28730,29035-29105,29126-29131,29305-29445,29505,29515,29700-29720,29850-29856,29861-29863,29871,29874-29879,29882,29888-29898,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **133**
Condition: CANCER OF CERVIX (See Guideline Notes 7,11,12,64,176)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C53.0-C53.9,D61.810,G89.3,Z40.03,Z51.0,Z51.11-Z51.12,Z85.41
CPT: 32553,38562,38564,38571-38573,38770,44188,44320,44700,49327,49411,49412,53444,55920,57155,57156, 57505,57520,57522,57531-57550,57558,58150,58200,58210,58260,58262,58548-58554,58570-58575,58700, 58953-58956,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77431,77469,77470,77761-77763,77770-77790,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549, 96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **134**
Condition: INTERRUPTED AORTIC ARCH (See Guideline Note 64)
Treatment: TRANSVERSE ARCH GRAFT
ICD-10: Q25.21-Q25.29,Q25.40-Q25.42,Q25.49
CPT: 33606,33608,33852,33853,33871,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355, 93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **135**
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C81.00-C81.99,D61.810,G89.3,Z51.0,Z51.12,Z85.71
CPT: 32553,38100,38120,49203-49205,49220,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387, 77401-77427,77469,77470,79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450, 96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **136**
Condition: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S78.011A-S78.011D,S78.012A-S78.012D,S78.019A-S78.019D,S78.021A-S78.021D,S78.022A-S78.022D, S78.029A-S78.029D,S78.111A-S78.111D,S78.112A-S78.112D,S78.119A-S78.119D,S78.121A-S78.121D, S78.122A-S78.122D,S78.129A-S78.129D,S78.911A-S78.911D,S78.912A-S78.912D,S78.919A-S78.919D, S78.921A-S78.921D,S78.922A-S78.922D,S78.929A-S78.929D,S88.011A-S88.011D,S88.012A-S88.012D, S88.019A-S88.019D,S88.021A-S88.021D,S88.022A-S88.022D,S88.029A-S88.029D,S88.111A-S88.111D, S88.112A-S88.112D,S88.119A-S88.119D,S88.121A-S88.121D,S88.122A-S88.122D,S88.129A-S88.129D, S88.911A-S88.911D,S88.912A-S88.912D,S88.919A-S88.919D,S88.921A-S88.921D,S88.922A-S88.922D, S88.929A-S88.929D
CPT: 11010-11012,27290,27295,27590-27598,27880-27886,27889,93792,93793,96156-96159,96164-96171,97012, 97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **137**
Condition: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A02.9,B00.1,B35.0,B35.2-B35.9,B36.1,B37.0,B37.41-B37.49,B37.83,B45.8,B59
CPT: 11720,11721,17110,17111,92002-92014,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **138**
Condition: EBSTEIN'S ANOMALY (See Guideline Note 64)
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-10: Q22.5
CPT: 33460,33465,33468,33620,33621,33641-33647,33946-33966,33969,33984-33989,75573,93355,93792,93793, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **139**
Condition: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Notes 64,184)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-10: H40.001-H40.029,H40.041-H40.059,H40.10X0-H40.159,H40.30X0-H40.9,H42,Q13.81,Q15.0
CPT: 0191T,65820-65855,66150,66155,66170,66172,66179-66250,66700-66711,66740,66762,66920-66984,66987, 66988,67036,67255,67500,76514,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **140**
Condition: MYASTHENIA GRAVIS (See Guideline Notes 61,64)
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-10: G70.00-G70.9,G73.1-G73.3
CPT: 32673,36514,36516,60520-60522,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **141**
Condition: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M32.0,M32.10-M32.9,M35.1,M35.9
CPT: 36514,36516,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **142**
Condition: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P80.0-P80.9,P81.0-P81.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **143**
Condition: PNEUMOTHORAX AND PLEURAL EFFUSION TUBE THORACOSTOMY (See Guideline Note 64)
Treatment: SURGICAL THERAPY, MEDICAL THERAPY
ICD-10: J90,J91.0-J91.8,J93.0,J93.11-J93.9,J94.0,J94.2,J95.811-J95.812,J98.2,S27.0XXA-S27.0XXD,S27.1XXA-S27.1XXD,S27.2XXA-S27.2XXD
CPT: 31634,32110,32124,32200-32220,32310,32550,32552,32554-32562,32650-32653,32655,32664,32665,33020-33050,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **144**
Condition: HYPOTHERMIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-10: T68.XXXA-T68.XXXD
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **145**
Condition: ANEMIA OF PREMATURITY OR TRANSIENT NEONATAL NEUTROPENIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P61.2,P61.5,P61.8-P61.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **146**
Condition: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING (See Guideline Notes 64,165)
Treatment: MEDICAL THERAPY
ICD-10: A00.0-A00.9,A02.0,A02.8-A02.9,A03.0-A03.9,A04.0-A04.6,A04.71-A04.8,A05.0,A05.2-A05.9,A08.0,A08.11-A08.8,A09
CPT: 44705,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0455,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **147**
Condition: GLYCOGENOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E74.00-E74.09
CPT: 93792,93793,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9357

Line: **148**
Condition: ACQUIRED HEMOLYTIC ANEMIAS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D59.0-D59.9,D62
CPT: 36514,36516,90935,90937,90945,90947,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **149**
Condition: FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.82-F50.89,F98.21-F98.3
CPT: 90846,90849,90853,90882,90887,92526,93792,93793,97802-97804,98966-98972,99051,99060,99201-99239,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **150**
Condition: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR UNSTABLE; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Notes 6,64,100,136)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M43.3-M43.4,M43.5X2-M43.5X3,M48.40XA-M48.40XG,M48.41XA-M48.41XG,M48.42XA-M48.42XG,M48.43XA-M48.43XG,M48.50XA-M48.50XG,M48.51XA-M48.51XG,M48.52XA-M48.52XG,M48.53XA-M48.53XG,M80.08XA-M80.08XG,M80.88XA-M80.88XG,M84.58XA,M84.68XA,S12.000A-S12.000G,S12.001A-S12.001G,S12.01XA-S12.01XG,S12.02XA-S12.02XG,S12.030A-S12.030G,S12.031A-S12.031G,S12.040A-S12.040G,S12.041A-S12.041G,S12.090A-S12.090G,S12.091A-S12.091G,S12.100A-S12.100G,S12.101A-S12.101G,S12.110A-S12.110G,S12.111A-S12.111G,S12.112A-S12.112G,S12.120A-S12.120G,S12.121A-S12.121G,S12.130A-

S12.130G,S12.131A-S12.131G,S12.14XA-S12.14XG,S12.150A-S12.150G,S12.151A-S12.151G,S12.190A-S12.190G,S12.191A-S12.191G,S12.200A-S12.200G,S12.201A-S12.201G,S12.230A-S12.230G,S12.231A-S12.231G,S12.24XA-S12.24XG,S12.250A-S12.250G,S12.251A-S12.251G,S12.290A-S12.290G,S12.291A-S12.291G,S12.300A-S12.300G,S12.301A-S12.301G,S12.330A-S12.330G,S12.331A-S12.331G,S12.34XA-S12.34XG,S12.350A-S12.350G,S12.351A-S12.351G,S12.390A-S12.390G,S12.391A-S12.391G,S12.400A-S12.400G,S12.401A-S12.401G,S12.430A-S12.430G,S12.431A-S12.431G,S12.44XA-S12.44XG,S12.450A-S12.450G,S12.451A-S12.451G,S12.490A-S12.490G,S12.491A-S12.491G,S12.500A-S12.500G,S12.501A-S12.501G,S12.530A-S12.530G,S12.531A-S12.531G,S12.54XA-S12.54XG,S12.550A-S12.550G,S12.551A-S12.551G,S12.590A-S12.590G,S12.591A-S12.591G,S12.600A-S12.600G,S12.601A-S12.601G,S12.630A-S12.630G,S12.631A-S12.631G,S12.64XA-S12.64XG,S12.650A-S12.650G,S12.651A-S12.651G,S12.690A-S12.690G,S12.691A-S12.691G,S12.9XXA-S12.9XXD,S13.100A-S13.100D,S13.101A-S13.101D,S13.110A-S13.110D,S13.111A-S13.111D,S13.120A-S13.120D,S13.121A-S13.121D,S13.130A-S13.130D,S13.131A-S13.131D,S13.140A-S13.140D,S13.141A-S13.141D,S13.150A-S13.150D,S13.151A-S13.151D,S13.160A-S13.160D,S13.161A-S13.161D,S13.170A-S13.170D,S13.171A-S13.171D,S13.180A-S13.180D,S13.181A-S13.181D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S22.000B-S22.000G,S22.001B-S22.001G,S22.002B-S22.002G,S22.008B-S22.008G,S22.009B-S22.009G,S22.010B-S22.010G,S22.011B-S22.011G,S22.012B-S22.012G,S22.018B-S22.018G,S22.019B-S22.019G,S22.020B-S22.020G,S22.021B-S22.021G,S22.022B-S22.022G,S22.028B-S22.028G,S22.029B-S22.029G,S22.030B-S22.030G,S22.031B-S22.031G,S22.032B-S22.032G,S22.038B-S22.038G,S22.039B-S22.039G,S22.040B-S22.040G,S22.041B-S22.041G,S22.042B-S22.042G,S22.048B-S22.048G,S22.049B-S22.049G,S22.050B-S22.050G,S22.051B-S22.051G,S22.052B-S22.052G,S22.058B-S22.058G,S22.059B-S22.059G,S22.060B-S22.060G,S22.061B-S22.061G,S22.062B-S22.062G,S22.068B-S22.068G,S22.069B-S22.069G,S22.070B-S22.070G,S22.071B-S22.071G,S22.072B-S22.072G,S22.078B-S22.078G,S22.079B-S22.079G,S22.080B-S22.080G,S22.081B-S22.081G,S22.082B-S22.082G,S22.088B-S22.088G,S22.089B-S22.089G,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S32.000B-S32.000G,S32.001B-S32.001G,S32.002A-S32.002G,S32.008B-S32.008G,S32.009B-S32.009G,S32.010B-S32.010G,S32.011B-S32.011G,S32.012A-S32.012G,S32.018B-S32.018G,S32.019B-S32.019G,S32.020B-S32.020G,S32.021B-S32.021G,S32.022A-S32.022G,S32.028B-S32.028G,S32.029B-S32.029G,S32.030B-S32.030G,S32.031B-S32.031G,S32.032A-S32.032G,S32.038B-S32.038G,S32.039B-S32.039G,S32.040B-S32.040G,S32.041B-S32.041G,S32.042A-S32.042G,S32.048B-S32.048G,S32.049B-S32.049G,S32.050B-S32.050G,S32.051B-S32.051G,S32.052A-S32.052G,S32.058B-S32.058G,S32.059B-S32.059G,S32.10XB,S32.110B,S32.111B,S32.112B,S32.119B,S32.120B,S32.121B,S32.122B,S32.129B,S32.130B,S32.131B,S32.132B,S32.139B,S32.14XB,S32.15XB,S32.16XB,S32.17XB,S32.19XB,S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,Z47.2

CPT: 11010-11012,20660,20661,20665,20690-20694,20700-20705,20930,20931,20936-20938,22100-22116,22310-22505,22532-22819,22840-22855,22859,27202-27216,29015,29040,29710,29720,63001-63173,63295,93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 151

Condition: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: E83.00-E83.10,E83.110-E83.19,E83.30-E83.49,E83.89

CPT: 93792,93793,97802-97804,98966-98972,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9355

Line: **152**
Condition: NON-PULMONARY TUBERCULOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A17.83,A17.9,A18.01-A18.89,A19.0-A19.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **153**
Condition: PYOGENIC ARTHRITIS (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A01.04,A02.23,A39.83,M00.00,M00.011-M00.9,M01.X0,M01.X11-M01.X9
CPT: 20600-20611,20700-20705,23040,23044,24000,24006,24101,24102,25040,25101-25109,26070-26080,27030,27310,27610,28022,28024,29819,29821-29823,29825,29843,29848,29861-29863,29871,29894,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **154**
Condition: VASCULAR INSUFFICIENCY OF INTESTINE (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: K55.011-K55.1,K55.8-K55.9,Z46.59
CPT: 34151,34421,34451,44120-44125,44130,44139-44160,44202-44213,44310,44701,49442,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **155**
Condition: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B00.2-B00.4,B00.50-B00.89,B02.0-B02.1,B02.21-B02.9,B10.01-B10.09,G93.7
CPT: 65430,69676,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **156**
Condition: ACROMEGALY AND GIGANTISM (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E22.0
CPT: 32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,79005-79403,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **157**
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS (See Guideline Notes 7,11,12,23,64,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C17.0-C17.9,C18.0-C18.9,C19-C20,C21.0-C21.8,C49.A0,C49.A3-C49.A9,C7A.010-C7A.029,D01.0-D01.3,D01.40-D01.49,D37.2-D37.5,D37.8,D61.810,G89.3,K62.82-K62.89,K63.89,Z46.59,Z51.0,Z51.11-Z51.12,Z85.038,Z85.048
CPT: 32553,38747,43245,44120-44125,44139-44160,44186-44227,44300-44346,44379,44381,44384,44391-44402,44404,44405,44620-44626,44701,44950,44955,45110-45113,45119,45123,45126,45136,45171-45190,45303,45308-45320,45327,45333-45335,45338-45347,45381-45389,45395,45397,45402,45505,45550,46604,46900-46924,49203-49205,49411,49442,57156,58150,77014,77261-77295,77300-77370,77385-77387,77401-77417,77424-77432,77469,77470,77761-77763,77770-77790,79005-79403,81275,81288,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **158**
Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,64,115)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C82.00-C82.99,C83.00-C83.99,C84.00-C84.99,C85.10-C85.99,C86.0-C86.6,C88.4-C88.8,C96.0,C96.20-C96.9, D46.20-D46.C,D46.Z-D46.9,D47.01-D47.1,D47.3,D47.Z1-D47.Z9,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,36522,38100,38120,38542,38720,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387, 77401-77431,77469,77470,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,96900,96910-96913,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9355,S9537

Line: **159**
Condition: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B00.0,L00,L12.30-L12.35,L51.1-L51.3
CPT: 36514,36516,65781,65782,68371,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **160**
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S48.011A-S48.011D,S48.012A-S48.012D,S48.019A-S48.019D,S48.021A-S48.021D,S48.022A-S48.022D, S48.029A-S48.029D,S48.111A-S48.111D,S48.112A-S48.112D,S48.119A-S48.119D,S48.121A-S48.121D, S48.122A-S48.122D,S48.129A-S48.129D,S48.911A-S48.911D,S48.912A-S48.912D,S48.919A-S48.919D, S48.921A-S48.921D,S48.922A-S48.922D,S48.929A-S48.929D,S58.011A-S58.011D,S58.012A-S58.012D, S58.019A-S58.019D,S58.021A-S58.021D,S58.022A-S58.022D,S58.029A-S58.029D,S58.111A-S58.111D, S58.112A-S58.112D,S58.119A-S58.119D,S58.121A-S58.121D,S58.122A-S58.122D,S58.129A-S58.129D, S58.911A-S58.911D,S58.912A-S58.912D,S58.919A-S58.919D,S58.921A-S58.921D,S58.922A-S58.922D, S58.929A-S58.929D,S68.011A-S68.011D,S68.012A-S68.012D,S68.019A-S68.019D,S68.021A-S68.021D, S68.022A-S68.022D,S68.029A-S68.029D,S68.110A-S68.110D,S68.111A-S68.111D,S68.112A-S68.112D, S68.113A-S68.113D,S68.114A-S68.114D,S68.115A-S68.115D,S68.116A-S68.116D,S68.117A-S68.117D, S68.118A-S68.118D,S68.119A-S68.119D,S68.120A-S68.120D,S68.121A-S68.121D,S68.122A-S68.122D, S68.123A-S68.123D,S68.124A-S68.124D,S68.125A-S68.125D,S68.126A-S68.126D,S68.127A-S68.127D, S68.128A-S68.128D,S68.129A-S68.129D,S68.411A-S68.411D,S68.412A-S68.412D,S68.419A-S68.419D, S68.421A-S68.421D,S68.422A-S68.422D,S68.429A-S68.429D,S68.511A-S68.511D,S68.512A-S68.512D, S68.519A-S68.519D,S68.521A-S68.521D,S68.522A-S68.522D,S68.529A-S68.529D,S68.610A-S68.610D, S68.611A-S68.611D,S68.612A-S68.612D,S68.613A-S68.613D,S68.614A-S68.614D,S68.615A-S68.615D, S68.616A-S68.616D,S68.617A-S68.617D,S68.618A-S68.618D,S68.619A-S68.619D,S68.620A-S68.620D, S68.621A-S68.621D,S68.622A-S68.622D,S68.623A-S68.623D,S68.624A-S68.624D,S68.625A-S68.625D, S68.626A-S68.626D,S68.627A-S68.627D,S68.628A-S68.628D,S68.629A-S68.629D,S68.711A-S68.711D, S68.712A-S68.712D,S68.719A-S68.719D,S68.721A-S68.721D,S68.722A-S68.722D,S68.729A-S68.729D
CPT: 11000,11001,11010-11047,20700-20838,20912,20972,20973,23900-23921,24900-24940,25900-25909,26350-26356,26410-26418,26551-26556,26910-26952,64831,64832,93792,93793,96156-96159,96164-96171,97012, 97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **161**
Condition: GRANULOCYTE DISORDERS (See Guideline Notes 7,11,64)
Treatment: MEDICAL THERAPY
ICD-10: D70.0-D70.8,D71,D72.0,D72.89,D76.1-D76.3
CPT: 79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96440,96450,96542,96549, 96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S9537

Line: **162**
Condition: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
ICD-10: Q44.2-Q44.3,T86.40-T86.49,Z48.23,Z52.6
CPT: 47133-47147,86825-86835,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **163**
Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C82.00-C82.99,C83.00-C83.99,C84.00-C84.99,C85.10-C85.99,C86.0-C86.6,C88.4,C96.4,C96.A-C96.9,D61.810,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **164**
Condition: CARCINOMA IN SITU OF UPPER AIRWAY, INCLUDING ORAL CAVITY (See Guideline Note 64)
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-10: D00.00-D00.08,K13.29
CPT: 40500-40530,40810-40816,40819,40820,41000-41018,41110-41510,41520,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **165**
Condition: PREVENTIVE FOOT CARE IN HIGH-RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
ICD-10: E08.40-E08.42,E08.51-E08.52,E08.621,E09.40-E09.42,E09.51-E09.52,E09.621,E10.40-E10.42,E10.51-E10.52,E10.621,E11.40-E11.42,E11.49-E11.59,E11.621,E11.628,E13.40-E13.42,E13.44,E13.51-E13.52,E13.621,G60.0-G60.8,G62.1,I70.201-I70.299,Z86.31
CPT: 11055-11057,11719-11732,11750,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99291-99355,99366-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0245-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **166**
Condition: ANAL, RECTAL AND COLONIC POLYPS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D12.0-D12.9,D3A.020-D3A.029,K51.40,K62.0-K62.1,K63.5,Z86.004,Z86.010
CPT: 44110,44140-44160,44204-44213,44391-44401,44404,44620-44626,45113-45116,45171,45172,45308-45320,45333-45335,45338,45346,45381-45385,45388,46610-46612,46615,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **167**
Condition: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE; NEONATAL CONJUNCTIVITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A54.30-A54.39,A74.0,P37.5,P39.1
CPT: 92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **168**
Condition: COMPLICATED HERNIAS; UNCOMPLICATED INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE (See Guideline Notes 24,63,64,149)
Treatment: REPAIR
ICD-10: K40.00-K40.91,K41.00-K41.11,K41.30-K41.41,K42.0-K42.1,K43.0-K43.1,K43.3-K43.4,K43.6-K43.7,K44.0-K44.1, K45.0-K45.1,K46.0-K46.1,N43.0,N43.2-N43.3,P83.5
CPT: 39503-39541,39560,39561,43281-43283,44050,44120,44346,49491-49572,49582,49587,49590,49650-49659, 55040-55060,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **169**
Condition: NON-DIABETIC HYPOGLYCEMIC COMA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E15
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **170**
Condition: ACUTE MASTOIDITIS (See Guideline Note 64)
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
ICD-10: H70.001-H70.099,H70.201-H70.229,H75.00-H75.03
CPT: 69420,69421,69433,69436,69501-69540,69601-69646,69670,69700,69801,93792,93793,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **171**
Condition: AMEBIASIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A06.0-A06.3,A06.7,A06.81-A06.9,A07.0-A07.1,A07.8,B60.10-B60.11,B60.19-B60.8
CPT: 92002-92014,92018-92060,92081-92136,92201,92202,92230,92235,92242-92270,92283-92287,93792,93793, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **172**
Condition: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: I13.0,I13.10-I13.2,I15.0-I15.1,N26.2
CPT: 92960-92971,92978-92998,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078, 99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **173**
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 19,64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.10-F43.12
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010, H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **174**
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Coding Specification Below)
Treatment: SINGLE FOCAL SURGERY
ICD-10: G40.001-G40.219,G40.309-G40.319,Z45.42-Z45.49,Z46.2
CPT: 61531-61537,61540-61543,61566,61567,61720,61735,61760,61850,61860,61870,61885,61888,64553,64568-64570,70555,93792,93793,95836,95976,95977,95983,95984,96020,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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

Line: **175**
Condition: POLYARTERITIS NODOSA AND ALLIED CONDITIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: I67.7,M30.0,M30.2,M30.8,M31.1,M31.7,M35.2
CPT: 36514,36516,92002-92014,92235,92242,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **176**
Condition: COMMON VENTRICLE (See Guideline Note 64)
Treatment: TOTAL REPAIR
ICD-10: Q20.4,Q20.8
CPT: 33600,33602,33608,33610,33615,33617,33620-33622,33692,33694,33735-33750,33764-33768,33924,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **177**
Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E70.20-E70.29,E70.320-E70.39,E70.5-E70.9,E71.0,E71.110-E71.2,E72.00,E72.02-E72.52,E72.59-E72.81,E72.9,E73.0,E74.12-E74.19,E74.4-E74.8
CPT: 93792,93793,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **178**
Condition: INTRACEREBRAL HEMORRHAGE (See Guideline Notes 6,64,90)
Treatment: MEDICAL THERAPY
ICD-10: I61.0-I61.9
CPT: 92507,92508,92521-92526,92607-92609,92633,93792,93793,96156-96159,96164-96171,97012,97110-97130,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: **179**
Condition: ACUTE LEUKEMIA, MYELODYSPLASTIC SYNDROME (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C88.8,C90.10-C90.12,C91.00-C91.02,C95.00-C95.02,D46.0-D46.1,D46.20-D46.9,D47.1,D47.3,D61.810,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86828-86835,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **180**
Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N11.1,N13.0-N13.2,N13.30-N13.5,N28.82
CPT: 50070,50075,50100,50220,50382-50389,50400,50405,50432-50437,50544,50553,50572,50575,50576,50590, 50605,50693-50700,50706-50740,50760,50780-50785,50840-50900,50940,50948,50953,50970,50972,51535, 52276,52290,52301,52310,52315,52327-52346,52352-52354,52356,93792,93793,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **181**
Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (E.G., LIGHTNING STRIKE, HEATSTROKE) (See Guideline Note 64)
Treatment: MEDICAL THERAPY, BURN TREATMENT
ICD-10: T33.011A-T33.011D,T33.012A-T33.012D,T33.019A-T33.019D,T33.02XA-T33.02XD,T33.09XA-T33.09XD, T33.1XXA-T33.1XXD,T33.2XXA-T33.2XXD,T33.3XXA-T33.3XXD,T33.40XA-T33.40XD,T33.41XA-T33.41XD, T33.42XA-T33.42XD,T33.511A-T33.511D,T33.512A-T33.512D,T33.519A-T33.519D,T33.521A-T33.521D, T33.522A-T33.522D,T33.529A-T33.529D,T33.531A-T33.531D,T33.532A-T33.532D,T33.539A-T33.539D, T33.60XA-T33.60XD,T33.61XA-T33.61XD,T33.62XA-T33.62XD,T33.70XA-T33.70XD,T33.71XA-T33.71XD, T33.72XA-T33.72XD,T33.811A-T33.811D,T33.812A-T33.812D,T33.819A-T33.819D,T33.821A-T33.821D, T33.822A-T33.822D,T33.829A-T33.829D,T33.831A-T33.831D,T33.832A-T33.832D,T33.839A-T33.839D, T33.90XA-T33.90XD,T33.99XA-T33.99XD,T34.011A-T34.011D,T34.012A-T34.012D,T34.019A-T34.019D, T34.02XA-T34.02XD,T34.09XA-T34.09XD,T34.1XXA-T34.1XXD,T34.2XXA-T34.2XXD,T34.3XXA-T34.3XXD, T34.40XA-T34.40XD,T34.41XA-T34.41XD,T34.42XA-T34.42XD,T34.511A-T34.511D,T34.512A-T34.512D, T34.519A-T34.519D,T34.521A-T34.521D,T34.522A-T34.522D,T34.529A-T34.529D,T34.531A-T34.531D, T34.532A-T34.532D,T34.539A-T34.539D,T34.60XA-T34.60XD,T34.61XA-T34.61XD,T34.62XA-T34.62XD, T34.70XA-T34.70XD,T34.71XA-T34.71XD,T34.72XA-T34.72XD,T34.811A-T34.811D,T34.812A-T34.812D, T34.819A-T34.819D,T34.821A-T34.821D,T34.822A-T34.822D,T34.829A-T34.829D,T34.831A-T34.831D, T34.832A-T34.832D,T34.839A-T34.839D,T34.90XA-T34.90XD,T34.99XA-T34.99XD,T67.01XA-T67.01XD, T67.02XA-T67.02XD,T67.09XA-T67.09XD,T67.1XXA-T67.1XXD,T67.2XXA-T67.2XXD,T67.3XXA-T67.3XXD, T67.4XXA-T67.4XXD,T67.5XXA-T67.5XXD,T67.6XXA-T67.6XXD,T67.7XXA-T67.7XXD,T67.8XXA-T67.8XXD, T67.9XXA-T67.9XXD,T69.011A-T69.011D,T69.012A-T69.012D,T69.019A-T69.019D,T69.021A-T69.021D, T69.022A-T69.022D,T69.029A-T69.029D,T69.1XXA-T69.1XXD,T69.8XXA-T69.8XXD,T69.9XXA-T69.9XXD, T70.20XA-T70.20XD,T70.29XA-T70.29XD,T70.4XXA-T70.4XXD,T70.8XXA-T70.8XXD,T71.20XA-T71.20XD, T71.21XA-T71.21XD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D, T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD, T71.9XXA,T73.2XXA-T73.2XXD,T73.8XXA-T73.8XXD,T73.9XXA-T73.9XXD,T75.00XA-T75.00XD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.20XA-T75.20XD,T75.21XA-T75.21XD,T75.22XA-T75.22XD,T75.23XA-T75.23XD,T75.29XA-T75.29XD,T75.4XXA-T75.4XXD,T75.81XA-T75.81XD,T75.82XA-T75.82XD,T75.89XA-T75.89XD,T78.8XXA-T78.8XXD,T88.51XA-T88.51XD
CPT: 11000,11960-11971,15002-15005,15271-15278,16000-16036,93792,93793,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: C5271-C5278,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **182**
Condition: SEPTICEMIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A01.00,A01.02,A01.09-A01.4,A02.1,A20.7,A22.7,A26.7,A32.7,A39.1-A39.2,A39.4,A39.89,A40.0-A40.9,A41.01-A41.9,A42.7,A48.3,A54.86,A77.0,A96.0-A96.9,A98.3-A98.8,A99,B33.4,B37.7,O86.04,P36.0,P36.10-P36.9,P39.2, R65.10-R65.21,R78.81,T81.12XA-T81.12XD,T81.44XA-T81.44XD
CPT: 33946-33966,33969,33984-33989,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **183**
Condition: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M84.350A-M84.350G,M84.454A-M84.454G,M84.550A-M84.550G,M84.650A-M84.650G,M91.0,M91.80-M91.92, S32.301A-S32.301G,S32.302A-S32.302G,S32.309A-S32.309G,S32.311A-S32.311G,S32.312A-S32.312G, S32.313A-S32.313G,S32.314A-S32.314G,S32.315A-S32.315G,S32.316A-S32.316G,S32.391A-S32.391G, S32.392A-S32.392G,S32.399A-S32.399G,S32.401A-S32.401G,S32.402A-S32.402G,S32.409A-S32.409G, S32.411A-S32.411G,S32.412A-S32.412G,S32.413A-S32.413G,S32.414A-S32.414G,S32.415A-S32.415G, S32.416A-S32.416G,S32.421A-S32.421G,S32.422A-S32.422G,S32.423A-S32.423G,S32.424A-S32.424G, S32.425A-S32.425G,S32.426A-S32.426G,S32.431A-S32.431G,S32.432A-S32.432G,S32.433A-S32.433G,

S32.434A-S32.434G,S32.435A-S32.435G,S32.436A-S32.436G,S32.441A-S32.441G,S32.442A-S32.442G, S32.443A-S32.443G,S32.444A-S32.444G,S32.445A-S32.445G,S32.446A-S32.446B,S32.446G,S32.451A-S32.451G,S32.452A-S32.452G,S32.453A-S32.453G,S32.454A-S32.454G,S32.455A-S32.455G,S32.456A-S32.456G,S32.461A-S32.461G,S32.462A-S32.462G,S32.463A-S32.463G,S32.464A-S32.464G,S32.465A-S32.465G,S32.466A-S32.466G,S32.471A-S32.471G,S32.472A-S32.472G,S32.473A-S32.473G,S32.474A-S32.474G,S32.475A-S32.475G,S32.476A-S32.476G,S32.481A-S32.481G,S32.482A-S32.482G,S32.483A-S32.483G,S32.484A-S32.484G,S32.485A-S32.485G,S32.486A-S32.486G,S32.491A-S32.491G,S32.492A-S32.492G,S32.499A-S32.499G,S32.501A-S32.501G,S32.502A-S32.502G,S32.509A-S32.509G,S32.511A-S32.511G,S32.512A-S32.512G,S32.519A-S32.519G,S32.591A-S32.591G,S32.592A-S32.592G,S32.599A-S32.599G,S32.601A-S32.601G,S32.602A-S32.602G,S32.609A-S32.609G,S32.611A-S32.611G,S32.612A-S32.612G,S32.613A-S32.613G,S32.614A-S32.614G,S32.615A-S32.615G,S32.616A-S32.616G,S32.691A-S32.691G,S32.692A-S32.692G,S32.699A-S32.699G,S32.810A-S32.810G,S32.811A-S32.811G,S32.82XA-S32.82XK,S32.89XA-S32.89XG,S32.9XXA-S32.9XXG,S33.4XXA-S33.4XXD,Z47.2

CPT: 11010-11012,20690-20694,20700-20705,27033,27197,27198,27215-27228,27279-27282,29035-29046,29305, 29325,29710,29720,49013,49014,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535, 97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: 184

Condition: ACUTE OSTEOMYELITIS (See Guideline Notes 6,64,148)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: A01.05,A02.24,B37.89,M86.00,M86.011-M86.29,M86.9

CPT: 20150,20700-20705,20955-20973,21025,21026,21510,22010,22015,23035,23105,23130,23170-23184,23405, 23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210-25240, 25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070,27071,27290,27295,27303,27360, 27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,93792,93793,96156-96159, 96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: 185

Condition: DIVERTICULITIS OF COLON (See Guideline Note 64)

Treatment: COLON RESECTION, MEDICAL THERAPY

ICD-10: K57.10,K57.12-K57.13,K57.30,K57.32-K57.33,K57.50,K57.52-K57.53,K57.90,K57.92-K57.93

CPT: 33238,44005,44139-44147,44160,44188,44204-44208,44213,44227,44320,44391,44404,44620-44626,44701, 45308-45320,45334,45335,45381,45382,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: 186

Condition: RHEUMATIC MULTIPLE VALVULAR DISEASE (See Guideline Note 64)

Treatment: SURGICAL TREATMENT

ICD-10: I07.0-I07.9,I08.0-I08.9,I09.1,I09.89,Z79.01

CPT: 33361-33496,33530,33620,33621,33768,75573,92960-92971,92978-92998,93355,93792-93798,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 187

Condition: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION (See Guideline Notes 64,93)

Treatment: MEDICAL THERAPY/ADRENALECTOMY

ICD-10: E24.0,E24.2-E24.9,E26.01-E26.9,E27.0,E27.5-E27.8,E30.1-E30.8,E34.2

CPT: 11981-11983,60540,60545,60650,61546,62100,93792,93793,96156-96159,96164-96171,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S9560

Line: **188**
Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Note 64)
Treatment: REPAIR
ICD-10: Q22.4,Q22.6-Q22.9
CPT: 33460-33464,33496,33608,33615,33617,33620,33621,33735-33750,33766,33768,33946-33966,33969,33984-33989,75573,92960-92971,92978-92998,93355,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **189**
Condition: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 49,64,89)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I20.1-I20.9,I23.6,I25.10,I25.111-I25.6,I25.701-I25.709,I25.711-I25.719,I25.721-I25.729,I25.731-I25.739,I25.751-I25.759,I25.761-I25.769,I25.791-I25.9,I51.0,I51.3,Q27.30,Q27.4,Q28.0-Q28.1,Z45.010-Z45.09,Z79.01
CPT: 33202,33206-33210,33212-33229,33233-33238,33361-33440,33465,33475,33477,33500,33508-33542,33572,33681,33922,33973,33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92938,92943,92944,92960-92998,93279-93284,93286-93289,93292-93296,93355,93724,93745,93792-93798,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,K0606-K0609,S0340-S0342,S2205-S2209

Line: **190**
Condition: NEOPLASMS OF ISLETS OF LANGERHANS
Treatment: EXCISION OF TUMOR
ICD-10: C25.4,D13.7
CPT: 43260-43265,43274-43278,47542,48120,48140,49324,49325,49421,49422,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **191**
Condition: CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER (See Guideline Notes 3,7,11,12,16,26,64,79,88,148,196)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
ICD-10: C50.011-C50.929,D05.00-D05.92,D48.60-D48.62,D61.810,G89.3,N65.0-N65.1,Z15.01-Z15.02,Z40.01-Z40.03,Z42.1,Z44.30-Z44.32,Z45.811-Z45.819,Z51.0,Z51.11-Z51.12,Z79.810,Z80.3,Z85.3,Z90.10-Z90.13
CPT: 11970,11971,13100-13102,15771,15772,19110,19120-19126,19296-19298,19301-19318,19328-19380,32553,38740,38745,49411,58300,58301,58661,58940,77014,77261-77295,77300-77370,77385-77387,77402-77417,77427,77431,77470,77520-77763,77770-77790,79005-79403,81309,81519-81522,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1789,C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S2066-S2068,S3854,S9537,S9560

Line: **192**
Condition: HEREDITARY ANGIOEDEMA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D81.810,D84.1,T78.3XXA-T78.3XXD
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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,90785,90832-90840,90846-90849,90882,90887,93792,93793,97151-97158,98966-98972,99051, 99060,99201-99215,99224-99226,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491, 99495-99498
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2058-G2065,H0004,H0023,H0032,H0034,H0038,H2010,H2014,H2021,H2022,H2027,H2032, S9484

Line: **194**
Condition: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D47.4,D55.0-D55.9,D56.0-D56.9,D57.00-D57.20,D57.211-D57.819,D58.0-D58.9,D64.4,D64.89,D73.0-D73.2, D73.4-D73.5,D73.81-D73.89,D74.0-D74.9,D75.0-D75.1,D75.81,D75.A,D77,Q89.01-Q89.09
CPT: 36514,36516,38100-38102,38120,47562,47563,93792,93793,96156-96159,96164-96171,98966-98972,99051, 99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S9355

Line: **195**
Condition: ACUTE PANCREATITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B25.2,B26.3,K85.00-K85.92,Z80.41
CPT: 43260-43265,43273-43278,47542,47562-47564,47600-47620,48000-48020,48105,48120,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **196**
Condition: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; CEREBRAL ANEURYSM; COMPRESSION OF BRAIN (See Guideline Notes 6,64,90)
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
ICD-10: G93.5-G93.6,I60.00-I60.9,I61.0-I61.9,I62.00-I62.9,I67.1,I67.5,Q28.2-Q28.3,S06.1X0A-S06.1X0D,S06.1X1A-S06.1X1D,S06.1X2A-S06.1X2D,S06.1X3A-S06.1X3D,S06.1X4A-S06.1X4D,S06.1X5A-S06.1X5D,S06.1X6A-S06.1X6D,S06.1X9A-S06.1X9D,S06.340A-S06.340D,S06.341A-S06.341D,S06.342A-S06.342D,S06.343A-S06.343D,S06.344A-S06.344D,S06.345A-S06.345D,S06.346A-S06.346D,S06.347A-S06.349D,S06.350A-S06.350D,S06.351A-S06.351D,S06.352A-S06.352D,S06.353A-S06.353D,S06.354A-S06.354D,S06.355A-S06.355D,S06.356A-S06.356D,S06.357A-S06.359D,S06.360A-S06.360D,S06.361A-S06.361D,S06.362A-S06.362D,S06.363A-S06.363D,S06.364A-S06.364D,S06.365A-S06.365D,S06.366A-S06.366D,S06.367A-S06.369D,S06.371A-S06.371D,S06.372A-S06.372D,S06.373A-S06.373D,S06.374A-S06.374D,S06.375A-S06.375D,S06.376A-S06.376D,S06.377A-S06.379D,S06.380A-S06.380D,S06.381A-S06.381D,S06.382A-S06.382D,S06.383A-S06.383D,S06.384A-S06.384D,S06.385A-S06.385D,S06.386A-S06.386D,S06.387A-S06.389D,S06.4X0A-S06.4X0D,S06.4X1A-S06.4X1D,S06.4X2A-S06.4X2D,S06.4X3A-S06.4X3D,S06.4X4A-S06.4X4D,S06.4X5A-S06.4X5D,S06.4X6A-S06.4X6D,S06.4X7A-S06.4X9D,S06.5X0A-S06.5X0D,S06.5X1A-S06.5X1D,S06.5X2A-S06.5X2D,S06.5X3A-S06.5X3D,S06.5X4A-S06.5X4D,S06.5X5A-S06.5X5D,S06.5X6A-S06.5X6D,S06.5X7A,S06.5X9A-S06.5X9D,S06.6X0A-S06.6X0D,S06.6X1A-S06.6X1D,S06.6X2A-S06.6X2D,S06.6X3A-S06.6X3D,S06.6X4A-S06.6X4D,S06.6X5A-S06.6X5D,S06.6X6A-S06.6X6D,S06.6X9A-S06.6X9D
CPT: 31290,31291,61107-61120,61150-61154,61210,61312-61316,61322,61323,61343,61522-61626,61680-61711, 61781-61783,62100,62143,62160,62220,62223,62272,62329,77263-77290,77295,77300,77306,77307,77332-77336,77370-77372,77385-77387,77402-77412,77432,92507,92508,92521-92526,92607-92609,92633,93792, 93793,96156-96159,96164-96171,97012,97110-97130,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9152

Line: **197**
Condition: CONGENITAL LUNG ANOMALIES (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: Q33.0,Q33.2-Q33.4,Q33.6
CPT: 31601,31820,31825,32140,32141,32480-32488,32501,32505-32507,32662,32663,32666-32670,32800,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **198**
Condition: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Notes 64,76)
Treatment: MEDICAL THERAPY
ICD-10: B15.0-B15.9,B16.0-B16.9,B17.0,B17.10-B17.9,B18.0-B18.9,B19.0,B19.10-B19.9,B25.1,K73.0-K73.9,K74.1-K74.2, K75.4,K75.81,K76.0,K76.4
CPT: 76391,76981-76983,81596,91200,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **199**
Condition: CANCER OF SOFT TISSUE (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C38.0,C45.2,C47.0,C47.10-C47.9,C49.0,C49.10-C49.9,D48.1-D48.2,D48.7,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 20555,20700-20705,21011-21016,21121,21552-21558,21930-21936,22900-22905,23071-23078,24071-24079, 25071-25078,26111-26118,27043-27049,27059,27075-27078,27130,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,33120,33130,49203-49205,49411,64774-64783,69110,69120,69145-69155,77014,77261-77295,77300-77370,77385-77387,77402-77432,77469,77470,77761-77763,77770-77790, 93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **200**
Condition: CANCER OF BONES (See Guideline Notes 6,7,11,12,16,64,100)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C40.00-C40.92,C41.0-C41.9,C79.51-C79.52,D48.0,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.830
CPT: 20700-20705,20930,20931,20936-20938,20955-20973,21025,21026,21034,21044,21045,21081,21601-21610, 21620,22532-22819,22853,22854,22859,23140,23200-23330,23470-23474,23900,24150-24155,24363,24370, 24371,24498,24900-24931,25110-25119,25210-25240,25320,25335,25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26910-26952,27025,27054,27065-27067,27075-27078,27130,27187,27290,27334, 27335,27365,27465-27468,27495,27590-27598,27635-27647,27656,27745,27880-27889,28800-28825,31200, 31201,31225,31600,32553,32900,36680,38720,38724,49411,61500,61583,61601,63081-63103,63276,63295, 63620,63621,67412,69970,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77431,77469, 77470,77520-77525,79005-79440,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450, 96542,96549,96570,96571,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,D5934,D5935,D5984,D5992,D5993,D7440,D7441,G0068,G0070,G0071,G0157-G0161,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **201**
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,86,90,92,121)
Treatment: MEDICAL THERAPY
ICD-10: E51.2,F01.50-F01.51,F02.80-F02.81,F03.90-F03.91,F04,F06.0-F06.2,F06.30-F06.8,F07.0,F07.81,F10.26-F10.27, F10.96-F10.97,F13.26-F13.27,F13.96-F13.97,F18.17,F18.27,F18.97,F19.16-F19.17,F19.26-F19.27,F19.96-F19.97,G30.0-G30.9,G31.01-G31.2,G31.83
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,97129,97130,97161-97168,97810-97814,98966-98972,99051,99060,99201-99239,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491, 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,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010, H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005

Line: **202**
Condition: SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER (See Guideline Notes 27,64,118)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G47.30-G47.31,G47.33-G47.39,G47.411-G47.429,G47.52
CPT: 21193-21235,30117,30140,30520,31600,31601,31610,31820,31825,42140-42160,42820-42836,93792,93793,94660,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **203**
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.0-F32.1,F32.81-F32.89,F33.8,F34.0,F34.81-F34.89,F39,N94.3
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99217,99281-99285,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **204**
Condition: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A01.03,A02.22,A20.2,A21.2,A48.1,A54.84,A70,J13,J14,J15.0-J15.1,J15.20,J15.211-J15.9,J16.0-J16.8,J17,J18.0-J18.1,J18.8-J18.9,J69.0-J69.8
CPT: 31600,31645,31646,93792,93793,94002-94005,94640,94660-94668,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **205**
Condition: SUPERFICIAL ABSCESSES AND CELLULITIS (See Coding Specification Below) (See Guideline Notes 62,64,113)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A46,A48.2,A48.4,B78.1,E83.2,H00.031-H00.039,H60.00-H60.23,I89.1,J34.0,J38.3,J38.7,K12.2,K14.0,K61.0-K61.2,K61.31-K61.5,L01.00-L01.1,L02.01-L02.13,L02.211-L02.93,L03.011-L03.91,L05.01-L05.02,L08.0,L08.81-L08.9,L60.0,L98.3,N34.0,N41.2,N41.4-N41.8,N43.1,N48.21-N48.29,N49.1-N49.2,N49.8-N49.9,N61.0-N61.1,N75.1,N76.4
CPT: 10030,10060-10081,10160,11000-11047,11730-11750,11765-11772,19020,20102,20700-20705,21501,21502,22010,22015,23030,23930,25028,26010,26011,26990,27301,27603,28001-28003,29130,30020,31300-31420,31511-31513,31530,31531,31540-31546,31560-31573,31577,31578,31587,31600,31601,31820,31825,40801,41000-41009,41015-41018,41800,42000,45005,45020,46020,46040-46060,46270,53040,53060,53270,54700,55100,55720,55725,56405,56420,56740,60280,67700,69000,92002-92014,93792,93793,96156-96159,96164-96171,97605-97608,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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.

Line: **206**
Condition: ZOONOTIC BACTERIAL DISEASES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A20.0-A20.1,A20.8-A20.9,A21.0-A21.1,A21.3-A21.9,A22.0-A22.2,A22.8-A22.9,A23.0-A23.9,A24.0-A24.9,A25.0-A25.9,A26.0,A26.8-A26.9,A27.0,A27.89-A27.9,A28.0-A28.9,A32.0,A32.81,A32.89-A32.9,Z03.810-Z03.818
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **207**
Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Notes 6,62,64,133)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G57.20-G57.23,S01.00XA-S01.00XD,S01.01XA-S01.01XD,S01.02XA-S01.02XD,S01.03XA-S01.03XD,S01.04XA-

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S84.22XA-S84.22XD,S84.801A-S84.801D,S84.802A-S84.802D,S84.809A-S84.809D,S84.90XA-S84.90XD,S84.91XA-S84.91XD,S84.92XA-S84.92XD,S86.021A-S86.021D,S86.022A-S86.022D,S86.029A-S86.029D,S86.121A-S86.121D,S86.122A-S86.122D,S86.129A-S86.129D,S86.221A-S86.221D,S86.222A-S86.222D,S86.229A-S86.229D,S86.321A-S86.321D,S86.322A-S86.322D,S86.329A-S86.329D,S86.821A-S86.821D,S86.822A-S86.822D,S86.829A-S86.829D,S86.921A-S86.921D,S86.922A-S86.922D,S86.929A-S86.929D,S91.001A-S91.001D,S91.002A-S91.002D,S91.009A-S91.009D,S91.011A-S91.011D,S91.012A-S91.012D,S91.019A-S91.019D,S91.021A-S91.021D,S91.022A-S91.022D,S91.029A-S91.029D,S91.031A-S91.031D,S91.032A-S91.032D,S91.039A-S91.039D,S91.041A-S91.041D,S91.042A-S91.042D,S91.049A-S91.049D,S91.051A-S91.051D,S91.052A-S91.052D,S91.059A-S91.059D,S91.101A-S91.101D,S91.102A-S91.102D,S91.103A-S91.103D,S91.104A-S91.104D,S91.105A-S91.105D,S91.106A-S91.106D,S91.109A-S91.109D,S91.111A-S91.111D,S91.112A-S91.112D,S91.113A-S91.113D,S91.114A-S91.114D,S91.115A-S91.115D,S91.116A-S91.116D,S91.119A-S91.119D,S91.121A-S91.121D,S91.122A-S91.122D,S91.123A-S91.123D,S91.124A-S91.124D,S91.125A-S91.125D,S91.126A-S91.126D,S91.129A-S91.129D,S91.131A-S91.131D,S91.132A-S91.132D,S91.133A-S91.133D,S91.134A-S91.134D,S91.135A-S91.135D,S91.136A-S91.136D,S91.139A-S91.139D,S91.141A-S91.141D,S91.142A-S91.142D,S91.143A-S91.143D,S91.144A-S91.144D,S91.145A-S91.145D,S91.146A-S91.146D,S91.149A-S91.149D,S91.151A-S91.151D,S91.152A-S91.152D,S91.153A-S91.153D,S91.154A-S91.154D,S91.155A-S91.155D,S91.156A-S91.156D,S91.159A-S91.159D,S91.201A-S91.201D,S91.202A-S91.202D,S91.203A-S91.203D,S91.204A-S91.204D,S91.205A-S91.205D,S91.206A-S91.206D,S91.209A-S91.209D,S91.211A-S91.211D,S91.212A-S91.212D,S91.213A-S91.213D,S91.214A-S91.214D,S91.215A-S91.215D,S91.216A-S91.216D,S91.219A-S91.219D,S91.221A-S91.221D,S91.222A-S91.222D,S91.223A-S91.223D,S91.224A-S91.224D,S91.225A-S91.225D,S91.226A-S91.226D,S91.229A-S91.229D,S91.231A-S91.231D,S91.232A-S91.232D,S91.233A-S91.233D,S91.234A-S91.234D,S91.235A-S91.235D,S91.236A-S91.236D,S91.239A-S91.239D,S91.241A-S91.241D,S91.242A-S91.242D,S91.243A-S91.243D,S91.244A-S91.244D,S91.245A-S91.245D,S91.246A-S91.246D,S91.249A-S91.249D,S91.251A-S91.251D,S91.252A-S91.252D,S91.253A-S91.253D,S91.254A-S91.254D,S91.255A-S91.255D,S91.256A-S91.256D,S91.259A-S91.259D,S91.301A-S91.301D,S91.302A-S91.302D,S91.309A-S91.309D,S91.311A-S91.311D,S91.312A-S91.312D,S91.319A-S91.319D,S91.321A-S91.321D,S91.322A-S91.322D,S91.329A-S91.329D,S91.331A-S91.331D,S91.332A-S91.332D,S91.339A-S91.339D,S91.341A-S91.341D,S91.342A-S91.342D,S91.349A-S91.349D,S91.351A-S91.351D,S91.352A-S91.352D,S91.359A-S91.359D,S94.00XA-S94.00XD,S94.01XA-S94.01XD,S94.02XA-S94.02XD,S94.10XA-S94.10XD,S94.11XA-S94.11XD,S94.12XA-S94.12XD,S94.20XA-S94.20XD,S94.21XA-S94.21XD,S94.22XA-S94.22XD,S94.30XA-S94.30XD,S94.31XA-S94.31XD,S94.32XA-S94.32XD,S94.8X1A-S94.8X1D,S94.8X2A-S94.8X2D,S94.8X9A-S94.8X9D,S94.90XA-S94.90XD,S94.91XA-S94.91XD,S94.92XA-S94.92XD,S95.001A-S95.001D,S95.002A-S95.002D,S95.009A-S95.009D,S95.011A-S95.011D,S95.012A-S95.012D,S95.019A-S95.019D,S95.091A-S95.091D,S95.092A-S95.092D,S95.099A-S95.099D,S95.101A-S95.101D,S95.102A-S95.102D,S95.109A-S95.109D,S95.111A-S95.111D,S95.112A-S95.112D,S95.119A-S95.119D,S95.191A-S95.191D,S95.192A-S95.192D,S95.199A-S95.199D,S95.201A-S95.201D,S95.202A-S95.202D,S95.209A-S95.209D,S95.211A-S95.211D,S95.212A-S95.212D,S95.219A-S95.219D,S95.291A-S95.291D,S95.292A-S95.292D,S95.299A-S95.299D,S95.801A-S95.801D,S95.802A-S95.802D,S95.809A-S95.809D,S95.811A-S95.811D,S95.812A-S95.812D,S95.819A-S95.819D,S95.891A-S95.891D,S95.892A-S95.892D,S95.899A-S95.899D,S95.901A-S95.901D,S95.902A-S95.902D,S95.909A-S95.909D,S95.911A-S95.911D,S95.912A-S95.912D,S95.919A-S95.919D,S95.991A-S95.991D,S95.992A-S95.992D,S95.999A-S95.999D,S96.021A-S96.021D,S96.022A-S96.022D,S96.029A-S96.029D,S96.121A-S96.121D,S96.122A-S96.122D,S96.129A-S96.129D,S96.221A-S96.221D,S96.222A-S96.222D,S96.229A-S96.229D,S96.821A-S96.821D,S96.822A-S96.822D,S96.829A-S96.829D,S96.921A-S96.921D,S96.922A-S96.922D,S96.929A-S96.929D,S98.111A-S98.111D,S98.112A-S98.112D,S98.119A-S98.119D,S98.121A-S98.121D,S98.122A-S98.122D,S98.129A-S98.129D,S98.131A-

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CPT: 10120,10121,11000-11047,11730-11750,11760,12001-13160,15002-15005,15845,20101-20150,20525,20700-20705,23040,23044,23397,24000,24006,24101,24102,24341,25101-25109,25260-25272,25295-25310,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,25922,26080,26350-26420,26428-26510,26540,26591,26951,26990,27310,27372,27603,27830,27831,28022,28024,28140,28200,28208,28810-28825,29075,29130,29515,29580,30901-30906,32653,40650-40654,40830,40831,41250-41252,42180,42182,49904,54437-54440,54520,54660,54670,56800,57200,57210,57287,64702-64714,64718-64721,64727-64792,64820,64831-64862,64872-64911,67930,67935,67950,90675,90676,92002-92014,93792,93793,97110,97112,97140,97150,97161-97168,97530,97535,97605-97608,97760,97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: D7912,D7920,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 208

Condition: CANCER OF UTERUS (See Guideline Notes 7,11,12,64)

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

ICD-10: C54.0-C54.9,C55,D07.0,D61.810,G89.3,N85.00,N85.02,Z51.0,Z51.11-Z51.12,Z85.42

CPT: 32553,38562,38564,38571-38573,38770,38780,49203-49205,49327,49411,49412,55920,57155,57156,58120,58150-58294,58346,58541-58544,58548-58554,58570-58575,58953-58956,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: 209

Condition: RUPTURE OF LIVER (See Guideline Note 64)

Treatment: SUTURE/REPAIR

ICD-10: K76.3,K76.5,K77,S36.116A-S36.116D

CPT: 47350-47362,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 210

Condition: CANCER OF THYROID (See Guideline Notes 7,11,12,64)

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

ICD-10: C73,D44.0,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.850

CPT: 32553,32674,38700-38724,38746,49411,60200-60271,60512,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77427,77469,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: C9725,D5984,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: 211

Condition: NON-SUBSTANCE-RELATED ADDICTIVE BEHAVIORAL DISORDERS (See Guideline Note 64) (Note: This line is not priced as part of the list as funding comes from non-OHP sources)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-10: F63.0

CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,H0004,H0017,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005

Line: **212**
Condition: BULLOUS DERMATOSES OF THE SKIN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L10.0-L10.5,L10.81-L10.9,L12.0-L12.2,L12.8-L12.9,L13.0-L13.9,L14
CPT: 36514,36516,65781,65782,68371,77014,93792,93793,96902,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **213**
Condition: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Notes 64,147)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I26.01-I26.99,I27.82,T79.1XXA-T79.1XXD
CPT: 33910-33916,37191-37193,92960-92971,92978-92998,93792-93798,98966-98972,99051,99060,99070,99078, 99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1880,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427, G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **214**
Condition: CANCER OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 7,11,12,64,96)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C64.1-C64.9,C65.1-C65.9,C68.0-C68.8,C7A.093,C79.00-C79.02,D09.19,D30.00-D30.9,D41.00-D41.3,D41.8, D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.50,Z85.528-Z85.59
CPT: 32553,32674,38746,49203-49205,49411,50125,50220-50290,50340,50391,50542,50543,50545,50546,50548, 50553,50557,50572,50650,50660,50825-50840,51530,51550-51597,51700,51720,52214-52250,52281,52282, 52354,52355,52450,52500,53210-53220,58200,58960,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,93792,93793,96156-96159,96164-96171,96377,96405, 96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **215**
Condition: CANCER OF STOMACH (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C16.0-C16.9,C49.A0,C49.A2,C49.A9,C7A.092,D00.2,D37.1,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.028
CPT: 32553,38747,43122,43245,43248,43249,43266,43611-43635,44110-44130,44186,44310,49327,49411,49412, 77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,77470,93792, 93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,97802-97804,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **216**
Condition: PORTAL VEIN THROMBOSIS (See Guideline Notes 64,77)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I81
CPT: 37140,37180,37182,37183,49425-49429,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **217**
Condition: TESTICULAR CANCER (See Guideline Notes 7,11,12,14,30)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-10: C62.00-C62.92,D61.810,T86.5,Z48.290,Z51.11,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,93792,93793,96377,96405,96406,96420-96440,96450,96542, 96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **218**
Condition: DENTAL CONDITIONS (E.G., PERIODONTAL DISEASE) (See Guideline Note 53)
Treatment: BASIC PERIODONTICS
ICD-10: K05.00-K05.20,K05.211-K05.6,K06.010-K06.1,K06.3
HCPCS: D4210-D4212,D4341,D4342,D4910

Line: **219**
Condition: PULMONARY FIBROSIS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D86.0,D86.2,J84.01-J84.10,J84.111-J84.9,M30.1,M31.30-M31.31,M31.7,M32.13,M33.01,M33.11,M33.21,M33.91, M34.81,M35.02
CPT: 31600,31601,31820,31825,32997,93792,93793,94002-94005,94640,94660-94668,96156-96159,96164-96171, 98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **220**
Condition: DYSLIPIDEMIAS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E78.00-E78.3,E78.49-E78.6
CPT: 93792,93793,96158,96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99195,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **221**
Condition: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Note 64)
Treatment: MEDICAL THERAPY, DIALYSIS
ICD-10: E72.20,E86.0-E86.9,E87.0-E87.6,E87.70-E87.8,E88.3,R57.1-R57.9,T81.10XA-T81.10XD,T81.19XA-T81.19XD, Z49.01-Z49.32
CPT: 36818-36821,36832,36835,36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90947,90989-90997,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9339,S9537

Line: **222**
Condition: OCCUPATIONAL LUNG DISEASES (See Guideline Notes 64,156,187)
Treatment: MEDICAL THERAPY
ICD-10: J60-J61,J62.0-J62.8,J63.0-J63.6,J64,J65,J66.0-J66.8,J67.0-J67.9,J68.0-J68.9,Z51.6
CPT: 31600,86003,86008,86486,93792,93793,94002-94005,94640,94660-94668,95004,95018-95180,96156-96159, 96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0237-G0239,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9441,S9473

Line: **223**
Condition: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-10: I06.0-I06.9,I35.0-I35.9,I38,I39,Z79.01
CPT: 33361-33413,33417,33440,33496,33530,33620,33621,37246,37247,75573,92960-92971,92978-92998,93355, 93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **224**
Condition: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Notes 64,149)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D35.1,D44.2,E20.0-E20.9,E21.0-E21.5,E83.50-E83.81,E89.2,N25.81
CPT: 49185,60500-60512,93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **225**
Condition: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: I01.0-I01.9,I02.0
CPT: 92960-92971,92978-92998,93792-93798,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **226**
Condition: RUPTURED VISCUS (See Guideline Note 64)
Treatment: REPAIR
ICD-10: K22.3,K62.7,K63.4,K66.1,K92.89,S27.812A-S27.812D,S27.813A-S27.813D,S27.818A-S27.818D,S27.819A-S27.819D
CPT: 43300-43312,43405,44391,44602-44605,45317,45334,45382,45500,45560,45915,57268,57270,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **227**
Condition: INTESTINAL MALABSORPTION (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: K86.81,K90.0-K90.3,K90.49-K90.89,K91.2
CPT: 93792,93793,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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

Line: **228**
Condition: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: S02.121A-S02.121G,S02.122A-S02.122G,S02.129A-S02.129G,S02.2XXB-S02.2XXG,S02.30XA-S02.30XG,S02.31XA-S02.31XG,S02.32XA-S02.32XG,S02.400A-S02.400G,S02.401A-S02.401G,S02.402A-S02.402G,S02.40AA-S02.40AG,S02.40BA-S02.40BG,S02.40CA-S02.40CG,S02.40DA-S02.40DG,S02.40EA-S02.40EG,S02.40FA-S02.40FG,S02.411A-S02.411G,S02.412A-S02.412G,S02.413A-S02.413G,S02.42XA-S02.42XG,S02.600A-S02.600G,S02.601A-S02.601G,S02.602A-S02.602G,S02.609A-S02.609G,S02.610A-S02.610G,S02.611A-S02.611G,S02.612A-S02.612G,S02.620A-S02.620G,S02.621A-S02.621G,S02.622A-S02.622G,S02.630A-S02.630G,S02.631A-S02.631G,S02.632A-S02.632G,S02.640A-S02.640G,S02.641A-S02.641G,S02.642A-S02.642G,S02.650A-S02.650G,S02.651A-S02.651G,S02.652A-S02.652G,S02.66XA-S02.66XG,S02.670A-S02.670G,S02.671A-S02.671G,S02.672A-S02.672G,S02.69XA-S02.69XG,S02.80XA-S02.80XG,S02.81XA-S02.81XG,S02.82XA-S02.82XG,S02.831A-S02.831G,S02.832A-S02.832G,S02.839A-S02.839G,S02.841A-S02.841G,S02.842A-S02.842G,S02.849A-S02.849G,S02.85XA-S02.85XG,S02.92XA-S02.92XG,S04.011A-S04.011D,S04.012A-S04.012D,S04.019A-S04.019D,S04.02XA-S04.02XD,S04.031A-S04.031D,S04.032A-S04.032D,S04.039A-S04.039D,S04.10XA-S04.10XD,S04.11XA-S04.11XD,S04.12XA-S04.12XD,S04.20XA-S04.20XD,S04.21XA-S04.21XD,S04.22XA-S04.22XD,S04.30XA-S04.30XD,S04.31XA-S04.31XD,S04.32XA-S04.32XD,S04.40XA-S04.40XD,S04.41XA-S04.41XD,S04.42XA-S04.42XD,S04.50XA-S04.50XD,S04.51XA-S04.51XD,S04.52XA-S04.52XD,S04.60XA-S04.60XD,S04.61XA-S04.61XD,S04.62XA-S04.62XD,S04.70XA-S04.70XD,S04.71XA-S04.71XD,S04.72XA-S04.72XD,S04.811A-S04.811D,S04.812A-S04.812D,S04.819A-S04.819D,S04.891A-S04.891D,S04.892A-S04.892D,S04.899A-S04.899D,S04.9XXA-S04.9XXD

CPT: 10121,11010-11012,12011-12018,20670,20680,20694,21085,21210,21215,21310-21470,30420,30450,31292-31294,92002-92014,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D5988,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 229
Condition: MALIGNANT MELANOMA OF SKIN (See Guideline Notes 7,11,12,64,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C43.0,C43.10,C43.111-C43.9,D03.0,D03.10,D03.111-D03.9,D61.810,G89.3,Z51.0,Z51.12,Z85.820
CPT: 11600-11646,12001-12020,12031-13160,14350-15005,21011-21016,21552-21558,21632,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,32674,38700-38780,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77432,77469,77470,81210,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,96904,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0219,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: 230
Condition: URINARY FISTULA (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: N32.1-N32.2,N82.0-N82.1
CPT: 44320,45820,50040,50045,50382-50389,50432-50437,50520-50526,50688,50900-50930,50961,50970,50980,51800-51845,51880-51980,52234,53080,53085,53660,53661,57330,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 231
Condition: MYCOBACTERIA, FUNGAL INFECTIONS, TOXOPLASMOSIS, AND OTHER OPPORTUNISTIC INFECTIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A31.2-A31.9,A42.0-A42.2,A42.89-A42.9,A43.0-A43.9,B37.1,B37.81-B37.82,B38.0-B38.7,B38.81-B38.9,B39.0-B39.9,B40.0-B40.7,B40.81-B40.9,B41.0-B41.9,B42.0-B42.7,B42.81-B42.9,B43.0-B43.9,B44.0-B44.7,B44.89-B44.9,B45.0-B45.7,B45.9,B46.0-B46.9,B47.0-B47.1,B48.0-B48.8,B49,B58.00-B58.1,B58.3,B58.81-B58.9,B59
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 232
Condition: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR
ICD-10: Q23.4,Q25.29,Q25.40-Q25.42,Q25.49
CPT: 33615-33622,33750,33764-33768,33924,33946-33966,33969,33984-33989,75573,93355,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 233
Condition: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS (See Guideline Notes 64,187)
Treatment: MEDICAL THERAPY
ICD-10: B97.21,J18.2,J70.0,J70.2,J70.5,J80,J81.0,J95.821-J95.822,J96.00-J96.02,J96.20-J96.92
CPT: 31600,31601,31610,31645,31646,31820,31825,33946-33966,33969,33984-33989,93792,93793,94002-94005,94640,94660-94668,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0237-G0239,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9473

Line: **234**
Condition: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C88.2-C88.3,C88.8-C88.9,C90.00-C90.32,C91.00-C91.02,D47.2,D61.810,E85.1-E85.4,E85.81-E85.9,G89.3, Z45.49,Z51.0,Z51.12
CPT: 32553,36514,36516,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77431,77469, 77470,79005-79403,93792,93793,95990,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542, 96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **235**
Condition: LIMB THREATENING VASCULAR DISEASE, INFECTIONS, AND VASCULAR COMPLICATIONS (See Guideline Notes 62,64,81)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A48.0,E08.52,E09.52,E10.52,E11.52,E13.52,I70.211-I70.269,I70.311-I70.369,I70.411-I70.469,I70.511-I70.569, I70.611-I70.669,I70.711-I70.769,I70.92,I73.01-I73.1,I77.76-I77.77,I96,M60.000-M60.005,M60.011-M60.09,M72.6
CPT: 10030,10060,11000-11057,15002,15003,20700-20705,23900-23921,23930,24900-24940,25028,25900-25931, 26025,26030,26910-26952,26990,26991,27025,27290,27295,27301,27305,27590-27598,27603,27880-27889, 28001-28003,28008,28150,28800-28825,29893,34101-34203,35081,35256,35302-35321,35351-35372,35500, 35510-35671,35682-35686,35701,35860,35875-35881,35903,36002,37184-37186,37220-37235,37246-37249, 93792,93793,96156-96159,96164-96171,97605-97608,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **236**
Condition: TETANUS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A33-A35
CPT: 35702,35703,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **237**
Condition: ACUTE PROMYELOCYTIC LEUKEMIA (See Guideline Notes 7,11,12,16)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C92.00-C92.02,C92.40-C92.42,C95.00-C95.02,D61.810,G89.3,Z45.49,Z51.0,Z51.12
CPT: 32553,38100,38120,38760,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387, 77401-77427,77469,77520-77525,81246,93792,93793,95990,96158,96159,96164-96171,96377,96405,96406, 96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **238**
Condition: CANCER OF OVARY (See Guideline Notes 7,11,12,64,176)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C56.1-C56.9,C57.00-C57.22,C79.60-C79.62,D39.10-D39.12,D61.810,G89.3,Z40.03,Z51.0,Z51.11-Z51.12,Z85.43
CPT: 32553,38571-38573,38770,44110,44120,44140,44320,49203-49205,49255,49327,49411,49412,49419,49422, 57156,58150,58180-58210,58260,58262,58541-58544,58548-58554,58570-58575,58660-58662,58700-58740, 58925-58960,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,77470,77750,77790,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406, 96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **239**
Condition: SHORT BOWEL SYNDROME (See Guideline Note 199)
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-10: K55.30-K55.33,K91.2,P77.1-P77.9,T86.850-T86.859,Z48.23,Z48.288
CPT: 44132,44135,44715-44721,47133-47147,86825-86835,93792,93793,96156-96159,96164-96171,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2053

Line: **240**
Condition: CONDITIONS REQUIRING HEART-LUNG AND LUNG TRANSPLANTATION (See Guideline Notes 151,187)
Treatment: HEART-LUNG AND LUNG TRANSPLANT
ICD-10: D86.0,E84.0,E84.8,I27.0,I27.89,J41.8,J43.0-J43.8,J47.0-J47.9,J60,J61,J62.0-J62.8,J63.0-J63.6,J65,J66.0-J66.8, J67.0-J67.9,J70.1,J70.3-J70.4,J84.111-J84.17,J84.81-J84.83,J84.841-J84.89,T27.1XXA-T27.1XXD,T27.5XXA-T27.5XXD,T86.810-T86.818,Z48.21,Z48.24,Z48.280
CPT: 32850-32856,33930-33935,33946-33966,33969,33984-33989,81595,86825-86835,93792,93793,94640,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0237-G0239,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S2060,S2061,S9473

Line: **241**
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (E.G., MAPLE SYRUP URINE DISEASE, TYROSINEMIA)
Treatment: LIVER TRANSPLANT
ICD-10: D81.810,D84.1,E70.20-E70.29,E70.330-E70.331,E70.5-E70.9,E71.0,E71.110-E71.2,E72.10-E72.29,E72.52-E72.53,E72.81,E74.00-E74.09,E80.5,E83.00-E83.10,E83.110-E83.19,K72.00-K72.01,K73.1-K73.8,K76.2,T86.40-T86.49,Z48.23,Z52.6
CPT: 47133-47147,86825-86835,93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **242**
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU (See Guideline Note 64)
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
ICD-10: D04.0,D04.10,D04.111-D04.9,E70.30,E70.310-E70.329,E70.338-E70.39,L56.5
CPT: 11400-11446,11600-11646,13100-13160,14350,17000-17108,17260-17286,69110,69120,69300,93792,93793, 96567,96573,96574,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **243**
Condition: PRIMARY ANGLE-CLOSURE GLAUCOMA (See Guideline Note 64)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-10: H21.81-H21.89,H40.031-H40.039,H40.061-H40.069,H40.20X0-H40.249
CPT: 65860-65880,66150,66160,66179-66185,66250-66505,66625-66635,66761,66762,66990,76514,92002-92014, 92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060, 99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **244**
Condition: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA (See Guideline Note 64)
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-10: E50.3,H16.001-H16.079,H16.231-H16.239,S00.251A-S00.251D,S00.252A-S00.252D,S00.259A-S00.259D, S05.00XA-S05.00XD,S05.01XA-S05.01XD,S05.02XA-S05.02XD
CPT: 65275,65430,65600,65778-65782,67505,67515,68200,68360,68371,92002-92014,92018-92060,92081-92136, 92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **245**
Condition: TORSION OF TESTIS (See Guideline Note 64)
Treatment: ORCHIECTOMY, REPAIR
ICD-10: N44.00-N44.04
CPT: 54512-54522,54600-54640,54660,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **246**
Condition: LIFE-THREATENING EPISTAXIS (See Guideline Note 64)
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
ICD-10: R04.0
CPT: 30520-30560,30620-30930,31238,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **247**
Condition: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC (See Guideline Note 64)
Treatment: FOREIGN BODY REMOVAL
ICD-10: H44.601-H44.799
CPT: 65235-65265,66160,66840-66852,66940,67036,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **248**
Condition: METABOLIC BONE DISEASE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M81.0-M81.8,M83.0-M83.9,M88.0-M88.1,M88.811-M88.9,M90.611-M90.69
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **249**
Condition: PARKINSON'S DISEASE (See Guideline Notes 64,177)
Treatment: MEDICAL THERAPY
ICD-10: G20,G21.11-G21.9,Z45.42
CPT: 61781,61782,61863-61868,61880-61886,93792,93793,95836,95976,95977,95983,95984,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408, G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **250**
Condition: CHRONIC PANCREATITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: K86.0-K86.1,K86.89
CPT: 43260-43265,43273-43278,47542,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **251**
Condition: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: G35,G36.0-G36.9,G37.0-G37.9,Z45.49,Z46.2
CPT: 31600,31610,86711,90284,92081-92083,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **252**
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (E.G., ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F54
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224-99226,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S9484,T1005

Line: **253**
Condition: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA
Treatment: SURGICAL TREATMENT
ICD-10: I74.01-I74.19,I74.5-I74.8
CPT: 33320-33335,33916,34001-34101,34201,34203,34839-34848,35081,35331,35363-35390,35535-35540,35560,35623-35638,35646,35647,35654,35681-35683,35691-35695,35800,35875,35876,35901,36825,36830,37184-37186,37211,37213,37214,37236,37237,49324-49326,49421,49422,49435,49436,92960-92971,92978-92998,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **254**
Condition: CHRONIC OSTEOMYELITIS (See Guideline Notes 6,64,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M46.20-M46.28,M86.30,M86.311-M86.9
CPT: 11000-11047,20150,20690-20694,20700-20705,20930,20931,20936-20938,20955-20973,21620,21627,22532-22819,22840-22848,22853,22854,22859,23035,23105,23130,23170-23184,23220,23395,23935,24134-24147,24150,24152,24420,24498,25035,25085,25119,25145-25151,25210-25240,25320,25337,26034,26230-26236,26320,26951,26992,27070-27078,27187,27303,27360,27465-27468,27598,27607,27620,27640,27641,27745,27880-27888,28005,28120-28124,28800-28825,29075,29345,63045-63048,63081-63091,93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **255**
Condition: MULTIPLE ENDOCRINE NEOPLASIA (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E07.0,E31.1,E31.20-E31.23,Q92.0-Q92.5,Q92.62-Q92.8,Q93.0-Q93.2,Q95.2-Q95.3
CPT: 60210-60240,60270,60271,60500-60512,60540,60545,60650,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **256**
Condition: DEFORMITIES OF HEAD (See Guideline Notes 6,64,169)
Treatment: CRANIOTOMY/CRANIECTOMY
ICD-10: M95.2,Q67.4,Q75.0-Q75.9,Q87.0
CPT: 11971,20660,20661,20665,21076,21077,21110,21120-21123,21137-21180,21182-21206,21210,21256-21275, 21282,61312-61330,61340,61345,61550-61559,62115-62148,92507,92508,92521-92526,92607-92609,92633, 93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542, 97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D0364-D0367,D5915,D5919,D5924,D5925,D5928-D5931,D5933,D5992,D5993,D7111-D7240,D7280,D7283, D7940-D7955,D8010-D8690,D8696-D8704,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: **257**
Condition: DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES (See Guideline Note 64)
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
ICD-10: I01.1,I05.0-I05.9,I08.0,I08.8,I34.0-I34.9,I36.0-I36.9,I37.0-I37.9,I38,I39,I51.1-I51.2,Z79.01
CPT: 33418-33430,33460-33465,33470-33496,33530,33620,33621,75573,92960-92971,92978-92998,93355,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **258**
Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS (See Coding Specification Below) (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C60.0-C60.9,C63.00-C63.9,D07.4,D07.60-D07.69,D40.8,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.45,Z85.48-Z85.49
CPT: 11620-11626,17272-17276,32553,38760,38765,49327,49411,49412,52240,54065,54120-54135,54220,54230, 54520-54535,54660,55150-55180,55920,58960,74445,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77600-77763,77770-77778,77790,79005-79403,93792,93793,96156-96159, 96164-96171,96377,96405,96406,96420-96450,96542-96574,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

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

Line: **259**
Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME (See Guideline Notes 7,11,12,25,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C37,C74.00-C74.92,C75.0-C75.9,C7A.00,C7A.091,C7A.094-C7A.098,C79.70-C79.72,D09.3-D09.8,D44.10-D44.12,D44.5-D44.7,D61.810,E34.0,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,32673,38204-38215,38230-38241,49411,60500,60512-60650,62165,64788,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77432,77469,77470,93792,93793,96156-96159,96164-96171,96377, 96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S2150,S9537

Line: **260**
Condition: MULTIPLE MYELOMA (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C88.0-C88.3,C88.8-C88.9,C90.00-C90.02,C90.20-C90.32,D47.2,D61.810,E85.1-E85.4,E85.81-E85.9,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450, 96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **261**
Condition: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C45.1,C48.0-C48.8,C49.A9,D48.3-D48.4,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,39010,44820,44850,49203-49205,49255,49327,49411,49412,77014,77261-77290,77295,77300,77306-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **262**
Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS (See Coding Specification Below) (See Guideline Notes 7,11,12,64,142,148,174)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C33,C34.00-C34.92,C38.1-C38.8,C39.0-C39.9,C45.0,C7A.090,D02.1,D02.20-D02.22,D02.4,D38.1-D38.4,D61.810,G89.3,I87.1,J98.59,Z51.0,Z51.11-Z51.12,Z85.118-Z85.20
CPT: 21552,21601-21610,22900,31592,31600,31601,31630,31631,31636-31646,31770,31775,31785,31786,31820,31825,32320,32440-32488,32501-32550,32552,32553,32650,32662,32663,32666-32671,32673-32701,32900-32906,32994,38542,38746,38794,39000-39220,49411,77014,77261-77295,77300-77370,77373-77387,77401-77470,77761-77763,77770-77790,81235,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

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

Line: **263**
Condition: CANCER OF LIVER OTHER THAN ANGIOSARCOMA
Treatment: LIVER TRANSPLANT
ICD-10: C22.0,C22.2,C22.4-C22.8,T86.40-T86.49,Z48.23,Z51.11,Z52.6
CPT: 47133-47147,86825-86835,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **264**
Condition: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, MALIGNANT ARRHYTHMIAS, AND COMPLEX CONGENITAL HEART DISEASE (See Guideline Notes 18,64,70,151)
Treatment: CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT
ICD-10: I13.11-I13.2,I25.110,I25.5,I40.0-I40.9,I42.0-I42.8,I47.2,I49.01-I49.02,I50.1,I50.20-I50.43,N18.5-N18.6,Q20.1-Q20.5,Q20.8,Q23.4,T86.21-T86.23,T86.290-T86.298,T86.31-T86.39,Z45.09,Z48.21,Z48.280-Z48.288
CPT: 33620,33621,33940-33966,33969,33975-33989,33992,33993,50300-50370,50547,75573,76776,81595,86825-86835,92960-92971,92978-92998,93750,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **265**
Condition: TRACHOMA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A71.0-A71.9,B55.1
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **266**
Condition: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A18.54,A50.01,A50.30,A50.39,A51.43,A52.71,B58.00,B58.09,D86.83,H16.241-H16.249,H20.00,H20.011-H20.819,H20.9
CPT: 67515,68200,76514,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **267**
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS) (See Guideline Note 64)
Treatment: URGENT DENTAL SERVICES
ICD-10: K00.6,K01.0-K01.1,K03.5,K03.81,K04.01-K04.99,K08.3,M27.2-M27.3,S02.5XXD-S02.5XXG
CPT: 41000,41800,41806,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: D2910-D2921,D2940,D2950,D2970,D3120,D3220,D3222-D3240,D3351-D3353,D4920,D5410-D5422,D5850,D5851,D6930,D7111,D8695,D9120,D9951,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **268**
Condition: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A44.0-A44.9,A68.0-A68.9,A69.20-A69.29,A75.0-A75.9,A77.1-A77.3,A77.40-A77.9,A78,A79.0-A79.1,A79.81-A79.9,A90,A91,A92.0-A92.2,A92.30-A92.9,A93.0-A93.8,A94,A95.0-A95.9,A98.0-A98.2,B33.1,B55.0,B55.2-B55.9,B60.0
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **269**
Condition: DIABETES INSIPIDUS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E23.2
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **270**
Condition: ADVANCED DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE (See Guideline Note 64)
Treatment: ENUCLEATION
ICD-10: H35.60-H35.63,H44.311-H44.399,H44.50,H44.511-H44.539,H44.811-H44.89
CPT: 65091,65093,65105,65125-65175,67218,67560,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **271**
Condition: CANCER OF BLADDER AND URETER (See Guideline Notes 7,11,12,64,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C66.1-C66.9,C67.0-C67.9,C79.11-C79.19,D09.0,D41.4,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.51
CPT: 32553,38562,38564,38571-38573,38780,49327,49411,49412,50125,50220-50290,50340,50400,50405,50542-50548,50553,50572,50605,50650,50660,50693-50695,50780,50820-50840,50976,51530,51550-51597,51700,51720,52214-52250,52281,52282,52327,52332,52354,52355,52450,52500,53210-53220,55840,55920,57156,58960,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **272**
Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S98.011A-S98.011D,S98.012A-S98.012D,S98.019A-S98.019D,S98.021A-S98.021D,S98.022A-S98.022D, S98.029A-S98.029D,S98.311A-S98.311D,S98.312A-S98.312D,S98.319A-S98.319D,S98.321A-S98.321D, S98.322A-S98.322D,S98.329A-S98.329D,S98.911A-S98.911D,S98.912A-S98.912D,S98.919A-S98.919D, S98.921A-S98.921D,S98.922A-S98.922D,S98.929A-S98.929D
CPT: 11010-11012,20700-20705,20838,27888,28800-28810,93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **273**
Condition: LEPROSY, YAWS, PINTA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A30.0-A30.9,A31.1,A65,A66.0-A66.9,A67.0-A67.9,A69.8-A69.9
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **274**
Condition: RETINOPATHY OF PREMATURITY
Treatment: CRYOSURGERY
ICD-10: H35.101-H35.179,Q82.3
CPT: 67101-67121,67227-67229,92002-92014,92018-92060,92081-92136,92201-92270,92283-92287,93792,93793, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **275**
Condition: UROLOGIC INFECTIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A02.25,B37.0,B37.41-B37.49,B37.81,N11.8-N11.9,N12,N13.6,N30.00-N30.01,N30.20-N30.31,N30.80-N30.91, N39.0,N41.0,N45.1-N45.4,N49.0
CPT: 50391,50432,51100,51101,51700,52260,52332,53450,54700,54860,54861,93792,93793,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **276**
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA (See Guideline Notes 7,11,12,16,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C4A.0,C4A.10,C4A.111-C4A.9,C44.00-C44.09,C44.101,C44.1021-C44.99,C46.0-C46.4,C46.50-C46.9,C79.2, D48.5,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.828
CPT: 11000-11047,11400-11446,11600-11646,12001-12020,12031-13160,14350-15005,17000-17108,17260-17315, 21011-21014,21016,21230,21235,21552-21558,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27048,27059,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,38542,38700-38745,38760,38765,40530-40654,49411,67840,67917,67950-67975,69110,69120, 69145,69910,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77432,77469,77470,77520-77525,79005-79403,92002-92014,92285,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,96904,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **277**
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F22-F24,F28,F29,F53.1
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **278**
Condition: HYDROPS FETALIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P56.0,P56.90-P56.99,P83.2
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **279**
Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS (See Guideline Note 64)
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-10: E08.3521-E08.3549,E08.39,E09.3521-E09.3549,E09.39,E10.3521-E10.3549,E10.39,E11.3521-E11.3549,E11.39,E13.3521-E13.3549,E13.39,H31.401-H31.8,H33.001-H33.109,H33.191-H33.23,H33.40-H33.8,H43.00-H43.03,H43.311-H43.319,H44.2C1-H44.2C9,Z51.11
CPT: 66990,67005-67113,67145,67208,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **280**
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS (See Coding Specification Below) (See Guideline Notes 64,77,147)
Treatment: THROMBECTOMY/LIGATION
ICD-10: I82.0-I82.1,I82.210-I82.3,I82.601-I82.709,I82.721-I82.C29,I82.890-I82.91,Z79.01
CPT: 34101,34401,34451-34530,35206-35226,35236-35256,35266-35286,35572,35681,35800-35840,35875,35876,35905,35907,37140,37160,37182,37183,37187-37193,37212-37214,37238,37239,37248,37249,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1880,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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).

Line: **281**
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Notes 49,64,95)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I46.2-I46.9,I47.0,I47.2,I49.01-I49.02,I49.3,I97.120-I97.121,Z45.010-Z45.09,Z86.74
CPT: 32160,33202-33251,33261-33264,33270-33273,33820,33967,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93656,93724,93745,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,K0606-K0609

Line: **282**
Condition: ANOREXIA NERVOSA (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.00-F50.02
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,97802-97804,98966-98972,99051,99060,99201-99239,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **283**
Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE (See Guideline Notes 64,112,187)
Treatment: MEDICAL THERAPY
ICD-10: J41.1,J43.0-J43.9,J44.0-J44.9,J70.8-J70.9,J82,J96.10-J96.12,J98.4
CPT: 31600,32480-32491,32663,32672,93792,93793,94002-94005,94640,94644-94668,96156-96159,96164-96171, 98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0237-G0239,G0248-G0250,G0396,G0397,G0406-G0408,G0424-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9346,S9473

Line: **284**
Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I71.00-I71.1,I71.3,I71.5,I71.8,I77.72-I77.73
CPT: 32110-32124,32820,33320-33335,33530,33858,33863-33891,33916,34520,34701-34706,34709-34711,34717, 34718,34839-34848,35081-35103,35306,35311,35331,35500-35515,35526,35531,35535-35540,35560,35563, 35572,35601-35616,35626-35647,35663,35697,35820,35840,35870-35876,35905,35907,36825,36830,37236, 37237,75956-75959,92960-92971,92978-92998,93792-93798,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **285**
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Notes 6,62,64,90,95,105,131,147,164,170,196)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: C80.2,D64.81,D78.01,D78.11-D78.22,D89.810-D89.813,E36.01-E36.12,G04.01-G04.02,G04.31-G04.39,G89.12-G89.18,G96.0,G97.0,G97.2,G97.31-G97.32,G97.48-G97.82,H44.40,H44.431-H44.439,H59.111-H59.369,H95.21-H95.54,I77.79,I97.410-I97.89,J95.01-J95.72,J95.830-J95.89,J98.51,K68.11,K91.30-K91.32,K91.61-K91.83, K91.840-K91.841,K91.86,K91.870-K91.89,K94.01-K94.02,K94.11-K94.12,K94.21-K94.22,K94.31,K95.01-K95.89, L76.01-L76.22,M96.621-M96.831,M97.01XA-M97.01XD,M97.02XA-M97.02XD,M97.11XA-M97.11XD,M97.12XA-M97.12XD,M97.21XA-M97.21XD,M97.22XA-M97.22XD,M97.31XA-M97.31XD,M97.32XA-M97.32XD,M97.41XA-M97.41XD,M97.42XA-M97.42XD,M97.8XXA-M97.8XXD,M97.9XXA-M97.9XXD,N98.0,N99.0,N99.115,N99.510-N99.821,N99.89,O86.00-O86.03,O86.09,O90.0,O90.2,R50.84,T80.0XXA-T80.0XXD,T80.211A-T80.211D, T80.212A-T80.212D,T80.218A-T80.218D,T80.219A-T80.219D,T80.22XA-T80.22XD,T80.29XA-T80.29XD, T80.51XA-T80.51XD,T80.52XA-T80.52XD,T80.59XA-T80.59XD,T80.810A-T80.810D,T80.818A-T80.818D, T80.89XA-T80.89XD,T80.90XA-T80.90XD,T80.910A-T80.910D,T80.911A-T80.911D,T80.919A-T80.919D, T80.92XA-T80.92XD,T81.30XA-T81.30XD,T81.31XA-T81.31XD,T81.32XA-T81.32XD,T81.33XA-T81.33XD, T81.40XA-T81.40XD,T81.41XA-T81.41XD,T81.42XA-T81.42XD,T81.43XA-T81.43XD,T81.49XA-T81.49XD, T81.520A-T81.520D,T81.521A-T81.521D,T81.522A-T81.522D,T81.523A-T81.523D,T81.524A-T81.524D, T81.525A-T81.525D,T81.526A-T81.526D,T81.710A-T81.710D,T81.711A-T81.711D,T81.718A-T81.718D, T81.719A-T81.719D,T81.72XA-T81.72XD,T81.83XA-T81.83XD,T82.01XA-T82.01XD,T82.02XA-T82.02XD, T82.03XA-T82.03XD,T82.09XA-T82.09XD,T82.110A-T82.110D,T82.111A-T82.111D,T82.118A-T82.118D, T82.119A-T82.119D,T82.120A-T82.120D,T82.121A-T82.121D,T82.128A-T82.128D,T82.129A-T82.129D, T82.190A-T82.190D,T82.191A-T82.191D,T82.198A-T82.198D,T82.199A-T82.199D,T82.211A-T82.211D, T82.212A-T82.212D,T82.213A-T82.213D,T82.218A-T82.218D,T82.221A-T82.221D,T82.222A-T82.222D, T82.223A-T82.223D,T82.228A-T82.228D,T82.310A-T82.310D,T82.311A-T82.311D,T82.312A-T82.312D, T82.318A-T82.318D,T82.319A-T82.319D,T82.320A-T82.320D,T82.321A-T82.321D,T82.322A-T82.322D, T82.328A-T82.328D,T82.329A-T82.329D,T82.330A-T82.330D,T82.331A-T82.331D,T82.332A-T82.332D, T82.338A-T82.338D,T82.339A-T82.339D,T82.390A-T82.390D,T82.391A-T82.391D,T82.392A-T82.392D, T82.398A-T82.398D,T82.399A-T82.399D,T82.41XA-T82.41XD,T82.42XA-T82.42XD,T82.43XA-T82.43XD, T82.49XA-T82.49XD,T82.510A-T82.510D,T82.511A-T82.511D,T82.512A-T82.512D,T82.513A-T82.513D, T82.514A-T82.514D,T82.515A-T82.515D,T82.518A-T82.518D,T82.519A-T82.519D,T82.520A-T82.520D, T82.521A-T82.521D,T82.522A-T82.522D,T82.523A-T82.523D,T82.524A-T82.524D,T82.525A-T82.525D, T82.528A-T82.528D,T82.529A-T82.529D,T82.530A-T82.530D,T82.531A-T82.531D,T82.532A-T82.532D, T82.533A-T82.533D,T82.534A-T82.534D,T82.535A-T82.535D,T82.538A-T82.538D,T82.539A-T82.539D, T82.590A-T82.590D,T82.591A-T82.591D,T82.592A-T82.592D,T82.593A-T82.593D,T82.594A-T82.594D, T82.595A-T82.595D,T82.598A-T82.598D,T82.599A-T82.599D,T82.6XXA-T82.6XXD,T82.7XXA-T82.7XXD, T82.817A-T82.817D,T82.818A-T82.818D,T82.827A-T82.827D,T82.828A-T82.828D,T82.837A-T82.837D, T82.838A-T82.838D,T82.847A-T82.847D,T82.848A-T82.848D,T82.855A-T82.855D,T82.856A-T82.856D, T82.857A-T82.857D,T82.858A-T82.858D,T82.867A-T82.867D,T82.868A-T82.868D,T82.897A-T82.897D, T82.898A-T82.898D,T82.9XXA-T82.9XXD,T83.010A-T83.010D,T83.011A-T83.011D,T83.012A-T83.012D, T83.020A-T83.020D,T83.022A-T83.022D,T83.030A-T83.030D,T83.032A-T83.032D,T83.090A-T83.090D, T83.092A-T83.092D,T83.110A-T83.110D,T83.111A-T83.111D,T83.112A-T83.112D,T83.113A-T83.113D, T83.118A-T83.118D,T83.120A-T83.120D,T83.121A-T83.121D,T83.122A-T83.122D,T83.123A-T83.123D, T83.128A-T83.128D,T83.190A-T83.190D,T83.191A-T83.191D,T83.192A-T83.192D,T83.193A-T83.193D, T83.198A-T83.198D,T83.21XA-T83.21XD,T83.22XA-T83.22XD,T83.23XA-T83.23XD,T83.24XA-T83.24XD, T83.25XA-T83.25XD,T83.29XA-T83.29XD,T83.410A-T83.410D,T83.418A-T83.418D,T83.420A-T83.420D, T83.428A-T83.428D,T83.490A-T83.490D,T83.498A-T83.498D,T83.510A-T83.510D,T83.511A-T83.511D,

T83.512A-T83.512D,T83.518A-T83.518D,T83.590A-T83.590D,T83.591A-T83.591D,T83.592A-T83.592D,
T83.593A-T83.593D,T83.598A-T83.598D,T83.61XA-T83.61XD,T83.62XA-T83.62XD,T83.69XA-T83.69XD,
T83.711A-T83.711D,T83.712A-T83.712D,T83.713A-T83.713D,T83.714A-T83.714D,T83.718A-T83.718D,
T83.719A-T83.719D,T83.721A-T83.721D,T83.722A-T83.722D,T83.723A-T83.723D,T83.724A-T83.724D,
T83.728A-T83.728D,T83.729A-T83.729D,T83.79XA-T83.79XD,T83.81XA-T83.81XD,T83.82XA-T83.82XD,
T83.83XA-T83.83XD,T83.84XA-T83.84XD,T83.85XA-T83.85XD,T83.86XA-T83.86XD,T83.89XA-T83.89XD,
T83.9XXA-T83.9XXD,T84.010A-T84.010D,T84.011A-T84.011D,T84.012A-T84.012D,T84.013A-T84.013D,
T84.018A-T84.018D,T84.019A-T84.019D,T84.020A-T84.020D,T84.021A-T84.021D,T84.022A-T84.022D,
T84.023A-T84.023D,T84.028A-T84.028D,T84.029A-T84.029D,T84.030A-T84.030D,T84.031A-T84.031D,
T84.032A-T84.032D,T84.033A-T84.033D,T84.038A-T84.038D,T84.039A-T84.039D,T84.050A-T84.050D,
T84.051A-T84.051D,T84.052A-T84.052D,T84.053A-T84.053D,T84.058A-T84.058D,T84.059A-T84.059D,
T84.060A-T84.060D,T84.061A-T84.061D,T84.062A-T84.062D,T84.063A-T84.063D,T84.068A-T84.068D,
T84.069A-T84.069D,T84.090A-T84.090D,T84.091A-T84.091D,T84.092A-T84.092D,T84.093A-T84.093D,
T84.098A-T84.098D,T84.099A-T84.099D,T84.110A-T84.110D,T84.111A-T84.111D,T84.112A-T84.112D,
T84.113A-T84.113D,T84.114A-T84.114D,T84.115A-T84.115D,T84.116A-T84.116D,T84.117A-T84.117D,
T84.119A-T84.119D,T84.120A-T84.120D,T84.121A-T84.121D,T84.122A-T84.122D,T84.123A-T84.123D,
T84.124A-T84.124D,T84.125A-T84.125D,T84.126A-T84.126D,T84.127A-T84.127D,T84.129A-T84.129D,
T84.190A-T84.190D,T84.191A-T84.191D,T84.192A-T84.192D,T84.193A-T84.193D,T84.194A-T84.194D,
T84.195A-T84.195D,T84.196A-T84.196D,T84.197A-T84.197D,T84.199A-T84.199D,T84.210A-T84.210D,
T84.213A-T84.213D,T84.216A-T84.216D,T84.218A-T84.218D,T84.220A-T84.220D,T84.223A-T84.223D,
T84.226A-T84.226D,T84.228A-T84.228D,T84.290A-T84.290D,T84.293A-T84.293D,T84.296A-T84.296D,
T84.298A-T84.298D,T84.310A-T84.310D,T84.318A-T84.318D,T84.320A-T84.320D,T84.328A-T84.328D,
T84.390A-T84.390D,T84.398A-T84.398D,T84.410A-T84.410D,T84.418A-T84.418D,T84.420A-T84.420D,
T84.428A-T84.428D,T84.490A-T84.490D,T84.498A-T84.498D,T84.50XA-T84.50XD,T84.51XA-T84.51XD,
T84.52XA-T84.52XD,T84.53XA-T84.53XD,T84.54XA-T84.54XD,T84.59XA-T84.59XD,T84.60XA-T84.60XD,
T84.610A-T84.610D,T84.611A-T84.611D,T84.612A-T84.612D,T84.613A-T84.613D,T84.614A-T84.614D,
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T84.623A-T84.623D,T84.624A-T84.624D,T84.625A-T84.625D,T84.629A-T84.629D,T84.63XA-T84.63XD,
T84.69XA-T84.69XD,T84.7XXA-T84.7XXD,T84.81XA-T84.81XD,T84.82XA-T84.82XD,T84.83XA-T84.83XD,
T84.84XA-T84.84XD,T84.85XA-T84.85XD,T84.86XA-T84.86XD,T84.89XA-T84.89XD,T84.9XXA-T84.9XXD,
T85.01XA-T85.01XD,T85.02XA-T85.02XD,T85.03XA-T85.03XD,T85.09XA-T85.09XD,T85.110A-T85.110D,
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T85.121A-T85.121D,T85.122A-T85.122D,T85.123A-T85.123D,T85.128A-T85.128D,T85.190A-T85.190D,
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T85.328A-T85.328D,T85.398A-T85.398D,T85.611A-T85.611D,T85.615A-T85.615D,T85.621A-T85.621D,
T85.625A-T85.625D,T85.631A-T85.631D,T85.635A-T85.635D,T85.691A-T85.691D,T85.695A-T85.695D,
T85.71XA-T85.71XD,T85.72XA-T85.72XD,T85.730A-T85.730D,T85.731A-T85.731D,T85.732A-T85.732D,
T85.733A-T85.733D,T85.734A-T85.734D,T85.735A-T85.735D,T85.738A-T85.738D,T85.79XA-T85.79XD,
T85.810A-T85.810D,T85.818A-T85.818D,T85.820A-T85.820D,T85.828A-T85.828D,T85.830A-T85.830D,
T85.838A-T85.838D,T85.850A-T85.850D,T85.858A-T85.858D,T85.860A-T85.860D,T85.868A-T85.868D,
T85.890A-T85.890D,T85.898A-T85.898D,T85.9XXA-T85.9XXD,T86.09-T86.19,T86.21-T86.23,T86.290-T86.298,
T86.31-T86.49,T86.810-T86.819,T86.830-T86.99,T87.0X1-T87.2,T87.40-T87.54,T88.0XXA-T88.0XXD,T88.1XXA-
T88.1XXD,T88.3XXA-T88.3XXD,T88.4XXA-T88.4XXD,Z45.010-Z45.09,Z45.49,Z47.32-Z47.33

CPT: 10030,10060,10061,10121-10180,11005,11008,11042-11047,11971,11982,12020,12021,13160,15002-15005,
19328,20600-20611,20650,20670,20680,20693,20694,20700-20705,20975,21120,21501,21627,21750,22010,
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62258,62272,62329,62355,62365,63661-63664,63688,63707,63709,63744,63746,64569,64570,64585,64595,
65150-65175,65710-65757,65920,66020,66250,67005-67028,67036-67043,68200,69602,75984,76514,92002-
92014,92025,92507,92508,92521-92526,92607-92609,92633,92928-92933,92937,92938,92943,92944,92978,
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97161-97168,97530,97535,97542,97605-97608,97760-97763,98966-98972,99051,99060,99070,99078,99184,
99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,
99495-99498,99605-99607

HCPCS: C1779,C1785,C1786,C1898,C2619-C2621,C9600-C9608,G0068,G0071,G0157-G0161,G0248-G0250,G0396,
G0397,G0406-G0408,G0425-G0427,G0448,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,
S9152

Line: **286**
Condition: CANCER OF VAGINA, VULVA, AND OTHER FEMALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,176)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C51.0-C51.9,C52,C57.00-C57.9,D07.1-D07.2,D07.30-D07.39,D39.2-D39.9,D61.810,G89.3,R87.620-R87.624, R87.628-R87.629,R87.811,Z40.03,Z51.0,Z51.11-Z51.12
CPT: 11620-11626,32553,38562,38564,38571-38573,38760,49327,49411,49412,55920,56501,56515,56620-56640, 57065,57106-57112,57156,57420,57421,57520,57530,57550,58150,58180-58262,58275,58285-58291,58541-58544,58548-58554,58570-58575,58661,58700,58943-58960,77014,77261-77290,77295,77300-77370,77385-77387,77401-77417,77424-77427,77469,77470,77750-77763,77770-77790,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **287**
Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX (See Coding Specification Below) (See Guideline Notes 6,7,11,12,16,35,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C00.0-C00.9,C01,C02.0-C02.9,C03.0-C03.9,C04.0-C04.9,C05.0-C05.9,C06.0-C06.2,C06.80-C06.9,C07,C08.0-C08.9,C09.0-C09.9,C10.0-C10.9,C11.0-C11.9,C12,C13.0-C13.9,C14.0-C14.8,C30.0-C30.1,C31.0-C31.9,C32.0-C32.9,C76.0,D02.0,D02.3,D11.0,D37.01-D37.02,D37.030-D37.09,D38.0,D38.5-D38.6,D61.810,G89.3,Z51.0, Z51.11-Z51.12,Z85.21-Z85.22,Z85.810-Z85.819
CPT: 11640-11646,13132,13151,20962,21011-21014,21016,21552-21558,30117,30118,30520,31075-31230,31237, 31300-31370,31380-31395,31540,31541,31572,31600,31601,31611,31820,31825,32553,38700-38724,40500-40530,40810-40816,40819,40845,41019,41110-41155,41820,41825-41827,41850,42104-42120,42280,42281, 42410-42500,42826,42842-42845,42890-42950,43450,43496,49411,60220,69110,69150,69155,69502,77014, 77261-77295,77300-77370,77385-77387,77401-77432,77469,77470,77520-77525,77750-77763,77770-77790, 79005-79403,92507,92508,92521-92526,92607-92609,92633,93792,93793,96156-96159,96164-96171,96377, 96405,96406,96420-96450,96542,96549,96570,96571,97802-97804,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,C9727,D5983-D5985,D7440,D7441,D7920,D7981,G0068,G0070,G0071,G0235,G0248-G0250,G0396, G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9152,S9537

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

Line: **288**
Condition: OSTEOPETROSIS (See Guideline Notes 7,11,14)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-10: D61.810,Q78.2,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,93792,93793,96156-96159,96164-96171,96377,96405,96406, 96420-96440,96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **289**
Condition: CRUSH AND OTHER INJURIES OF DIGITS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S65.401A-S65.401D,S65.402A-S65.402D,S65.409A-S65.409D,S65.411A-S65.411D,S65.412A-S65.412D, S65.419A-S65.419D,S65.491A-S65.491D,S65.492A-S65.492D,S65.499A-S65.499D,S65.500A-S65.500D, S65.501A-S65.501D,S65.502A-S65.502D,S65.503A-S65.503D,S65.504A-S65.504D,S65.505A-S65.505D, S65.506A-S65.506D,S65.507A-S65.507D,S65.508A-S65.508D,S65.509A-S65.509D,S65.510A-S65.510D, S65.511A-S65.511D,S65.512A-S65.512D,S65.513A-S65.513D,S65.514A-S65.514D,S65.515A-S65.515D, S65.516A-S65.516D,S65.517A-S65.517D,S65.518A-S65.518D,S65.519A-S65.519D,S65.590A-S65.590D, S65.591A-S65.591D,S65.592A-S65.592D,S65.593A-S65.593D,S65.594A-S65.594D,S65.595A-S65.595D, S65.596A-S65.596D,S65.597A-S65.597D,S65.598A-S65.598D,S65.599A-S65.599D,S67.00XA-S67.00XD, S67.01XA-S67.01XD,S67.02XA-S67.02XD,S67.10XA-S67.10XD,S67.190A-S67.190D,S67.191A-S67.191D, S67.192A-S67.192D,S67.193A-S67.193D,S67.194A-S67.194D,S67.195A-S67.195D,S67.196A-S67.196D, S67.197A-S67.197D,S67.198A-S67.198D,S97.101A-S97.101D,S97.102A-S97.102D,S97.109A-S97.109D, S97.111A-S97.111D,S97.112A-S97.112D,S97.119A-S97.119D,S97.121A-S97.121D,S97.122A-S97.122D, S97.129A-S97.129D
CPT: 11730,11740,11760,20973,25300,25301,29130,35207,93792,93793,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **290**
Condition: ACUTE STRESS DISORDER (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.0,R45.7
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99224,99231-99239,99281-99285,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0023,H0032-H0038,H0045,H2010,H2012,H2013,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005

Line: **291**
Condition: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P54.0,P54.4-P54.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **292**
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,170)
Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.30-D81.39,D81.5,E00.0-E00.9,E45,E70.0-E70.1,E70.20-E70.29,E70.330-E70.331,E70.5-E70.9,E71.0,E71.110-E71.548,E72.00,E72.02-E72.51,E72.59-E72.81,E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F71-F79,F84.0-F84.3,F84.8,F88,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1,G12.20-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.01,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9,G32.0,G32.81-G32.89,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.10-G83.9,G90.01-G90.1,G90.3-G90.4,G90.50,G90.511-G90.8,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,G98.0,G99.0-G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.312,I63.319-I63.322,I63.329-I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.010-I69.018,I69.031-I69.090,I69.093,I69.110-I69.118,I69.131-I69.190,I69.193,I69.210-I69.218,I69.231-I69.290,I69.293,I69.310-I69.318,I69.331-I69.390,I69.393,I69.810-I69.818,I69.831-I69.890,I69.893,I69.910-I69.918,I69.931-I69.990,I69.993,I97.810-I97.821,M14.60,M14.611-M14.632,M14.641-M14.69,M24.50,M24.511-M24.576,M47.011-M47.029,M61.111-M61.112,M61.121-M61.122,M61.131-M61.132,M61.141-M61.142,M61.144-M61.145,M61.151-M61.152,M61.161-M61.162,M61.171-M61.172,M61.174-M61.175,M61.177-M61.178,M61.18-M61.19,M61.211-M61.212,M61.221-M61.222,M61.231-M61.232,M61.241-M61.242,M61.251-M61.252,M61.261-M61.262,M61.271-M61.272,M61.28-M61.29,M61.311-M61.312,M61.321-M61.322,M61.331-M61.332,M61.341-M61.342,M61.351-M61.352,M61.361-M61.362,M61.371-M61.372,M61.38-M61.39,M61.411-M61.412,M61.421-M61.422,M61.431-M61.432,M61.441-M61.442,M61.451-M61.452,M61.461-M61.462,M61.471-M61.472,M61.48-M61.49,M61.511-M61.512,M61.521-M61.522,M61.531-M61.532,M61.541-M61.542,M61.551-M61.552,M61.561-M61.562,M61.571-M61.572,M61.58-M61.59,M62.3,M62.411-M62.49,M62.511-M62.522,M62.531-M62.532,M62.541-M62.542,M62.551-M62.59,M62.89,M67.00-M67.02,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,P55.1-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q68.1,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.11-Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,R62.0,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.899D,S06.9X0A-S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D,S06.9X4A-S06.9X4D,S06.9X5A-S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-S06.9X9D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-

S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2XXA-S14.2XXD,S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.1X1A-T40.1X1D,T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,T40.4X4A-T40.4X4D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,T40.5X4A-T40.5X4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,T40.8X4A-T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA-T71.9XXD,T74.4XXA-T74.4XXD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.4XXA-T75.4XXD,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD,T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD,T78.3XXA-T78.3XXD,T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,T79.6XXA-T79.6XXD,T88.2XXA-T88.2XXD,T88.51XA-T88.51XD,T88.6XXA-T88.6XXD,Z45.49,Z46.2,Z46.89,Z47.1,Z91.81

CPT: 20550,20664,20700-20705,21610,23020,23800,23802,24149,24301-24331,24800,24802,25280,25290,25310-25332,25337,25800,25805,25830,26123,26125,26442,26460,26474,26490,27000-27006,27036,27097-27122,27140,27306,27307,27325,27326,27390-27400,27430,27435,27605,27606,27612,27676-27692,27705,27870,27871,28005,28010,28011,28130,28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29405,29425,29895,29904-29907,32501,61215,61343,62161,62162,62320-62323,62350,62351,62360-62362,62367-62370,63600,63610,63650,63655,63685,64642-64647,64763,92531-92547,93792,93793,95873,95874,95990,95992,97012,97018,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98925-98942,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G9156

Spinal cord stimulation (63650-63688) is not included on this line when paired with ICD-10-CM category G90.5 Complex regional pain syndrome/reflex sympathetic dystrophy. Chemodenervation with botulinum toxin injection (CPT 64642-64647) is included on this line for treatment of upper and lower limb spasticity (ICD-10-CM codes G24.02, G24.1, G35, G36.0, I69.03- I69.06 and categories G71, and G80-G83.) CPT codes 62320-3 are only included on Lines 71 and 292 for trials of antispasmodics in preparation for placement of a baclofen pump. ICD-10-CM R62.0 is included on Lines 292, 345 and 377 for children 8 and under. ICD-10-CM F88 is included on these lines for developmental delay. When it is used to indicate sensory integration disorder or sensory processing disorder, it is included on Line 661.

Line: 293

Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER (See Guideline Notes 64,149)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: D18.09,K76.89,K83.4,Q44.0-Q44.7

CPT: 43260-43265,43273-43278,47010,47400-47490,47533-47540,47542,47544,47554-47556,47564,47570,47600-47620,47701-47900,48548,49185,49324,49325,49405,49421,49422,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **294**
Condition: CANCER OF BRAIN AND NERVOUS SYSTEM (See Guideline Notes 7,11,12,16,64,155)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,C79.31-C79.32,C79.49,D42.0-D42.9,D43.0-D43.8, D61.810,G89.3,Z45.49,Z51.0,Z51.11-Z51.12,Z85.841-Z85.848
CPT: 32553,49411,61107,61140,61210,61215,61312-61321,61500-61512,61516-61521,61530,61582,61583,61586, 61592,61600-61608,61615,61616,61750,61751,61770-61783,61796-61800,62140-62148,62164,62165,62223, 62272,62329,63265,63275-63308,63620,63621,64784-64792,64802-64818,77014,77261-77295,77300-77372, 77385-77387,77401-77432,77469,77470,77520-77763,77770-77790,79005-79403,92002-92014,93792,93793, 95990,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: A4555,C9725,E0766,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **295**
Condition: APLASTIC ANEMIAS (See Guideline Note 7)
Treatment: MEDICAL THERAPY
ICD-10: D60.0-D60.9,D61.01-D61.3,D61.82-D61.9
CPT: 38242,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S9355

Line: **296**
Condition: CATARACT (See Guideline Notes 32,64)
Treatment: EXTRACTION OF CATARACT
ICD-10: E08.36,E09.36,E10.36,E11.36,E13.36,H25.011-H25.9,H26.001-H26.33,H26.8,H28,Q12.0-Q12.8,Z96.1
CPT: 65770,66250,66682,66825-66984,66986-66990,67010,92002-92014,92018-92060,92081-92136,92201,92202, 92230-92270,92283-92310,92314,92325-92342,92370,93792,93793,98966-98972,99051,99060,99070,99078, 99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498, 99605-99607
HCPCS: C1818,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **297**
Condition: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
ICD-10: H26.40,H26.411-H26.499
CPT: 66820-66830,66985,66986,66990,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **298**
Condition: FISTULA INVOLVING FEMALE GENITAL TRACT (See Guideline Notes 64,176)
Treatment: CLOSURE OF FISTULA
ICD-10: N82.0-N82.9,Z40.03
CPT: 44625,44626,44660,46715,50650,50660,50930,51900,51920,57300-57330,58700,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **299**
Condition: VITREOUS DISORDERS (See Guideline Note 64)
Treatment: VITRECTOMY
ICD-10: H43.10-H43.23,H43.811-H43.829,Q14.0
CPT: 67036-67043,67210,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **300**
Condition: CLEFT PALATE AND/OR CLEFT LIP (See Guideline Notes 6,64,80)
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-10: Q30.2,Q35.1-Q35.9,Q36.0-Q36.9,Q37.0-Q37.9,Q38.0
CPT: 00102,21076,21079,21080,21082,21083,30460,30462,30600,40500-40520,40650-40761,40810-40845,42145, 42200-42281,92507,92508,92521-92526,92607-92609,92633,93792,93793,97802-97804,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9727,D5932,D5933,D5954-D5960,D5987,D5992,D5993,D7111-D7210,D7250,D7260,D7340,D7350,D7912, D8010-D8690,D8696-D8704,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: **301**
Condition: GOUT (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: M1A.00X0-M1A.9XX1,M10.00,M10.011-M10.9
CPT: 20600-20611,93792,93793,96156-96159,96164-96171,97012,97110-97124,97140,97150,97161-97168,97530, 97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **302**
Condition: PERTUSSIS AND DIPTHERIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A36.0-A36.3,A36.81-A36.9,A37.00-A37.91
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **303**
Condition: THROMBOCYTOPENIA (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D69.1,D69.3,D69.41-D69.6,D75.82,D82.0
CPT: 38100,38102,38120,90284,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **304**
Condition: VIRAL PNEUMONIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B01.2,B05.2,B06.81,J12.0-J12.3,J12.89-J12.9
CPT: 31600,31601,31820,31825,93792,93793,94640,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **305**
Condition: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY (See Guideline Notes 64,189)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I68.2,I75.81-I75.89,I76,I77.0,I77.2-I77.6,I77.89-I77.9,I79.1-I79.8,M31.8-M31.9,N28.0,Q27.1-Q27.2,Q27.31-Q27.39,Q27.8-Q27.9
CPT: 34151,35256,35501-35515,35526,35531,35535-35540,35560,35563,35601-35616,35626-35646,35663,37242, 37246,37247,37607,62294,63250-63252,63295,93792,93793,96156-96159,96164-96171,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **306**
Condition: PARALYTIC ILEUS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K56.0,K56.7
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **307**
Condition: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-10: I82.0,K65.2,K70.2,K70.30-K70.31,K74.0,K74.3-K74.5,K74.60-K74.69,K76.81,P59.1,P59.20-P59.29,P76.8-P76.9,P78.1,P78.81,P78.84,Q44.6,T86.40-T86.49,Z48.22-Z48.23,Z48.288,Z52.6
CPT: 47133-47147,50300,50323-50365,76776,86825-86835,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Liver-kidney transplant only included on this line for a documented diagnosis of Q44.6 (cystic disease of the liver).

Line: **308**
Condition: CHRONIC INFLAMMATORY DISORDER OF ORBIT (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: H05.10,H05.111-H05.129
CPT: 67515,68200,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **309**
Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Notes 6,64)
Treatment: SURGICAL TREATMENT
ICD-10: M21.859,Q65.00-Q65.89
CPT: 20700-20705,27001-27006,27036,27140-27165,27179-27185,27256-27259,29305,29325,29861-29863,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **310**
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA (See Guideline Notes 64,168)
Treatment: KERATOPLASTY
ICD-10: E50.4,H17.00-H17.13,H17.811-H17.89,H18.011-H18.13,H18.221-H18.229,H18.40,H18.411-H18.799,Q13.3-Q13.4
CPT: 65286,65400,65435-65450,65710-65757,65772-65785,65920,66250,66825,66985,66986,66990,68110-68135,68371,76514,92002-92014,92018-92060,92072-92136,92201,92202,92230-92270,92283-92310,92313-92342,92370,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **311**
Condition: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 51,64,103,143,154)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
ICD-10: H72.00-H72.13,H72.2X1-H72.93,H83.3X1-H83.3X9,H90.0,H90.11-H90.8,H90.A11-H90.A32,H91.01-H91.09,H91.20-H91.3,H91.8X1-H91.93,H93.011-H93.099,H93.211-H93.249,H93.291-H93.8X9,H94.00-H94.83,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD,Z01.12,Z46.1
CPT: 21235,42830,42835,69209,69210,69433,69436,69610-69646,69714-69718,92590-92595,92597,92626,92627,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065,L8690-L8694

Line: **312**
Condition: GENDER DYSPHORIA/TRANSEXUALISM (See Guideline Notes 127,196)
Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
ICD-10: F64.0-F64.9,Z87.890
CPT: 17110,17111,17380,19303,19316-19325,19340-19350,53405-53430,54120,54125,54520,54660,54690,55150-55180,55866,55970,55980,56620,56625,56800-56810,57106,57107,57110,57111,57291-57296,57335,57426,58150-58180,58260,58262,58275-58291,58353,58356,58541-58544,58550-58554,58563,58570-58573,58660,58661,58720,58940,90785,90832-90840,90846-90853,90882,90887,93792,93793,97110,97140,97161-97164,97530,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: C1789,G0068,G0071,G0176,G0177,G0248-G0250,G0396,G0397,G0459,G0463-G0467,G0469,G0470,G0490,G0511,G2010-G2012,G2058-G2065,H0004,H0023,H0032,H0034,H0035,H0038,H2010,H2014,H2027,H2032,H2033,S9484

Line: **313**
Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM (See Guideline Notes 64,115,156)
Treatment: MEDICAL THERAPY
ICD-10: D69.0,D80.0-D80.9,D81.0-D81.2,D81.30-D81.4,D81.6-D81.7,D81.89-D81.9,D82.1-D82.9,D83.0-D83.9,D84.0-D84.9,D89.3,D89.40-D89.49,D89.810-D89.89,M04.1-M04.9,Q89.01-Q89.09,Z51.6
CPT: 36514-36522,86003,86008,86486,90284,93792,93793,95004,95018-95180,96156-96159,96164-96171,96900,96910-96913,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **314**
Condition: CANCER OF ESOPHAGUS; BARRETT'S ESOPHAGUS WITH DYSPLASIA (See Guideline Notes 7,11,12,64,144)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C15.3-C15.9,C49.A1,D00.1,D61.810,G89.3,K22.710-K22.719,Z51.0,Z51.11-Z51.12,Z85.01,Z86.003
CPT: 31540,31600,32553,38542,38720,38724,38794,43100-43124,43192,43195,43196,43201,43212-43214,43216-43229,43233,43248,43249,43266,43270,43286-43288,43340,43341,43360,43361,43496,44139-44147,44186,44204-44208,44213,44300,49411,49442,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77427,77469,77470,77761-77763,77770-77790,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0235,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **315**
Condition: CANCER OF LIVER (See Guideline Notes 7,11,12,64,78,185)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C22.0-C22.9,C49.A9,C78.7,D37.6,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.05
CPT: 32553,36260-36262,37243,37617,43260-43265,43274-43277,47120-47130,47370,47371,47380-47382,47533-47540,47542,47562,47600-47620,47711,47712,48150,49411,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79403,79445,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C2616,C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S2095,S9537

Line: **316**
Condition: CANCER OF PANCREAS (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C25.0-C25.3,C25.7-C25.9,D01.7,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,35251,35281,38747,43260-43265,43273-43278,44130,47542,47721,47741,47760,47785,48140-48155,49324,49325,49327,49411,49412,49421,49422,64680,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **317**
Condition: STROKE (See Guideline Notes 6,64,90,125)
Treatment: MEDICAL THERAPY
ICD-10: G89.0,I63.00,I63.011-I63.9,I67.0,I67.2,I67.6,I67.81-I67.83,I67.841-I67.89,Z79.01
CPT: 34001,35301,35390,37195,37215-37218,61322,61323,61343,61781,61782,61796-61800,77014,77261-77295, 77300,77301,77336,77370-77372,77417,77423,77427-77432,92507,92508,92521-92526,92607-92609,92633, 93792,93793,96156-96159,96164-96171,97012,97110-97130,97140,97150,97161-97168,97530,97535,97542, 97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,S9152

Line: **318**
Condition: PURULENT ENDOPHTHALMITIS (See Guideline Note 64)
Treatment: VITRECTOMY
ICD-10: H21.331-H21.339,H33.121-H33.129,H44.001-H44.029,H44.121-H44.129,H44.19
CPT: 65101,65800,66020,66030,67005-67036,67041-67043,67515,68200,92002-92014,92018-92060,92081-92136, 92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **319**
Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC (See Guideline Note 64)
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
ICD-10: T15.00XA-T15.00XD,T15.01XA-T15.01XD,T15.02XA-T15.02XD,T15.10XA-T15.10XD,T15.11XA-T15.11XD, T15.12XA-T15.12XD,T15.80XA-T15.80XD,T15.81XA-T15.81XD,T15.82XA-T15.82XD,T15.90XA-T15.90XD, T15.91XA-T15.91XD,T15.92XA-T15.92XD
CPT: 65205-65222,67938,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **320**
Condition: OBESITY IN ADULTS AND CHILDREN; OVERWEIGHT STATUS IN ADULTS WITH CARDIOVASCULAR RISK FACTORS (See Guideline Notes 5,8,64)
Treatment: BEHAVIORAL INTERVENTIONS INCLUDING INTENSIVE NUTRITIONAL AND PHYSICAL ACTIVITY COUNSELING; BARIATRIC SURGERY
ICD-10: E66.01-E66.9,Z46.51,Z68.25-Z68.45,Z68.53-Z68.54,Z71.3,Z71.82
CPT: 0403T,0488T,43644,43645,43771-43775,43846-43848,93792,93793,96158,96159,96164-96171,97802-97804, 98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449, 99451,99452,99487-99491,99495-99498
HCPCS: G0068,G0071,G0248-G0250,G0270,G0271,G0396,G0397,G0447,G0463-G0467,G0473,G0490,G0511,G2010-G2012,G2058-G2065,G9873-G9891,S2083

Line: **321**
Condition: DERMATOLOGIC HEMANGIOMAS, COMPLICATED (See Guideline Note 13)
Treatment: MEDICAL THERAPY
ICD-10: D18.01
CPT: 11400-11446,12031,12032,13100-13151,17106-17108,21011-21014,21552,21554,21931-21933,22901-22903, 23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041, 40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,93792,93793,98966-98972, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: C9727,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **322**
Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
ICD-10: I72.1,I72.4,I72.9
CPT: 24900-24931,25900-25931,26910-26952,27590-27598,27880-27889,28800-28825,35001,35002,35011-35021, 35141-35152,35572,35682,35683,35875,35876,35903,36002,37609,64802-64818,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **323**
Condition: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K11.20-K11.4
CPT: 40810-40816,42300-42340,42408,42410-42420,42440-42509,42600-42665,93792,93793,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D7981-D7983,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **324**
Condition: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B48.8,B68.1-B68.9,B69.0-B69.1,B69.81-B69.9,B70.0-B70.1,B71.0-B71.9,B75
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **325**
Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: I71.2,I71.4,I71.6,I71.9,I72.0-I72.9,I77.810-I77.819,I79.0,Q25.43-Q25.44
CPT: 33320-33335,33530,33859-33891,33916,34701-34711,34713,34715,34717-35081,35091,35102,35111-35152, 35188,35301-35372,35500-35518,35526,35531,35535-35540,35560,35563,35572,35601-35671,35682,35683, 35691-35697,35800-35840,35875,35876,35901,35905,35907,36002,36825,36830,37236,37237,37600-37606, 37618,38100,75956-75959,92960-92971,92978-92998,93792-93798,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **326**
Condition: SENSORINEURAL HEARING LOSS (See Guideline Note 31)
Treatment: COCHLEAR IMPLANT
ICD-10: H90.3,H90.41-H90.5,H90.A21-H90.A32,Z01.12,Z45.320-Z45.328
CPT: 69930,92562-92565,92571-92577,92590,92591,92601-92604,92626-92633,93792,93793,98966-98972,99051, 99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **327**
Condition: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below) (See Guideline Notes 45,57,64,145,180,191,192)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I86.1,N30.10-N30.11,N30.40-N30.41,N31.0-N31.2,N32.0,N32.3,N32.81,N35.010-N35.92,N36.44-N36.8,N39.490, N40.1,N48.30-N48.39,N50.1-N50.3,N53.11,N53.13-N53.19,N99.110-N99.114,N99.116-N99.12,R33.8,T19.0XXA-T19.0XXD,T19.1XXA-T19.1XXD,T19.4XXA-T19.4XXD,T19.8XXA-T19.8XXD,T19.9XXA-T19.9XXD,Z43.5-Z43.6, Z46.6,Z87.440
CPT: 36470,37241,37242,50706,50845,51040,51100-51102,51525,51700,51705,51710,51800-51845,51880-51980, 52001,52214-52240,52260-52287,52305-52315,52355,52400,52441-52640,52648,52649,53020,53040,53400-53431,53444,53450-53500,53600-53852,54115,54150-54161,54220-54231,54240,54250,54420-54438,54520, 54640,54660-54680,54700,54830-54861,54900,54901,55400,55520-55550,55600-55680,55801,55821,55831, 55862,55865,57220,57287,64561,64581,64590,74445,93792,93793,97140,97161-97164,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: A4290,C1767,C1778,C1787,C1897,C9739,C9740,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408, G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,L8679-L8689

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.

Line: **328**
Condition: DISSEMINATED INTRAVASCULAR COAGULATION (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D65
CPT: 25900,25905,25915,25920,25927,26910-26952,27598,27880-27882,27888,27889,28800-28825,30150,54130, 54135,69110,69120,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **329**
Condition: CANCER OF PROSTATE GLAND (See Guideline Notes 7,11,12,64,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C61,D07.5,D40.0,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.46
CPT: 32553,38562,38564,38571-38573,38780,49327,49411,49412,51700,52234,52240,52281,52400,52450,52601-52640,52649,53600,53601,54520,54530,54660,55810-55866,58960,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77770-77790,79005-79403,93792,93793,96156-96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0458,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537,S9560

Line: **330**
Condition: SYSTEMIC SCLEROSIS; SJOGREN'S SYNDROME (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M34.0-M34.2,M34.81-M34.9,M35.01-M35.09
CPT: 93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **331**
Condition: ACUTE PROMYELOCYTIC LEUKEMIA
Treatment: BONE MARROW TRANSPLANT
ICD-10: C92.40-C92.42,D61.810,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86828-86835,93792,93793,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **332**
Condition: CONDITIONS REQUIRING HYPERBARIC OXYGEN THERAPY (See Guideline Note 107)
Treatment: HYPERBARIC OXYGEN
ICD-10: E08.52,E08.621-E08.622,E09.52,E09.621-E09.622,E10.52,E10.621-E10.622,E11.52,E11.621-E11.622,E13.52, E13.621-E13.622,I70.361-I70.369,I70.461-I70.469,I70.561-I70.569,I70.661-I70.669,I70.761-I70.769,I96,K62.7, L59.8,L88,M27.2,M60.000-M60.005,M60.011-M60.09,M72.6,N30.40-N30.41,O88.011-O88.03,Q52.9,S07.0XXA-S07.0XXD,S07.1XXA-S07.1XXD,S07.8XXA-S07.8XXD,S07.9XXA-S07.9XXD,S17.0XXA-S17.0XXD,S17.8XXA-S17.8XXD,S17.9XXA-S17.9XXD,S38.001A-S38.001D,S38.002A-S38.002D,S38.01XA-S38.01XD,S38.02XA-S38.02XD,S38.03XA-S38.03XD,S38.1XXA-S38.1XXD,S38.211A-S38.211D,S38.212A-S38.212D,S38.221A-S38.221D,S38.222A-S38.222D,S38.231A-S38.231D,S38.232A-S38.232D,S38.3XXA-S38.3XXD,S47.1XXA-S47.1XXD,S47.2XXA-S47.2XXD,S47.9XXA-S47.9XXD,S57.00XA-S57.00XD,S57.01XA-S57.01XD,S57.02XA-S57.02XD,S57.80XA-S57.80XD,S57.81XA-S57.81XD,S57.82XA-S57.82XD,S67.00XA-S67.00XD,S67.01XA-S67.01XD,S67.02XA-S67.02XD,S67.10XA-S67.10XD,S67.190A-S67.190D,S67.191A-S67.191D,S67.192A-S67.192D,S67.193A-S67.193D,S67.194A-S67.194D,S67.195A-S67.195D,S67.196A-S67.196D,S67.197A-S67.197D,S67.198A-S67.198D,S67.20XA-S67.20XD,S67.21XA-S67.21XD,S67.22XA-S67.22XD,S67.30XA-S67.30XD,S67.31XA-S67.31XD,S67.32XA-S67.32XD,S67.40XA-S67.40XD,S67.41XA-S67.41XD,S67.42XA-S67.42XD,S67.90XA-S67.90XD,S67.91XA-S67.91XD,S67.92XA-S67.92XD,S77.00XA-S77.00XD,S77.01XA-S77.01XD,S77.02XA-S77.02XD,S77.10XA-S77.10XD,S77.11XA-S77.11XD,S77.12XA-S77.12XD,S77.20XA-S77.20XD,S77.21XA-S77.21XD,S77.22XA-S77.22XD,S87.00XA-S87.00XD,S87.01XA-S87.01XD,S87.02XA-S87.02XD,S87.80XA-S87.80XD,S87.81XA-S87.81XD,S87.82XA-S87.82XD,S97.00XA-S97.00XD,S97.01XA-S97.01XD,S97.02XA-S97.02XD,S97.101A-S97.101D,S97.102A-S97.102D,S97.109A-S97.109D,S97.111A-S97.111D,S97.112A-S97.112D,S97.119A-S97.119D,S97.121A-S97.121D,S97.122A-S97.122D,S97.129A-S97.129D,S97.80XA-S97.80XD,S97.81XA-S97.81XD,S97.82XA-S97.82XD,T57.1X1A-T57.1X1D,T57.1X2A-T57.1X2D,T57.1X3A-T57.1X3D,T57.1X4A-T57.1X4D,T57.3X1A-T57.3X1D,T57.3X2A-T57.3X2D,T57.3X3A-T57.3X3D,T57.3X4A-T57.3X4D,T58.01XA-T58.01XD,T58.02XA-T58.02XD,T58.03XA-T58.03XD,T58.04XA-T58.04XD,T58.11XA-T58.11XD,T58.12XA-T58.12XD,T58.13XA-T58.13XD,T58.14XA-T58.14XD,T58.2X1A-

T58.2X1D,T58.2X2A-T58.2X2D,T58.2X3A-T58.2X3D,T58.2X4A-T58.2X4D,T58.8X1A-T58.8X1D,T58.8X2A-T58.8X2D,T58.8X3A-T58.8X3D,T58.8X4A-T58.8X4D,T58.91XA-T58.91XD,T58.92XA-T58.92XD,T58.93XA-T58.93XD,T58.94XA-T58.94XD,T59.0X1A-T59.0X1D,T59.0X2A-T59.0X2D,T59.0X3A-T59.0X3D,T59.0X4A-T59.0X4D,T59.1X1A-T59.1X1D,T59.1X2A-T59.1X2D,T59.1X3A-T59.1X3D,T59.1X4A-T59.1X4D,T59.2X1A-T59.2X1D,T59.2X2A-T59.2X2D,T59.2X3A-T59.2X3D,T59.2X4A-T59.2X4D,T59.3X1A-T59.3X1D,T59.3X2A-T59.3X2D,T59.3X3A-T59.3X3D,T59.3X4A-T59.3X4D,T59.4X1A-T59.4X1D,T59.4X2A-T59.4X2D,T59.4X3A-T59.4X3D,T59.4X4A-T59.4X4D,T59.5X1A-T59.5X1D,T59.5X2A-T59.5X2D,T59.5X3A-T59.5X3D,T59.5X4A-T59.5X4D,T59.6X1A-T59.6X1D,T59.6X2A-T59.6X2D,T59.6X3A-T59.6X3D,T59.6X4A-T59.6X4D,T59.7X1A-T59.7X1D,T59.7X2A-T59.7X2D,T59.7X3A-T59.7X3D,T59.7X4A-T59.7X4D,T59.811A-T59.811D,T59.812A-T59.812D,T59.813A-T59.813D,T59.814A-T59.814D,T59.891A-T59.891D,T59.892A-T59.892D,T59.893A-T59.893D,T59.894A-T59.894D,T59.91XA-T59.91XD,T59.92XA-T59.92XD,T59.93XA-T59.93XD,T59.94XA-T59.94XD,T66.XXXA-T66.XXXD,T70.3XXA-T70.3XXD,T79.0XXA-T79.0XXD,T79.A0XA-T79.A0XD,T79.A11A-T79.A11D,T79.A12A-T79.A12D,T79.A19A-T79.A19D,T79.A21A-T79.A21D,T79.A22A-T79.A22D,T79.A29A-T79.A29D,T79.A3XA-T79.A3XD,T79.A9XA-T79.A9XD,T80.0XXA-T80.0XXD,T82.898A-T82.898D,T82.9XXA-T82.9XXD,T83.89XA-T83.89XD,T83.9XXA-T83.9XXD,T84.89XA-T84.89XD,T84.9XXA-T84.9XXD,T85.9XXA-T85.9XXD,T86.820-T86.829

CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99183,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0277,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 333

Condition: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

ICD-10: B69.0,G93.0,G96.12-G96.19,M25.08

CPT: 61120,61150,61151,61314-61316,61516,61522,61524,61781,61782,62223,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 334

Condition: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER (See Guideline Notes 64,77)

Treatment: MEDICAL THERAPY

ICD-10: K70.0,K70.10-K70.9,K71.3-K71.4,K71.50-K71.7,K72.10-K72.91,K74.0,K74.3-K74.5,K74.60-K74.69,K76.1,K76.6,K76.89

CPT: 37182,37183,93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 335

Condition: SCLERITIS (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: A18.51,A50.01,A50.30,A50.39,A51.43,A52.71,B58.00,B58.09,H15.001-H15.099,H15.121-H15.89

CPT: 66130,66225,66250,67250,67255,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 336

Condition: RUBEOSIS AND OTHER DISORDERS OF THE IRIS (See Guideline Note 64)

Treatment: LASER SURGERY

ICD-10: H21.1X1-H21.1X9,H21.40-H21.43,H21.501-H21.569,Q13.1

CPT: 65870,65875,66170,66680,66682,66720,67228,67500,76514,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **337**
Condition: WOUND OF EYE GLOBE (See Guideline Note 64)
Treatment: SURGICAL REPAIR
ICD-10: S05.20XA-S05.20XD,S05.21XA-S05.21XD,S05.22XA-S05.22XD,S05.30XA-S05.30XD,S05.31XA-S05.31XD, S05.32XA-S05.32XD,S05.50XA-S05.50XD,S05.51XA-S05.51XD,S05.52XA-S05.52XD,S05.60XA-S05.60XD, S05.61XA-S05.61XD,S05.62XA-S05.62XD,S05.70XA-S05.70XD,S05.71XA-S05.71XD,S05.72XA-S05.72XD, S05.8X1A-S05.8X1D,S05.8X2A-S05.8X2D,S05.8X9A-S05.8X9D,S05.90XA-S05.90XD,S05.91XA-S05.91XD, S05.92XA-S05.92XD
CPT: 65105,65235-65273,65280,65285,65290,66680,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **338**
Condition: ACUTE NECROSIS OF LIVER (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: K71.0,K71.10-K71.2,K71.8-K71.9,K72.00-K72.01,K75.2-K75.3,K75.89,K76.2,K76.89
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **339**
Condition: CHRONIC KIDNEY DISEASE (See Guideline Note 64)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-10: B52.0,E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,E88.3,I12.0-I12.9,N02.0-N02.9,N03.0-N03.9,N04.0-N04.9,N05.2-N05.9,N06.0-N06.9,N07.0-N07.9,N08,N14.0-N14.4,N15.0,N15.8-N15.9, N16,N18.1-N18.4,N18.9,N25.0-N25.1,N25.89,N26.1,N26.9,N27.0-N27.9,N28.9,N29,Z49.01-Z49.32
CPT: 36514,36516,36800-36821,36825-36838,36901-36909,49324-49326,49421,49422,49435,49436,90935-90947, 90989-90997,93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1750,C1752,C1881,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9339,S9355,S9537

Line: **340**
Condition: HEREDITARY HEMORRHAGIC TELANGIECTASIA
Treatment: EXCISION
ICD-10: I78.0
CPT: 11400-11426,45382,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **341**
Condition: RHEUMATIC FEVER (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: I00,I02.9
CPT: 93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972, 99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453, 99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **342**
Condition: OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-10: D34,D35.00-D35.02,D35.2-D35.9,E16.3-E16.9,E22.1-E22.9,E23.3,E34.4,G89.3,Z51.0
CPT: 32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,77402,79005-79403,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **343**
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH) (See Guideline Notes 91,123)
Treatment: BASIC RESTORATIVE (E.G., COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
ICD-10: K02.3,K02.51-K02.9,K03.2,K03.89,K08.530-K08.539
HCPCS: D1354,D2140-D2394,D2930-D2933,D2941,D2950,D2951,D2954,D2957,D2980,D6980

Line: **344**
Condition: DENTAL CONDITIONS (E.G., SEVERE CARIES, INFECTION) (See Guideline Notes 34,48)
Treatment: ORAL SURGERY (I.E., EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
ICD-10: E08.630-E08.638,E09.630-E09.638,E10.630-E10.638,E11.630-E11.638,E13.630-E13.638,K02.3,K02.51-K02.9
CPT: 41870,41872
HCPCS: D6096,D6100,D7210-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7540,D7550,D7960,D7963,D7971, D9930

Line: **345**
Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,90)
Treatment: MEDICAL THERAPY
ICD-10: A33,A50.40,A50.43,A50.45,A52.10,A52.12-A52.15,A52.17-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89, C32.8-C32.9,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.30-D81.39,D81.5,E00.0-E00.9, E45,E70.0-E70.1,E70.20-E70.29,E70.330-E70.331,E70.8-E70.9,E71.0,E71.110-E71.548,E72.00,E72.02-E72.51, E72.59-E72.81,E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2, E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F70-F79,F80.0-F80.4,F80.81-F80.9, F84.0-F84.3,F84.8,F88,F98.5,G04.1,G04.81-G04.91,G10,G11.0-G11.4,G11.9,G12.0-G12.1,G12.21-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8, G31.01-G31.83,G31.85-G31.9,G32.0,G32.81-G32.89,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.30-G83.9,G90.01-G90.1,G90.3-G90.4, G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.29,G95.89,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,G99.0-G99.8,H49.811-H49.819,H93.25,I61.0-I61.9,I62.00-I62.9,I63.30, I63.311-I63.312,I63.319-I63.322,I63.329-I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3, I67.81-I67.83,I67.841-I67.89,I69.010-I69.018,I69.020-I69.028,I69.051-I69.090,I69.092,I69.110-I69.118,I69.120-I69.128,I69.151-I69.190,I69.192,I69.210-I69.218,I69.220-I69.228,I69.251-I69.290,I69.292,I69.310-I69.318, I69.320-I69.328,I69.351-I69.390,I69.392,I69.810-I69.818,I69.820-I69.828,I69.851-I69.890,I69.892,I69.910-I69.918,I69.920-I69.928,I69.951-I69.990,I69.992,I97.810-I97.821,M62.3,M62.58-M62.59,M62.89,P07.00-P07.39, P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9, P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,P55.1-P55.9,P56.0,P56.90-P56.99, P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9, Q06.0-Q06.9,Q07.00-Q07.9,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.11-Q87.40, Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R13.10-R13.19,R41.4, R41.81,R53.2,R54,R62.0,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D, S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.819D, S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D, S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D, S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D, S06.897A-S06.899D,S06.9X0A-S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D, S06.9X4A-S06.9X4D,S06.9X5A-S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-S06.9X9D,S14.0XXA-S14.0XXD, S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D, S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D, S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D, S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D, S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D, S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D, S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D, S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D, S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D, S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D, S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2XXA-S14.2XXD, S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D, S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D, S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D, S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D, S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D, S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,S34.01XA-S34.01XD,S34.02XA-S34.02XD, S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D, S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,

S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,
S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,
S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,
T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.1X1A-T40.1X1D,
T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,
T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,
T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,T40.4X4A-T40.4X4D,
T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,T40.5X4A-T40.5X4D,T40.601A-T40.601D,
T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,
T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,
T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,T40.8X4A-T40.8X4D,
T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,
T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,
T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,
T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,
T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,
T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,
T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-T71.221D,
T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,
T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA-T71.9XXD,T74.4XXA-T74.4XXD,
T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.4XXA-T75.4XXD,T78.00XA-T78.00XD,
T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD,T78.05XA-T78.05XD,
T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD,T78.3XXA-T78.3XXD,
T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,T79.6XXA-T79.6XXD,T88.2XXA-T88.2XXD,
T88.51XA-T88.51XD,T88.6XXA-T88.6XXD,Z90.02

CPT: 21084,31611,61215,92507,92508,92521-92524,92607-92609,92633,93792,93793,97012,97110-97130,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9152

ICD-10-CM R62.0 is included on Lines 292, 345 and 377 for children 8 and under. ICD-10-CM F88 is included on these lines for developmental delay. When it is used to indicate sensory integration disorder or sensory processing disorder, it is included on Line 661.

Line: 346

Condition: CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS (See Guideline Notes 37,60,64,100,101)

Treatment: SURGICAL THERAPY

ICD-10: G83.4,M43.10-M43.19,M47.10-M47.27,M48.00-M48.05,M48.061-M48.08,M50.00-M50.01,M50.020-M50.11,M51.04-M51.17,M53.2X1-M53.2X9,M54.10-M54.18,Q06.8,Q76.2

CPT: 20660-20665,20700-20705,20930,20931,20936-20938,21720,21725,22206-22226,22532-22865,29000-29046,29710,29720,63001-63091,63170,63180-63200,63270-63273,63295-63610,63650,63655,63685,93792,93793,96158,96159,96164-96171,97110-97124,97140,97150,97161-97168,97530,97535,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487,99489,99491,99495,99496,99605-99607

HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0160,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0508-G0511,G2010-G2012,G2061-G2065,S2350,S2351

Line: 347

Condition: CARDIAC ARRHYTHMIAS (See Guideline Notes 49,64,146)

Treatment: MEDICAL THERAPY, PACEMAKER

ICD-10: I44.0-I44.2,I44.30-I44.7,I45.0,I45.10-I45.9,I47.1,I47.9,I48.0,I48.11-I48.92,I49.1-I49.2,I49.40-I49.9,I97.120-I97.121,R00.1,Z45.010-Z45.09,Z79.01

CPT: 33202-33229,33233-33238,33250-33261,33265,33266,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93642,93650-93657,93724,93745,93792-93798,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: C1721,C1722,C1777,C1779,C1785,C1786,C1895,C1896,C1898,C1899,C2619-C2621,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,K0606-K0609

Line: **348**
Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: P11.1,P11.3-P11.4,P12.0-P12.1,P12.3-P12.4,P12.81-P12.9,P13.0-P13.9,P14.0-P14.9,P15.0-P15.9
CPT: 22830,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92136,92201-92270,92283-92287,93792,93793,96167-96171,97012,97110-97124,97140,97150,97161-97168,97530,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **349**
Condition: NON-LIMB THREATENING PERIPHERAL VASCULAR DISEASE (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: E08.51,E09.51,E10.51,E11.51,E13.51,I70.201-I70.209,I70.231-I70.25,I70.291-I70.309,I70.331-I70.35,I70.391-I70.409,I70.431-I70.45,I70.491-I70.509,I70.531-I70.55,I70.591-I70.609,I70.631-I70.65,I70.691-I70.709,I70.731-I70.75,I70.791-I70.92,I74.2-I74.4,I74.9,I75.011-I75.029,I77.1
CPT: 13160,34101,34111,34201,34203,35081,35256,35286,35302-35321,35351-35372,35500,35510,35512,35516-35525,35533,35539-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35700-35703,35860,35875-35881,35903,36002,37184-37186,37220-37235,37246-37249,37609,64802-64818,64821-64823,93668,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **350**
Condition: SARCOIDOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D86.0-D86.3,D86.81-D86.82,D86.84-D86.9
CPT: 93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **351**
Condition: STRABISMUS DUE TO NEUROLOGIC DISORDER (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H49.00-H49.43,H49.881-H49.9,H51.20-H51.23
CPT: 15822,15823,65778-65782,66820-66830,66985,66986,67311-67345,67710,67875,67880,67900-67912,67961,67971,68135,68320-68328,68335,68340,68371,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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).

Line: **352**
Condition: URINARY SYSTEM CALCULUS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N20.0-N20.9,N21.0-N21.9,N22
CPT: 50060-50081,50130,50382-50389,50432-50437,50553,50557,50561,50572,50580,50590,50600,50605,50610-50630,50693-50700,50715,50900,50945,50947,50961-50972,50976,50980,51050-51065,51102,51700,52310-52325,52330-52334,52352,52353,52356,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **353**
Condition: STRUCTURAL CAUSES OF AMENORRHEA (See Guideline Note 176)
Treatment: SURGICAL TREATMENT
ICD-10: N85.7,N89.5-N89.7,N92.5,N99.2,Q51.0,Q51.5,Q51.7,Q51.820-Q51.9,Q52.0,Q52.10-Q52.11,Q52.121-Q52.8, Z40.03,Z43.7
CPT: 56441,56442,56700,56800,57130,57291-57295,57400,57426,57800,58120,58700,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **354**
Condition: PENETRATING WOUND OF ORBIT (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H05.50-H05.53,S01.101A-S01.101D,S01.102A-S01.102D,S01.109A-S01.109D,S05.40XA-S05.40XD,S05.41XA-S05.41XD,S05.42XA-S05.42XD
CPT: 12011,12013,12051,12052,13132,13151,13152,67405-67414,67420-67445,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **355**
Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT MINOR TOES) (See Guideline Notes 6,64)
Treatment: OPEN OR CLOSED REDUCTION
ICD-10: M24.029,M80.00XA,M80.011A-M80.011G,M80.012A-M80.012G,M80.019A-M80.019G,M80.021A-M80.021G, M80.022A-M80.022G,M80.029A-M80.029G,M80.031A-M80.031G,M80.032A-M80.032G,M80.039A-M80.039G, M80.041A-M80.041G,M80.042A-M80.042G,M80.049A-M80.049G,M80.051A-M80.051G,M80.052A-M80.052G, M80.059A-M80.059G,M80.061A-M80.061G,M80.062A-M80.062G,M80.069A-M80.069G,M80.071A-M80.071G, M80.072A-M80.072G,M80.079A-M80.079G,M80.80XA,M80.811A-M80.811G,M80.812A-M80.812G,M80.819A-M80.819G,M80.821A-M80.821G,M80.822A-M80.822G,M80.829A-M80.829G,M80.831A-M80.831G,M80.832A-M80.832G,M80.839A-M80.839G,M80.841A-M80.841G,M80.842A-M80.842G,M80.849A-M80.849G,M80.851A-M80.851G,M80.852A-M80.852G,M80.859A-M80.859G,M80.861A-M80.861G,M80.862A-M80.862G,M80.869A-M80.869G,M80.871A-M80.871G,M80.872A-M80.872G,M80.879A-M80.879G,M84.30XA,M84.311A-M84.311G, M84.312A-M84.312G,M84.319A-M84.319G,M84.321A-M84.321G,M84.322A-M84.322G,M84.329A-M84.329G, M84.331A-M84.331G,M84.332A-M84.332G,M84.333A-M84.333G,M84.334A-M84.334G,M84.339A-M84.339G, M84.341A-M84.341G,M84.342A-M84.342G,M84.343A-M84.343G,M84.344A-M84.344G,M84.345A-M84.345G, M84.346A-M84.346G,M84.351A-M84.351G,M84.352A-M84.352G,M84.353A-M84.353G,M84.361A-M84.361G, M84.362A-M84.362G,M84.363A-M84.363G,M84.364A-M84.364G,M84.369A-M84.369G,M84.371A-M84.371G, M84.372A-M84.372G,M84.373A-M84.373G,M84.374A-M84.374G,M84.375A-M84.375G,M84.376A-M84.376G, M84.38XA,M84.40XA,M84.411A-M84.411G,M84.412A-M84.412G,M84.419A-M84.419G,M84.421A-M84.421G, M84.422A-M84.422G,M84.429A-M84.429G,M84.431A-M84.431G,M84.432A-M84.432G,M84.433A-M84.433G, M84.434A-M84.434G,M84.439A-M84.439G,M84.441A-M84.441G,M84.442A-M84.442G,M84.443A-M84.443G, M84.444A-M84.444G,M84.445A-M84.445G,M84.446A-M84.446G,M84.451A-M84.451G,M84.452A-M84.452G, M84.453A-M84.453G,M84.461A-M84.461G,M84.462A-M84.462G,M84.463A-M84.463G,M84.464A-M84.464G, M84.469A-M84.469G,M84.471A-M84.471G,M84.472A-M84.472G,M84.473A-M84.473G,M84.474A-M84.474G, M84.475A-M84.475G,M84.476A-M84.476G,M84.48XA,M84.50XA,M84.511A-M84.511G,M84.512A-M84.512G, M84.519A-M84.519G,M84.521A-M84.521G,M84.522A-M84.522G,M84.529A-M84.529G,M84.531A-M84.531G, M84.532A-M84.532G,M84.533A-M84.533G,M84.534A-M84.534G,M84.539A-M84.539G,M84.541A-M84.541G, M84.542A-M84.542G,M84.549A-M84.549G,M84.551A-M84.551G,M84.552A-M84.552G,M84.553A-M84.553G, M84.561A-M84.561G,M84.562A-M84.562G,M84.563A-M84.563G,M84.564A-M84.564G,M84.569A-M84.569G, M84.571A- M84.571G,M84.572A-M84.572G,M84.573A-M84.573G,M84.574A-M84.574G,M84.575A-M84.575G, M84.576A-M84.576G,M84.58XD-M84.58XG,M84.60XA,M84.611A-M84.611G,M84.612A-M84.612G,M84.619A-M84.619G,M84.621A-M84.621G,M84.622A-M84.622G,M84.629A-M84.629G,M84.631A-M84.631G,M84.632A-M84.632G,M84.633A-M84.633G,M84.634A-M84.634G,M84.639A-M84.639G,M84.641A-M84.641G,M84.642A-M84.642G,M84.649A-M84.649G,M84.651A-M84.651G,M84.652A-M84.652G,M84.653A-M84.653G,M84.661A-M84.661G,M84.662A-M84.662G,M84.663A-M84.663G,M84.664A-M84.664G,M84.669A-M84.669G,M84.671A-M84.671G,M84.672A-M84.672G,M84.673A-M84.673G,M84.674A-M84.674G,M84.675A-M84.675G,M84.676A-M84.676G,M84.750A-M84.750G,M84.751A-M84.751G,M84.752A-M84.752G,M84.753A-M84.753G,M84.754A-M84.754G,M84.755A-M84.755G,M84.756A-M84.756G,M84.757A-M84.757G,M84.758A-M84.758G,M84.759A-M84.759G,M93.001-M93.033,S32.446D,S42.001A,S42.001D-S42.001G,S42.002A,S42.002D-S42.002G, S42.009A,S42.009D-S42.009G,S42.011A,S42.011D-S42.011G,S42.012A,S42.012D-S42.012G,S42.013A, S42.013D-S42.013G,S42.014A,S42.014D-S42.014G,S42.015A,S42.015D-S42.015G,S42.016A,S42.016D-S42.016G,S42.017A,S42.017D-S42.017G,S42.018A,S42.018D-S42.018G,S42.019A,S42.019D-S42.019G, S42.021A,S42.021D-S42.021G,S42.022A,S42.022D-S42.022G,S42.023A,S42.023D-S42.023G,S42.024A, S42.024D-S42.024G,S42.025A,S42.025D-S42.025G,S42.026A,S42.026D-S42.026G,S42.031A,S42.031D-S42.031G,S42.032A,S42.032D-S42.032G,S42.033A,S42.033D-S42.033G,S42.034A,S42.034D-S42.034G, S42.035A,S42.035D-S42.035G,S42.036A,S42.036D-S42.036G,S42.101A,S42.101D-S42.101G,S42.102A, S42.102D-S42.102G,S42.109A,S42.109D-S42.109G,S42.111A,S42.111D-S42.111G,S42.112A,S42.112D-S42.112G,S42.113A,S42.113D-S42.113G,S42.114A,S42.114D-S42.114G,S42.115A,S42.115D-S42.115G,

S42.116A,S42.116D-S42.116G,S42.121A,S42.121D-S42.121G,S42.122A,S42.122D-S42.122G,S42.123A,
S42.123D-S42.123G,S42.124A,S42.124D-S42.124G,S42.125A,S42.125D-S42.125G,S42.126A,S42.126D-
S42.126G,S42.131A,S42.131D-S42.131G,S42.132A,S42.132D-S42.132G,S42.133A,S42.133D-S42.133G,
S42.134A,S42.134D-S42.134G,S42.135A,S42.135D-S42.135G,S42.136A,S42.136D-S42.136G,S42.141A,
S42.141D-S42.141G,S42.142A,S42.142D-S42.142G,S42.143A,S42.143D-S42.143G,S42.144A,S42.144D-
S42.144G,S42.145A,S42.145D-S42.145G,S42.146A,S42.146D-S42.146G,S42.151A,S42.151D-S42.151G,
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S89.002G,S89.009A-S89.009G,S89.011A-S89.011G,S89.012A-S89.012G,S89.019A-S89.019G,S89.021A-
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S89.092G,S89.099A-S89.099G,S89.101A-S89.101G,S89.102A-S89.102G,S89.109A-S89.109G,S89.111A-
S89.111G,S89.112A-S89.112G,S89.119A-S89.119G,S89.121A-S89.121G,S89.122A-S89.122G,S89.129A-
S89.129G,S89.131A-S89.131G,S89.132A-S89.132G,S89.139A-S89.139G,S89.141A-S89.141G,S89.142A-
S89.142G,S89.149A-S89.149G,S89.191A-S89.191G,S89.192A-S89.192G,S89.199A-S89.199G,S89.201A-
S89.201G,S89.202A-S89.202G,S89.209A-S89.209G,S89.211A-S89.211G,S89.212A-S89.212G,S89.219A-
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S89.292G,S89.299A-S89.299G,S89.301A-S89.301G,S89.302A-S89.302G,S89.309A-S89.309G,S89.311A-
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S92.015G,S92.016A,S92.016D-S92.016G,S92.021A,S92.021D-S92.021G,S92.022A,S92.022D-S92.022G,
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S92.145D-S92.145G,S92.146A,S92.146D-S92.146G,S92.151A,S92.151D-S92.151G,S92.152A,S92.152D-
S92.152G,S92.153A,S92.153D-S92.153G,S92.154A,S92.154D-S92.154G,S92.155A,S92.155D-S92.155G,
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S92.224G,S92.225A,S92.225D-S92.225G,S92.226A,S92.226D-S92.226G,S92.231A,S92.231D-S92.231G,
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S92.235D-S92.235G,S92.236A,S92.236D-S92.236G,S92.241A,S92.241D-S92.241G,S92.242A,S92.242D-
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S92.411G,S92.412A,S92.412D-S92.412G,S92.413A,S92.413D-S92.413G,S92.414A,S92.414D-S92.414G,
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S92.422D-S92.422G,S92.423A,S92.423D-S92.423G,S92.424A,S92.424D-S92.424G,S92.425A,S92.425D-
S92.425G,S92.426A,S92.426D-S92.426G,S92.491A,S92.491D-S92.491G,S92.492A,S92.492D-S92.492G,
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S92.819D-S92.819G,S92.901A,S92.901D,S92.902A,S92.902D,S92.909A,S92.909D,S99.001A,S99.001D-
S99.001G,S99.002A,S99.002D-S99.002G,S99.009A,S99.009D-S99.009G,S99.011A,S99.011D-S99.011G,
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S99.032G,S99.039A,S99.039D-S99.039G,S99.041A,S99.041D-S99.041G,S99.042A,S99.042D-S99.042G,
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S99.099D-S99.099G,S99.101A,S99.101D-S99.101G,S99.102A,S99.102D-S99.102G,S99.109A,S99.109D-S99.109G,S99.111A,S99.111D-S99.111G,S99.112A,S99.112D-S99.112G,S99.119A,S99.119D-S99.119G,S99.121A,S99.121D-S99.121G,S99.122A,S99.122D-S99.122G,S99.129A,S99.129D-S99.129G,S99.131A,S99.131D-S99.131G,S99.132A,S99.132D-S99.132G,S99.139A,S99.139D-S99.139G,S99.141A,S99.141D-S99.141G,S99.142A,S99.142D-S99.142G,S99.149A,S99.149D-S99.149G,S99.191A,S99.191D-S99.191G,S99.192A,S99.192D-S99.192G,S99.199A,S99.199D-S99.199G,Z47.2

CPT: 11740,20650,20670-20694,20700-20705,23470,23500-23515,23570-23630,24130,24500-24587,24620,24635,24650-24685,25119,25210-25240,25259,25320,25337-25393,25440-25447,25450-25652,25671,25800-25830,26520,26600-26615,26645-26665,26676,26720-26770,27130,27175-27181,27230-27235,27244,27245,27350,27409,27424,27430,27435,27465-27468,27500-27540,27570,27610,27620,27656,27664,27712,27750-27829,27846,27848,28300,28400-28531,28730,29049-29105,29126-29131,29240,29305-29445,29505,29515,29700-29720,29850-29856,29874-29879,29882,29894,29897-29899,93792,93793,97012,97018,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 356

Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Coding Specification Below) (See Guideline Notes 6,15,64,71,83,114,158,190)

Treatment: ARTHROPLASTY/RECONSTRUCTION

ICD-10: L40.50-L40.59,M02.10,M02.111-M02.19,M02.30,M02.311-M02.89,M05.611-M05.9,M06.00,M06.011-M06.29,M06.311-M06.39,M06.80,M06.811-M06.9,M08.00,M08.011-M08.48,M08.811-M08.99,M12.50,M12.511-M12.59,M13.871-M13.879,M16.0,M16.10-M16.9,M17.0,M17.10-M17.9,M18.0,M18.10-M18.9,M19.011-M19.93,M20.20-M20.22,M24.151-M24.176,M24.871-M24.872,M24.874-M24.875,M25.00,M25.011-M25.076,M25.151-M25.159,M25.851-M25.859,M25.871-M25.879,M76.20-M76.22,M87.00,M87.011-M87.9,M90.50,M90.511-M90.59,M93.20,M93.211-M93.29

CPT: 20610,20611,20690-20694,20700-20705,23120,23470-23474,23800,23802,24000,24006,24101,24102,24130,24160,24164,24360-24371,24800,24802,25000,25101-25109,25115-25119,25210-25240,25270,25320,25337,25390-25393,25441-25492,25800,25810-25830,26320,26516-26536,26820-26863,26990-26992,27036,27090,27091,27122-27132,27187,27284,27286,27358,27437-27454,27457,27580,27620-27626,27641,27700-27704,27870,27871,28090,28104,28114,28116,28122,28289,28291,28446,28715,28725,28740,28750,29819-29826,29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29891,29892,29894-29899,29904-29916,77014,77261-77290,77295,77300,77306,77307,77331-77336,77385-77387,77401-77423,77427,77470,93792,93793,97012,97018,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S2118,S2325

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

Line: 357

Condition: CONDITIONS OF PULMONARY ARTERY (See Guideline Note 64)

Treatment: SURGICAL TREATMENT

ICD-10: I28.0-I28.9,S25.401A-S25.401D,S25.402A-S25.402D,S25.409A-S25.409D,S25.411A-S25.411D,S25.412A-S25.412D,S25.419A-S25.419D,S25.421A-S25.421D,S25.422A-S25.422D,S25.429A-S25.429D,S25.491A-S25.491D,S25.492A-S25.492D,S25.499A-S25.499D

CPT: 32480-32488,32501,32505-32540,32663,32666-32670,33726,33917-33922,92960-92971,92978-92998,93792-93798,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 358

Condition: BODY INFESTATIONS (E.G., LICE, SCABIES) (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: B83.4,B85.0-B85.4,B86,B87.0-B87.4,B87.81-B87.9,B88.0-B88.9

CPT: 93792,93793,96902,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 359

Condition: DEFORMITY/CLOSED DISLOCATION OF JOINT AND RECURRENT JOINT DISLOCATIONS (See Guideline Notes 6,64)

Treatment: SURGICAL TREATMENT

ICD-10: M22.00-M22.12,M24.00,M24.011-M24.073,M24.171-M24.176,M24.321-M24.376,M24.411-M24.443,M24.451-

M24.476,M24.811-M24.812,M24.821-M24.822,M24.831-M24.832,M24.841-M24.842,M24.851-M24.852,M24.871-M24.872,M24.874-M24.875,M25.871-M25.879,M72.0,M92.40-M92.52,Q66.00-Q66.12,Q66.221-Q66.42,Q66.6,Q66.70-Q66.72,Q66.90-Q66.92,Q68.2,Q69.0-Q69.1,Q70.00-Q70.13,Q71.40-Q71.63,Q71.811-Q71.93,Q72.40-Q72.73,Q72.811-Q72.93,Q73.1-Q73.8,Q74.0,S03.00XA-S03.00XD,S03.01XA-S03.01XD,S03.02XA-S03.02XD,S03.03XA-S03.03XD,S33.30XA-S33.30XD,S33.39XA-S33.39XD,S43.001A-S43.001D,S43.002A-S43.002D,S43.003A-S43.003D,S43.004A-S43.004D,S43.005A-S43.005D,S43.006A-S43.006D,S43.011A-S43.011D,S43.012A-S43.012D,S43.013A-S43.013D,S43.014A-S43.014D,S43.015A-S43.015D,S43.016A-S43.016D,S43.021A-S43.021D,S43.022A-S43.022D,S43.023A-S43.023D,S43.024A-S43.024D,S43.025A-S43.025D,S43.026A-S43.026D,S43.031A-S43.031D,S43.032A-S43.032D,S43.033A-S43.033D,S43.034A-S43.034D,S43.035A-S43.035D,S43.036A-S43.036D,S43.081A-S43.081D,S43.082A-S43.082D,S43.083A-S43.083D,S43.084A-S43.084D,S43.085A-S43.085D,S43.086A-S43.086D,S43.101A-S43.101D,S43.102A-S43.102D,S43.109A-S43.109D,S43.111A-S43.111D,S43.112A-S43.112D,S43.119A-S43.119D,S43.121A-S43.121D,S43.122A-S43.122D,S43.129A-S43.129D,S43.131A-S43.131D,S43.132A-S43.132D,S43.139A-S43.139D,S43.141A-S43.141D,S43.142A-S43.142D,S43.149A-S43.149D,S43.151A-S43.151D,S43.152A-S43.152D,S43.159A-S43.159D,S43.201A-S43.201D,S43.202A-S43.202D,S43.203A-S43.203D,S43.204A-S43.204D,S43.205A-S43.205D,S43.206A-S43.206D,S43.211A-S43.211D,S43.212A-S43.212D,S43.213A-S43.213D,S43.214A-S43.214D,S43.215A-S43.215D,S43.216A-S43.216D,S43.221A-S43.221D,S43.222A-S43.222D,S43.223A-S43.223D,S43.224A-S43.224D,S43.225A-S43.225D,S43.226A-S43.226D,S43.301A-S43.301D,S43.302A-S43.302D,S43.303A-S43.303D,S43.304A-S43.304D,S43.305A-S43.305D,S43.306A-S43.306D,S43.311A-S43.311D,S43.312A-S43.312D,S43.313A-S43.313D,S43.314A-S43.314D,S43.315A-S43.315D,S43.316A-S43.316D,S43.391A-S43.391D,S43.392A-S43.392D,S43.393A-S43.393D,S43.394A-S43.394D,S43.395A-S43.395D,S43.396A-S43.396D,S53.001A-S53.001D,S53.002A-S53.002D,S53.003A-S53.003D,S53.004A-S53.004D,S53.005A-S53.005D,S53.006A-S53.006D,S53.011A-S53.011D,S53.012A-S53.012D,S53.013A-S53.013D,S53.014A-S53.014D,S53.015A-S53.015D,S53.016A-S53.016D,S53.021A-S53.021D,S53.022A-S53.022D,S53.023A-S53.023D,S53.024A-S53.024D,S53.025A-S53.025D,S53.026A-S53.026D,S53.031A-S53.031D,S53.032A-S53.032D,S53.033A-S53.033D,S53.091A-S53.091D,S53.092A-S53.092D,S53.093A-S53.093D,S53.094A-S53.094D,S53.095A-S53.095D,S53.096A-S53.096D,S53.101A-S53.101D,S53.102A-S53.102D,S53.103A-S53.103D,S53.104A-S53.104D,S53.105A-S53.105D,S53.106A-S53.106D,S53.111A-S53.111D,S53.112A-S53.112D,S53.113A-S53.113D,S53.114A-S53.114D,S53.115A-S53.115D,S53.116A-S53.116D,S53.121A-S53.121D,S53.122A-S53.122D,S53.123A-S53.123D,S53.124A-S53.124D,S53.125A-S53.125D,S53.126A-S53.126D,S53.131A-S53.131D,S53.132A-S53.132D,S53.133A-S53.133D,S53.134A-S53.134D,S53.135A-S53.135D,S53.136A-S53.136D,S53.141A-S53.141D,S53.142A-S53.142D,S53.143A-S53.143D,S53.144A-S53.144D,S53.145A-S53.145D,S53.146A-S53.146D,S53.191A-S53.191D,S53.192A-S53.192D,S53.193A-S53.193D,S53.194A-S53.194D,S53.195A-S53.195D,S53.196A-S53.196D,S63.001A-S63.001D,S63.002A-S63.002D,S63.003A-S63.003D,S63.004A-S63.004D,S63.005A-S63.005D,S63.006A-S63.006D,S63.011A-S63.011D,S63.012A-S63.012D,S63.013A-S63.013D,S63.014A-S63.014D,S63.015A-S63.015D,S63.016A-S63.016D,S63.021A-S63.021D,S63.022A-S63.022D,S63.023A-S63.023D,S63.024A-S63.024D,S63.025A-S63.025D,S63.026A-S63.026D,S63.031A-S63.031D,S63.032A-S63.032D,S63.033A-S63.033D,S63.034A-S63.034D,S63.035A-S63.035D,S63.036A-S63.036D,S63.041A-S63.041D,S63.042A-S63.042D,S63.043A-S63.043D,S63.044A-S63.044D,S63.045A-S63.045D,S63.046A-S63.046D,S63.051A-S63.051D,S63.052A-S63.052D,S63.053A-S63.053D,S63.054A-S63.054D,S63.055A-S63.055D,S63.056A-S63.056D,S63.061A-S63.061D,S63.062A-S63.062D,S63.063A-S63.063D,S63.064A-S63.064D,S63.065A-S63.065D,S63.066A-S63.066D,S63.071A-S63.071D,S63.072A-S63.072D,S63.073A-S63.073D,S63.074A-S63.074D,S63.075A-S63.075D,S63.076A-S63.076D,S63.091A-S63.091D,S63.092A-S63.092D,S63.093A-S63.093D,S63.094A-S63.094D,S63.095A-S63.095D,S63.096A-S63.096D,S63.101A-S63.101D,S63.102A-S63.102D,S63.103A-S63.103D,S63.104A-S63.104D,S63.105A-S63.105D,S63.106A-S63.106D,S63.111A-S63.111D,S63.112A-S63.112D,S63.113A-S63.113D,S63.114A-S63.114D,S63.115A-S63.115D,S63.116A-S63.116D,S63.121A-S63.121D,S63.122A-S63.122D,S63.123A-S63.123D,S63.124A-S63.124D,S63.125A-S63.125D,S63.126A-S63.126D,S63.200A-S63.200D,S63.201A-S63.201D,S63.202A-S63.202D,S63.203A-S63.203D,S63.204A-S63.204D,S63.205A-S63.205D,S63.206A-S63.206D,S63.207A-S63.207D,S63.208A-S63.208D,S63.209A-S63.209D,S63.210A-S63.210D,S63.211A-S63.211D,S63.212A-S63.212D,S63.213A-S63.213D,S63.214A-S63.214D,S63.215A-S63.215D,S63.216A-S63.216D,S63.217A-S63.217D,S63.218A-S63.218D,S63.219A-S63.219D,S63.220A-S63.220D,S63.221A-S63.221D,S63.222A-S63.222D,S63.223A-S63.223D,S63.224A-S63.224D,S63.225A-S63.225D,S63.226A-S63.226D,S63.227A-S63.227D,S63.228A-S63.228D,S63.229A-S63.229D,S63.230A-S63.230D,S63.231A-S63.231D,S63.232A-S63.232D,S63.233A-S63.233D,S63.234A-S6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S73.031A-S73.031D,S73.032A-S73.032D,S73.033A-S73.033D,S73.034A-S73.034D,S73.035A-S73.035D,
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S83.013A-S83.013D,S83.014A-S83.014D,S83.015A-S83.015D,S83.016A-S83.016D,S83.091A-S83.091D,
S83.092A-S83.092D,S83.093A-S83.093D,S83.094A-S83.094D,S83.095A-S83.095D,S83.096A-S83.096D,
S83.101A-S83.101D,S83.102A-S83.102D,S83.103A-S83.103D,S83.104A-S83.104D,S83.105A-S83.105D,
S83.106A-S83.106D,S83.111A-S83.111D,S83.112A-S83.112D,S83.113A-S83.113D,S83.114A-S83.114D,
S83.115A-S83.115D,S83.116A-S83.116D,S83.121A-S83.121D,S83.122A-S83.122D,S83.123A-S83.123D,
S83.124A-S83.124D,S83.125A-S83.125D,S83.126A-S83.126D,S83.131A-S83.131D,S83.132A-S83.132D,
S83.133A-S83.133D,S83.134A-S83.134D,S83.135A-S83.135D,S83.136A-S83.136D,S83.141A-S83.141D,
S83.142A-S83.142D,S83.143A-S83.143D,S83.144A-S83.144D,S83.145A-S83.145D,S83.146A-S83.146D,
S83.191A-S83.191D,S83.192A-S83.192D,S83.193A-S83.193D,S83.194A-S83.194D,S83.195A-S83.195D,
S83.196A-S83.196D,S93.01XA-S93.01XD,S93.02XA-S93.02XD,S93.03XA-S93.03XD,S93.04XA-S93.04XD,
S93.05XA-S93.05XD,S93.06XA-S93.06XD,S93.101A-S93.101D,S93.102A-S93.102D,S93.103A-S93.103D,
S93.104A-S93.104D,S93.105A-S93.105D,S93.106A-S93.106D,S93.111A-S93.111D,S93.112A-S93.112D,
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CPT: 11200,20527,20690-20694,20700-20705,21480,23455,23462-23470,23520-23552,23650-23700,24000,24006,
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25320,25335,25337,25390-25394,25430,25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,
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27420-27495,27550-27598,27603-27612,27615,27618-27630,27634-27692,27698,27705,27715,27727-27742,
27829-27860,28008-28035,28043-28072,28086-28092,28110,28116,28118,28126-28160,28220-28280,28288,
28300-28305,28307-28341,28360,28540-28730,28737-28760,29049-29105,29126-29131,29305-29515,29700-
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29894,29904-29907,64702,64704,93792,93793,97012,97018,97110-97124,97140,97150,97161-97168,97530,
97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-
99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: D7810-D7830,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-
G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S2115

Line: 360

Condition: CHORIORETINAL INFLAMMATION (See Guideline Notes 10,64,116,188)

Treatment: MEDICAL, SURGICAL, AND LASER TREATMENT

ICD-10: A50.01,A50.30,A50.39,A51.43,A52.71,B58.00,B58.09,H20.821-H20.829,H30.001-H30.93,H31.21,H32,H36,
H44.111-H44.119,H44.131-H44.139,Z79.899

CPT: 67027,67028,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92136,
92201-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-
99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-
99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,
G2010-G2012,G2058-G2065

Line: 361

Condition: SCOLIOSIS (See Guideline Notes 41,56,60,64,92,100)

Treatment: MEDICAL AND SURGICAL THERAPY

ICD-10: M41.00-M41.08,M41.112-M41.9,M96.5,Q67.5,Q76.3,Z47.82

CPT: 20660-20665,20930,20931,20936-20938,21720,21725,22206-22226,22532-22855,22859,29000-29046,29710,
29720,63001-63091,63170,63180-63199,63295-63610,63650,63655,63685,93792,93793,96158,96159,96164-
96171,97110-97124,97140,97150,97161-97168,97530,97535,97760,97763,97810-98942,98966-98972,99051,
99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,
99475-99480,99487,99489,99491,99495,99496,99605-99607

HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0160,G0248-G0250,G0396,G0397,
G0406-G0408,G0425-G0427,G0463-G0467,G0508-G0511,G2010-G2012,G2061-G2065

Line: **362**
Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: G10,G21.0,G23.0-G23.9,G24.02-G24.3,G24.5-G24.9,G25.0-G25.5,G25.61-G25.69,G25.9,G80.3,G90.3,J38.5
CPT: 31513,31570,31571,31573,31641,64612,64616,93792,93793,95873,95874,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

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

Line: **363**
Condition: CYST AND PSEUDOCYST OF PANCREAS (See Guideline Note 64)
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-10: K86.2-K86.3
CPT: 43240,43274-43276,48000-48020,48105-48148,48152-48154,48500-48540,48548,49322,49324,49325,49405, 49421-49423,64680,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **364**
Condition: ACUTE SINUSITIS (See Guideline Note 64)
Treatment: MEDICAL TREATMENT
ICD-10: J01.00,J01.10,J01.20,J01.30,J01.40,J01.80,J01.90
CPT: 31000,31002,31090,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065,S2342

Line: **365**
Condition: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
ICD-10: H21.00-H21.03
CPT: 65810,65815,65930,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792, 93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **366**
Condition: ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B44.81
CPT: 32662,33405-33440,33973,33974,35180-35184,93792,93793,96158,96159,96164-96171,98966-98972,99051, 99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457, 99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **367**
Condition: ENTROPION AND TRICHIASIS OF EYELID
Treatment: REPAIR
ICD-10: H02.001-H02.059
CPT: 67820-67850,67880,67882,67921-67924,67950-67975,92002-92014,92018-92060,92081-92136,92201,92202, 92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **368**
Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL (See Guideline Notes 36,64)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-10: A38.0-A38.9,A69.0-A69.1,J02.0,J03.00-J03.01,J35.1,J35.3-J35.8
CPT: 42820-42826,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **369**
Condition: INTESTINAL PARASITES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A07.2-A07.4,A07.9,B65.0-B65.9,B66.0-B66.9,B67.0-B67.2,B67.31-B67.99,B68.0,B72,B73.00-B73.1,B74.0-B74.9,B76.0-B76.9,B77.0,B77.81-B77.9,B78.0,B78.7-B78.9,B79-B80,B81.0-B81.8,B82.0-B82.9,B83.0-B83.3,B83.8-B83.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **370**
Condition: AMBLYOPIA (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H53.001-H53.039
CPT: 65778-65782,66820-66988,67311-67343,67901-67909,68135,68320-68328,68335,68340,68371,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92310,92314,92325-92342,92370,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **371**
Condition: ENCEPHALOCELE
Treatment: SURGICAL TREATMENT
ICD-10: Q01.0-Q01.9
CPT: 20664,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,62329,63740-63746,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **372**
Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (See Guideline Notes 12,16,64)
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-10: D14.1-D14.2,D14.30-D14.4,D15.0-D15.9,D19.0,D3A.090-D3A.091,D48.7,G89.3,Z51.0
CPT: 20700-20705,21601-21603,21627,21630,31512,31541-31546,31572,31592,31630,31631,31636-31641,31770,31775,32320,32480-32488,32505-32540,32553,32661-32663,32666-32670,32673,33120,33130,39000,39010,39220,49411,60520-60522,77014,77261-77290,77295,77306-77318,77331-77370,77385-77387,77402-77432,77469,77470,77600-77763,77770-77790,79005-79403,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: **373**
Condition: ACNE CONGLOBATA AND ACNE FULMINANS (See Guideline Notes 64,132)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L70.0-L70.1
CPT: 10040-10061,11900,11901,17000,17340,17360,93792,93793,96902,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **374**
Condition: RETINAL TEAR (See Guideline Notes 64,171)
Treatment: LASER PROPHYLAXIS
ICD-10: H33.301-H33.339,H35.411-H35.419
CPT: 67039,67141,67145,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **375**
Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H60.40-H60.43,H61.001-H61.039,H70.811-H70.899,H71.00-H71.93,H74.11-H74.23,H74.311-H74.399,H95.00-H95.03,H95.121-H95.129
CPT: 21235,69220,69420,69421,69433-69540,69601-69646,69662,69670,69700,69905,69910,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **376**
Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,28,64,98,120)
Treatment: REPAIR, MEDICAL THERAPY
ICD-10: M12.00,M12.011-M12.09,M25.751-M25.759,M35.4,M62.10,M62.111-M62.28,M62.89,M65.311-M65.319,M66.0, M66.111-M66.18,M66.221-M66.259,M66.271-M66.80,M66.821-M66.89,M70.60-M70.72,M72.8,M76.00-M76.12, M76.30-M76.32,S53.20XA-S53.20XD,S53.21XA-S53.21XD,S53.22XA-S53.22XD,S53.30XA-S53.30XD,S53.31XA-S53.31XD,S53.32XA-S53.32XD,S53.401A-S53.401D,S53.402A-S53.402D,S53.409A-S53.409D,S53.411A-S53.411D,S53.412A-S53.412D,S53.419A-S53.419D,S53.421A-S53.421D,S53.422A-S53.422D,S53.429A-S53.429D,S53.431A-S53.431D,S53.432A-S53.432D,S53.439A-S53.439D,S53.441A-S53.441D,S53.442A-S53.442D,S53.449A-S53.449D,S53.491A-S53.491D,S53.492A-S53.492D,S53.499A-S53.499D,S56.011A-S56.011D,S56.012A-S56.012D,S56.019A-S56.019D,S56.111A-S56.111D,S56.112A-S56.112D,S56.113A-S56.113D,S56.114A-S56.114D,S56.115A-S56.115D,S56.116A-S56.116D,S56.117A-S56.117D,S56.118A-S56.118D,S56.119A-S56.119D,S56.211A-S56.211D,S56.212A-S56.212D,S56.219A-S56.219D,S56.311A-S56.311D,S56.312A-S56.312D,S56.319A-S56.319D,S56.411A-S56.411D,S56.412A-S56.412D,S56.413A-S56.413D,S56.414A-S56.414D,S56.415A-S56.415D,S56.416A-S56.416D,S56.417A-S56.417D,S56.418A-S56.418D,S56.419A-S56.419D,S56.511A-S56.511D,S56.512A-S56.512D,S56.519A-S56.519D,S56.811A-S56.811D,S56.812A-S56.812D,S56.819A-S56.819D,S56.911A-S56.911D,S56.912A-S56.912D,S56.919A-S56.919D,S63.301A-S63.301D,S63.302A-S63.302D,S63.309A-S63.309D,S63.311A-S63.311D,S63.312A-S63.312D,S63.319A-S63.319D,S63.321A-S63.321D,S63.322A-S63.322D,S63.329A-S63.329D,S63.331A-S63.331D,S63.332A-S63.332D,S63.339A-S63.339D,S63.391A-S63.391D,S63.392A-S63.392D,S63.399A-S63.399D,S63.400A-S63.400D,S63.401A-S63.401D,S63.402A-S63.402D,S63.403A-S63.403D,S63.404A-S63.404D,S63.405A-S63.405D,S63.406A-S63.406D,S63.407A-S63.407D,S63.408A-S63.408D,S63.409A-S63.409D,S63.410A-S63.410D,S63.411A-S63.411D,S63.412A-S63.412D,S63.413A-S63.413D,S63.414A-S63.414D,S63.415A-S63.415D,S63.416A-S63.416D,S63.417A-S63.417D,S63.418A-S63.418D,S63.419A-S63.419D,S63.420A-S63.420D,S63.421A-S63.421D,S63.422A-S63.422D,S63.423A-S63.423D,S63.424A-S63.424D,S63.425A-S63.425D,S63.426A-S63.426D,S63.427A-S63.427D,S63.428A-S63.428D,S63.429A-S63.429D,S63.430A-S63.430D,S63.431A-S63.431D,S63.432A-S63.432D,S63.433A-S63.433D,S63.434A-S63.434D,S63.435A-S63.435D,S63.436A-S63.436D,S63.437A-S63.437D,S63.438A-S63.438D,S63.439A-S63.439D,S63.490A-S63.490D,S63.491A-S63.491D,S63.492A-S63.492D,S63.493A-S63.493D,S63.494A-S63.494D,S63.495A-S63.495D,S63.496A-S63.496D,S63.497A-S63.497D,S63.498A-S63.498D,S63.499A-S63.499D,S63.501A-S63.501D,S63.502A-S63.502D,S63.509A-S63.509D,S63.511A-S63.511D,S63.512A-S63.512D,S63.519A-S63.519D,S63.521A-S63.521D,S63.522A-S63.522D,S63.529A-S63.529D,S63.591A-S63.591D,S63.592A-S63.592D,S63.599A-S63.599D,S63.601A-S63.601D,S63.602A-S63.602D,S63.609A-S63.609D,S63.610A-S63.610D,S63.611A-S63.611D,S63.612A-S63.612D,S63.613A-S63.613D,S63.614A-S63.614D,S63.615A-S63.615D,S63.616A-S63.616D,S63.617A-S63.617D,S63.618A-S63.618D,S63.619A-S63.619D,S63.621A-S63.621D,S63.622A-S63.622D,S63.629A-S63.629D,S63.630A-S63.630D,S63.631A-S63.631D,S63.632A-S63.632D,S63.633A-S63.633D,S63.634A-S63.634D,S63.635A-S63.635D,S63.636A-S63.636D,S63.637A-S63.637D,S63.638A-S63.638D,S63.639A-S63.639D,S63.641A-S63.641D,S63.642A-S63.642D,S63.649A-S63.649D,S63.650A-S63.650D,S63.651A-S63.651D,S63.652A-S63.652D,S63.653A-S63.653D,S63.654A-S63.654D,S63.655A-S63.655D,S63.656A-S63.656D,S63.657A-S63.657D,S63.658A-S63.658D,S63.659A-S63.659D,S63.681A-S63.681D,S63.682A-S63.682D,S63.689A-S63.689D,S63.690A-S63.690D,S63.691A-S63.691D,S63.692A-S63.692D,S63.693A-S63.693D,S63.694A-S63.694D,S63.695A-S63.695D,S63.696A-S63.696D,S63.697A-S63.697D,S63.698A-S63.698D,S63.699A-S63.699D,S63.8X1A-S63.8X1D,S63.8X2A-S63.8X2D,S63.8X9A-S63.8X9D,S63.90XA-S63.90XD,S63.91XA-S63.91XD,S63.92XA-S63.92XD,S66.011A-S66.011D,S66.012A-S66.012D,S66.019A-S66.019D,S66.110A-S66.110D,S66.111A-S66.111D,S66.112A-S66.112D,S66.113A-S66.113D,S66.114A-S66.114D,S66.115A-S66.115D,S66.116A-S66.116D,S66.117A-S66.117D,S66.118A-S66.118D,S66.119A-S66.119D,S66.211A-S66.211D,S66.212A-S66.212D,S66.219A-S66.219D,S66.310A-S66.310D,S66.311A-S66.311D,S66.312A-S66.312D,S66.313A-S66.313D,S66.314A-S66.314D,S66.315A-S66.315D,S66.316A-S66.316D,S66.317A-S66.317D,S66.318A-

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CPT: 20550,20610,20611,20700-20705,23430,24340-24342,24344,25310,26055,26350-26412,26418,26420,26428-26437,26474,26480,26497,26530,26540,26775,26776,27380-27386,27650-27654,27658-27675,27695-27698,27829,28200-28210,29065-29105,29126-29280,29345-29425,29440,29445,29505-29540,29700,29705,29828,29861-29863,29901,29902,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 377

Condition: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION (See Coding Specification Below) (See Guideline Notes 6,38,64,90)

Treatment: MEDICAL THERAPY (SHORT-TERM REHABILITATION WITH DEFINED GOALS)

ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.30-D81.39,D81.5,E00.0-E00.9,E45,E70.0-E70.1,E70.20-E70.29,E70.320-E70.331,E70.39,E70.5-E70.9,E71.0,E71.110-E71.548,E72.00-E72.51,E72.59-E72.81,E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F70-F79,F84.0-F84.3,F84.8,F88,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1,G12.21-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.01,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.9,G32.0,G32.81-G32.89,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.00-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.10-G83.9,G90.01-G90.1,G90.3-G90.4,G90.50,G90.511-G90.59,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.61-G97.82,G98.0,G99.0-G99.8,H49.811-H49.819,H54.0X33-H54.3,H54.8,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.312,I63.319-I63.322,I63.329-I63.332,I63.339-I63.342,I63.349-I63.412,I63.419-I63.422,I63.429-I63.432,I63.439-I63.442,I63.449-I63.512,I63.519-I63.522,I63.529-I63.532,I63.539-I63.542,I63.549-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.010-I69.018,I69.020-I69.090,I69.092-I69.093,I69.110-I69.118,I69.120-I69.190,I69.192-I69.193,I69.210-I69.218,I69.220-I69.290,I69.292-I69.293,I69.310-I69.318,I69.320-I69.390,I69.392-I69.393,I69.810-I69.818,I69.820-I69.890,I69.892-I69.893,I69.910-I69.918,I69.920-I69.990,I69.992-I69.993,I97.810-I97.821,M14.60,M14.611-M14.69,M20.021-M20.099,M21.00,M21.021-M21.079,M21.121-M21.172,M21.20,M21.211-M21.379,M21.511-M21.529,M21.541-M21.549,M21.6X1-M21.969,M61.111-M61.112,M61.121-M61.122,M61.131-M61.132,M61.141-M61.142,M61.144-M61.145,M61.151-M61.152,M61.161-M61.162,M61.171-M61.172,M61.174-M61.175,M61.177-M61.178,M61.18-M61.19,M61.211-M61.212,M61.221-M61.222,M61.231-M61.232,M61.241-M61.242,M61.251-M61.252,M61.261-M61.262,M61.271-M61.272,M61.28-M61.29,M61.311-M61.312,M61.321-M61.322,M61.331-M61.332,M61.341-M61.342,M61.351-M61.352,M61.361-M61.362,M61.371-M61.372,M61.38-M61.39,M61.411-M61.412,M61.421-M61.422,M61.431-M61.432,M61.441-M61.442,M61.451-M61.452,M61.461-M61.462,M61.471-M61.472,M61.48-M61.49,M61.511-M61.512,M61.521-M61.522,M61.531-M61.532,M61.541-M61.542,M61.551-M61.552,M61.561-M61.562,M61.571-M61.572,M61.58-M61.59,M62.3,M62.511-M62.59,M62.89,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P39.2,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.1-P54.9,P55.1-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q68.1,Q71.00-Q71.33,Q72.00-Q72.33,Q73.0,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.11-Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.4,Q93.51-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,R62.0,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.899D,S06.9X0A-S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D,S06.9X4A-S06.9X4D,S06.9X5A-S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-

S06.9X9D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2XXA-S14.2XXD,S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.1X1A-T40.1X1D,T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,T40.4X4A-T40.4X4D,T40.5X1A -T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,T40.5X4A-T40.5X4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,T40.8X4A-T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA-T71.9XXD,T74.4XXA-T74.4XXD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.4XXA-T75.4XXD,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD,T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD,T78.3XXA-T78.3XXD,T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,T79.6XXA-T79.6XXD,T88.2XXA-T88.2XXD,T88.51XA-T88.51XD,T88.6XXA-T88.6XXD,Z44.001-Z44.22,Z44.8,Z46.3,Z46.89,Z47.81,Z87.820,Z89.011-Z89.9,Z90.01

CPT: 61215,92002-92014,92083,93792,93793,96156-96159,96164-96171,97012,97110-97130,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S2117

ICD-10-CM R62.0 is included on Lines 292, 345 and 377 for children 8 and under. ICD-10-CM F88 is included on these lines for developmental delay. When it is used to indicate sensory integration disorder or sensory processing disorder, it is included on Line 661.

Line: 378

Condition: ESOPHAGEAL STRICTURE; ACHALASIA (See Coding Specification Below) (See Guideline Note 64)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: K20.0,K22.0,K22.2,Z46.59

CPT: 32110-32124,32820,43192,43195,43196,43201,43212-43214,43220,43226,43229,43233,43248,43249,43266,43279,43330,43410-43453,44300,49442,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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

Line: **379**
Condition: CHRONIC ULCER OF SKIN (See Guideline Notes 62,64,163)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E08.621-E08.622,E09.621-E09.622,E10.621-E10.622,E11.621-E11.622,E13.621-E13.622,I70.231-I70.25,I70.331-I70.35,I70.431-I70.45,I70.531-I70.55,I70.631-I70.65,I70.731-I70.75,I83.001-I83.029,I83.201-I83.229,I87.011-I87.019,I87.031-I87.039,I87.311-I87.319,I87.331-I87.339,L88,L89.000-L89.96,L97.101-L97.929,L98.411-L98.499
CPT: 10060,10061,11000-11047,13101,13102,14350-15005,15271-15278,15920-15958,20700-20705,27598,27880,27881,27884-27888,28120-28124,28800-28825,29445,29580-29584,36465,36466,36470-36479,37700-37785,93792,93793,96156-96159,96164-96171,97605-97608,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C5271-C5278,D7920,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **380**
Condition: ESOPHAGITIS; GERD (See Guideline Notes 144,186)
Treatment: SHORT-TERM MEDICAL THERAPY; SURGICAL TREATMENT
ICD-10: K20.8-K20.9,K21.0-K21.9,K22.5,K22.70,K22.710
CPT: 43030,43130-43180,43192,43201,43210,43227,43279-43282,43327-43337,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **381**
Condition: BULIMIA NERVOSA AND UNSPECIFIED EATING DISORDERS (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.2,F50.81,F50.89-F50.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,97802-97804,98966-98972,99051,99060,99201-99239,99304-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,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: **382**
Condition: LATE SYPHILIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A52.10-A52.15,A52.19-A52.9,A53.0-A53.9
CPT: 47015,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **383**
Condition: CENTRAL SEROUS CHORIORETINOPATHY (See Coding Specification Below) (See Guideline Notes 10,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H31.401-H31.8,H35.50-H35.54,H35.711-H35.719,H44.421-H44.429
CPT: 66020,67005-67028,67036-67043,67210,67515,68200,92002-92014,92018-92060,92081-92100,92134,92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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

Line: **384**
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)
HCPCS: D3310,D3332

Line: **385**
Condition: SUPERFICIAL INJURIES WITH INFECTION (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L08.89-L08.9,T79.8XXA-T79.8XXD
CPT: 10120-10160,11000,11001,12001-12014,28190,29515,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **386**
Condition: PITUITARY DWARFISM (See Coding Specification Below) (See Guideline Notes 64,74)
Treatment: MEDICAL THERAPY
ICD-10: E23.0,Q77.0-Q77.1,Q77.4-Q77.5,Q77.7-Q77.8
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9558

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

Line: **387**
Condition: ANOGENITAL VIRAL WARTS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A63.0
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **388**
Condition: SEPARATION ANXIETY DISORDER (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F93.0
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005

Line: **389**
Condition: ACUTE OTITIS MEDIA (See Guideline Notes 29,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H65.00-H65.07,H65.111-H65.199,H66.001-H66.019,H66.40-H66.93,H67.1-H67.9,H68.011-H68.019,H69.90-H69.93,H73.001-H73.099,H73.20-H73.23,T70.0XXA-T70.0XXD
CPT: 69209,69210,69420,69421,69433,69436,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **390**
Condition: INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E72.52-E72.53,E74.10,E74.31-E74.39
CPT: 93792,93793,96156-96159,96164-96171,97802-97804,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **391**
Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.00-F40.02,F41.0
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99281-99285,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **392**
Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-10: J04.10-J04.2,J04.31,J05.0,J05.10-J05.11
CPT: 31600,31601,31820-31830,93792,93793,94640,94664,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **393**
Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN (See Coding Specification Below) (See Guideline Notes 64,67,134)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E70.310-E70.329,H02.521-H02.529,H04.531-H04.539,H04.551-H04.569,H49.13,H50.00,H50.011-H50.89,H51.0,H51.11-H51.8,H53.2,H53.30-H53.34,H55.00-H55.01,H55.03,H55.09,H57.811-H57.819,Q10.0-Q10.7,Q11.0-Q11.3,Q13.0,Q13.2,Q13.4-Q13.5,Q13.89-Q13.9,Q14.0-Q14.9,Q15.8
CPT: 65778-65782,66820-66988,67311-67345,67901-67909,68135,68320-68328,68335,68340,68371,68720,68810-68840,92002-92014,92018-92065,92081-92136,92201,92202,92230-92270,92283-92310,92314,92325-92342,92370,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-10 H50.89). CPT 92065 is included on Line 393 only for pairing with ICD-10 H50.31 intermittent monocular esotropia), H50.32 (Intermittent alternating esotropia), H50.33 (Intermittent monocular exotropia), and H50.34 (Intermittent alternating exotropia).

Line: **394**
Condition: ANAL FISTULA (See Guideline Note 64)
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-10: K60.3-K60.5
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46700,46706,46707,46940,46942,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **395**
Condition: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Notes 39,64,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N80.0-N80.9,Z40.03
CPT: 49203-49205,49322,58145-58150,58260-58263,58290-58292,58541-58544,58550-58554,58570-58573,58660-58662,58700,58740,58940,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9560

Line: **396**
Condition: ACUTE MYELOID LEUKEMIA (See Guideline Notes 7,11,12,16)
Treatment: BONE MARROW TRANSPLANT AND MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C92.00-C92.02,C92.50-C92.A2,C93.00-C93.02,C94.00-C94.6,D61.810,G89.3,Z45.49,Z48.290,Z51.0,Z51.12,Z52.000-Z52.098,Z52.3
CPT: 32553,36680,38100,38120,38204-38215,38230-38243,38760,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77427,77469,77520-77525,81246,86828-86835,93792,93793,95990,96158,96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S2142,S2150,S9537

Line: **397**
Condition: MYELOID DISORDERS (See Guideline Notes 7,11,12,16)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C92.00-C92.02,C92.50-C92.92,C93.00-C93.02,C93.90-C93.92,C94.00-C94.6,C95.00-C95.02,D45,D61.810, G89.3,Z45.49,Z51.0,Z51.12
CPT: 32553,38100,38120,38760,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387, 77401-77427,77469,77520-77525,81246,93792,93793,95990,96158,96159,96164-96171,96377,96405,96406, 96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99195,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **398**
Condition: SEVERE SACROILIITIS (See Guideline Notes 6,64,161)
Treatment: SURGICAL THERAPY
ICD-10: M46.1
CPT: 27096,27279,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99304-99337,99340-99404, 99408-99449,99487-99490,99495,99496,99605-99607
HCPCS: G0260,G0396,G0397,G0463-G0467,G0469,G0470,G0490,G0511,G2058-G2065

Line: **399**
Condition: INFLUENZA, NOVEL RESPIRATORY VIRUSES (See Guideline Notes 64,87)
Treatment: MEDICAL THERAPY
ICD-10: B97.29,J09.X1-J09.X9,J10.00-J10.89,J11.00-J11.89,J12.81,U07.1
CPT: 93792,93793,94640,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **400**
Condition: CHRONIC MYELOID LEUKEMIA
Treatment: BONE MARROW TRANSPLANT
ICD-10: C92.10-C92.22,C93.10-C93.12,C93.90-C93.92,D61.810,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,93792,93793,96377,96405,96406,96420-96440,96450, 96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S2142,S2150,S9537

Line: **401**
Condition: BENIGN CONDITIONS OF BONE AND JOINTS AT HIGH RISK FOR COMPLICATIONS (See Guideline Notes 6,7,11,64,94,100,137)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: D16.00-D16.9,D17.79,D18.09,D48.1,K09.0-K09.1,M12.20,M12.211-M12.29,M27.1,M27.40-M27.49,M67.80, M67.811-M67.89,M85.40,M85.411-M85.69,Q67.6,Q79.8,Z51.0,Z51.12
CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20600-20611,20615,20700-20705,20930, 20931,20936-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600, 21740-21743,21930-21936,22532-22819,22853,22854,22859,23071-23076,23101-23106,23140-23156,23200, 24071-24079,24102-24126,24420,24498,25000,25071,25073,25105,25110-25136,25170-25240,25295-25301, 25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26130,26200-26215, 26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27334-27339,27355-27358,27365,27465-27468,27495,27625-27638,27645-27647,27656,27745,28039-28045,28070,28072,28100-28108,28122,28124,28171-28175,28820,28825,29820,29821,29835,29836,29844,29845,29863,29875,29876, 29895,29905,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77307,77331-77338, 77385-77387,77401-77427,77469,77470,79005-79440,93792,93793,96377,96405,96406,96420-96440,96450, 96542,96549,96570,96571,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: **402**
Condition: CONDITIONS OF THE BACK AND SPINE (See Guideline Notes 6,56,60,64,92,160,166)
Treatment: RISK ASSESSMENT, PHYSICAL MODALITIES, COGNITIVE BEHAVIORAL THERAPY, MEDICAL THERAPY
ICD-10: F45.42,G83.4,G95.0,M24.08,M25.78,M40.00-M40.15,M40.202-M40.57,M42.00-M42.09,M42.11-M42.9,M43.00-M43.4,M43.5X2-M43.5X9,M43.8X1-M43.9,M45.0-M45.9,M46.1,M46.40-M46.99,M47.10-M47.28,M47.811-M47.9, M48.00-M48.05,M48.061-M48.38,M48.8X1-M48.9,M49.80-M49.89,M50.00-M50.01,M50.020-M50.93,M51.04-M51.9,M53.2X1-M53.9,M54.10-M54.9,M62.830,M96.1-M96.4,M99.00-M99.09,M99.20-M99.79,M99.81-M99.84,

Q06.0-Q06.3,Q06.8-Q06.9,Q68.0,Q76.0-Q76.2,Q76.411-Q76.49,S13.0XXA-S13.0XXD,S13.4XXA-S13.4XXD, S13.8XXA-S13.8XXD,S13.9XXA-S13.9XXD,S16.1XXA-S16.1XXD,S23.0XXA-S23.0XXD,S23.100A-S23.100D, S23.101A-S23.101D,S23.110A-S23.110D,S23.111A-S23.111D,S23.120A-S23.120D,S23.121A-S23.121D, S23.122A-S23.122D,S23.123A-S23.123D,S23.130A-S23.130D,S23.131A-S23.131D,S23.132A-S23.132D, S23.133A-S23.133D,S23.140A-S23.140D,S23.141A-S23.141D,S23.142A-S23.142D,S23.143A-S23.143D, S23.150A-S23.150D,S23.151A-S23.151D,S23.152A-S23.152D,S23.153A-S23.153D,S23.160A-S23.160D, S23.161A-S23.161D,S23.162A-S23.162D,S23.163A-S23.163D,S23.170A-S23.170D,S23.171A-S23.171D, S23.3XXA-S23.3XXD,S23.8XXA-S23.8XXD,S23.9XXA-S23.9XXD,S33.0XXA-S33.0XXD,S33.100A-S33.100D, S33.101A-S33.101D,S33.110A-S33.110D,S33.111A-S33.111D,S33.120A-S33.120D,S33.121A-S33.121D, S33.130A-S33.130D,S33.131A-S33.131D,S33.140A-S33.140D,S33.141A-S33.141D,S33.5XXA-S33.5XXD, S33.8XXA-S33.8XXD,S33.9XXA-S33.9XXD,S34.3XXA-S34.3XXD,S39.092A-S39.092D,S39.82XA-S39.82XD, S39.92XA-S39.92XD

CPT: 90785,90832-90840,90853,93792,93793,96158,96159,96164-96171,97110-97124,97140,97150,97161-97168, 97530,97535,97810-98942,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99304-99337, 99340-99404,99408-99449,99451,99452,99487-99491,99495,99496,99605-99607

HCPCS: G0068,G0071,G0157-G0160,G0248-G0250,G0396,G0397,G0425-G0427,G0463-G0467,G0469,G0470,G0490, G0511,G2010-G2012,G2058-G2065,S9451

Line: 403

Condition: LYMPHADENITIS (See Guideline Note 64)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: I88.0-I88.8,L04.0-L04.9

CPT: 10030,10060,10061,38300-38308,38542,49405-49407,93792,93793,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: 404

Condition: UTERINE LEIOMYOMA AND POLYPS (See Guideline Notes 40,64,176)

Treatment: SURGICAL TREATMENT

ICD-10: D25.0-D25.9,D26.0-D26.9,D39.0,N84.0,N84.8-N84.9,N85.2-N85.3,Z40.03

CPT: 37243,58120-58180,58260-58263,58290-58292,58541-58554,58559,58561,58570-58573,58700,93792,93793, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S9560

Line: 405

Condition: APHAKIA AND OTHER DISORDERS OF LENS (See Guideline Note 64)

Treatment: MEDICAL AND SURGICAL THERAPY

ICD-10: H27.00-H27.10,H27.111-H27.8

CPT: 65750,65765,65767,66682,66825,66985,66986,66990,92002-92014,92018-92060,92081-92136,92201,92202, 92230-92270,92283-92287,92311,92312,92352,92353,92358,92371,93792,93793,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: 406

Condition: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING (See Guideline Note 64)

Treatment: RECONSTRUCT OF EAR CANAL

ICD-10: H61.301-H61.399,Q16.0-Q16.1,Q16.3-Q16.9,Z01.12

CPT: 69310,69320,69631-69637,92562-92565,92571-92577,92590,92591,93792,93793,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: 407

Condition: DISSOCIATIVE DISORDERS (See Guideline Note 64)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-10: F44.0-F44.2,F44.81-F44.89,F48.1

CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010, H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **408**
Condition: EPIDERMOLYSIS BULLOSA (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: Q81.0-Q81.9
CPT: 11000,11001,93792,93793,96156-96159,96164-96171,96902,97012,97110-97124,97140,97150,97161-97168, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **409**
Condition: DELIRIUM DUE TO MEDICAL CAUSES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: F05
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **410**
Condition: MIGRAINE HEADACHES (See Guideline Notes 42,64,92)
Treatment: MEDICAL THERAPY
ICD-10: G43.001-G43.719,G43.B0-G43.C1,G43.801-G43.919,G44.001-G44.1
CPT: 64615,92002-92014,92081-92083,93792,93793,96158,96159,96164-96171,97810-97814,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **411**
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)
HCPCS: D3320,D3332

Line: **412**
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F21
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010, H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **413**
Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS (See Guideline Notes 64,180)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N47.2,N47.6,N48.0-N48.1,N48.5
CPT: 53431,54000-54015,54110-54112,54150-54161,54200,54205,54230,54231,54240,54250,54450,74445,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **414**
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F41.1-F41.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224, 99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2058-G2065,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012-H2014,H2021-H2023, H2027,H2032,H2033,S5151,S9125,S9484,T1005

Line: **415**
Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION (See Guideline Notes 64,119,125)
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
ICD-10: G45.0-G45.3,G45.8-G45.9,G46.0-G46.2,H34.00-H34.03,H93.011-H93.019,I65.01-I65.9,I66.01-I66.9,I77.71,I77.74-I77.75,Z86.73
CPT: 34001,35301,35390,35606,37215-37218,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **416**
Condition: PERIPHERAL NERVE ENTRAPMENT; PALMAR FASCIAL FIBROMATOSIS (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G56.00-G56.03,G56.20-G56.23,G57.30-G57.53,M53.1,M72.0
CPT: 20526,25109,25111,25118,25447,26035,26045,26060,26121-26180,26320,26440-26498,28035,29105,29515,29848,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,93792,93793,97012,97018,97110-97124,97140,97150,97161-97168,97530,98925-98942,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **417**
Condition: MENIERE'S DISEASE (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H81.01-H81.09
CPT: 69666,69667,69801-69806,69915,69950,92531-92547,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **418**
Condition: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 4 THROUGH 6 (See Guideline Notes 6,64,97,190)
Treatment: REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-10: M24.011-M24.019,M24.111-M24.119,M24.311-M24.319,M24.611-M24.619,M24.811-M24.819,M25.211-M25.219,M25.311-M25.319,M25.711-M25.719,M66.211-M66.219,M66.811-M66.819,M75.00-M75.02,M75.100-M75.122,M75.30-M75.92,S43.401A-S43.401D,S43.402A-S43.402D,S43.409A-S43.409D,S43.411A-S43.411D,S43.412A-S43.412D,S43.419A-S43.419D,S43.421A-S43.421D,S43.422A-S43.422D,S43.429A-S43.429D,S43.431A-S43.431D,S43.432A-S43.432D,S43.439A-S43.439D,S43.491A-S43.491D,S43.492A-S43.492D,S43.499A-S43.499D,S43.50XA-S43.50XD,S43.51XA-S43.51XD,S43.52XA-S43.52XD,S43.60XA-S43.60XD,S43.61XA-S43.61XD,S43.62XA-S43.62XD,S43.80XA-S43.80XD,S43.81XA-S43.81XD,S43.82XA-S43.82XD,S43.90XA-S43.90XD,S43.91XA-S43.91XD,S43.92XA-S43.92XD,S46.011A-S46.011D,S46.012A-S46.012D,S46.019A-S46.019D,S46.111A-S46.111D,S46.112A-S46.112D,S46.119A-S46.119D,S46.211A-S46.211D,S46.212A-S46.212D,S46.219A-S46.219D,S46.311A-S46.311D,S46.312A-S46.312D,S46.319A-S46.319D,S46.811A-S46.811D,S46.812A-S46.812D,S46.819A-S46.819D,S46.911A-S46.911D,S46.912A-S46.912D,S46.919A-S46.919D,Z47.31
CPT: 20550,20610,20611,20615,20700-20705,23000,23020,23105-23130,23190,23195,23334,23335,23395,23410-23460,23490,23491,23650-23700,29807-29828,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98925-98942,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **419**
Condition: MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA (See Guideline Notes 64,198)
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-10: L73.2
CPT: 11000,11001,11450-11471,11900,11901,64650,64653,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **420**
Condition: CHRONIC LEUKEMIAS WITH POOR PROGNOSIS (See Guideline Notes 7,11,12)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C91.10-C91.92,C93.Z0-C93.Z2,C94.80-C94.82,C95.10-C95.92,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,79101,81233,90284,93792,93793,96158,96159,96164-96171,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **421**
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 64,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.3,F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005

Line: **422**
Condition: MENSTRUAL BLEEDING DISORDERS (See Guideline Notes 44,64,88,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N85.01,N85.5,N92.0-N92.6,N93.8,Q51.5,Z40.03
CPT: 57800,58120,58150,58180,58260,58262,58290,58291,58300,58301,58353,58356,58541-58544,58550-58554,58561-58563,58570-58573,58700,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **423**
Condition: LYMPHEDEMA (See Guideline Notes 6,43,64,149)
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-10: I89.0,I89.8-I89.9,I97.2,Q82.0
CPT: 29581,29584,38300-38382,38542-38555,38700-38745,38747,38760,49062,49185,49323,49423,93792,93793,97016,97110,97124,97140,97161-97168,97530,97535,97760,97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **424**
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Coding Specification Below) (See Guideline Notes 6,62,64,149,157,196)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D78.31-D78.89,E36.8,E89.810-E89.89,G89.22,G96.11,G97.1,G97.41,H59.011-H59.099,H59.811-H59.89,H74.8X1-H74.8X9,H95.811-H95.89,I97.3,J95.00,K91.61-K91.62,K91.840-K91.858,K94.00,K94.03-K94.10,K94.13-K94.20,K94.23-K94.30,K94.32-K94.39,K95.09-K95.89,L27.0,L58.0,L64.0,L65.8,L76.01-L76.02,L76.21-L76.82,M96.810-M96.811,M96.830-M96.89,N98.1-N98.9,N99.110-N99.114,N99.61-N99.62,N99.820-N99.821,N99.840-N99.843,O89.4,T66.XXXA-T66.XXXD,T80.1XXA-T80.1XXD,T80.30XA-T80.30XD,T80.310A-T80.310D,T80.311A-T80.311D,T80.319A-T80.319D,T80.39XA-T80.39XD,T80.40XA-T80.40XD,T80.410A-T80.410D,T80.411A-T80.411D,T80.419A-T80.419D,T80.49XA-T80.49XD,T80.A0XA-T80.A0XD,T80.A10A-T80.A10D,T80.A11A-T80.A11D,T80.A19A-T80.A19D,T80.A9XA-T80.A9XD,T80.61XA-T80.61XD,T80.62XA-T80.62XD,T80.69XA-T80.69XD,T81.500A-T81.500D,T81.501A-T81.501D,T81.502A-T81.502D,T81.503A-T81.503D,T81.504A-T81.504D,T81.505A-T81.505D,T81.506A-T81.506D,T81.507A-T81.507D,T81.508A-T81.508D,T81.509A-T81.509D,T81.510A-T81.510D,T81.511A-T81.511D,T81.512A-T81.512D,T81.513A-T81.513D,T81.514A-T81.514D,T81.515A-T81.515D,T81.516A-T81.516D,T81.517A-T81.517D,T81.518A-T81.518D,T81.519A-T81.519D,T81.527A-T81.527D,T81.528A-T81.528D,T81.529A-T81.529D,T81.530A-T81.530D,T81.531A-T81.531D,T81.532A-T81.532D,T81.533A-T81.533D,T81.534A-T81.534D,T81.535A-T81.535D,T81.536A-T81.536D,T81.537A-T81.537D,T81.538A-T81.538D,T81.539A-T81.539D,T81.590A-T81.590D,T81.591A-T81.591D,T81.592A-T81.592D,T81.593A-T81.593D,T81.594A-T81.594D,T81.595A-T81.595D,T81.596A-T81.596D,T81.597A-T81.597D,T81.598A-T81.598D,T81.599A-T81.599D,T81.60XA-T81.60XD,T81.61XA-T81.61XD,T81.69XA-T81.69XD,T81.89XA-T81.89XD,T83.018A-T83.018D,T83.021A-T83.021D,T83.028A-T83.028D,T83.031A-T83.031D,T83.038A-T83.038D,T83.091A-T83.091D,T83.098A-T83.098D,T83.31XA-T83.31XD,T83.32XA-T83.32XD,T83.39XA-T83.39XD,T83.411A-T83.411D,T83.421A-T83.421D,T83.491A-T83.491D,T83.711A-T83.711D,T83.712A-T83.712D,T83.713A-T83.713D,T83.714A-T83.714D,T83.718A-T83.718D,T83.719A-T83.719D,T83.721A-T83.721D,T83.722A-T83.722D,T83.723A-T83.723D,T83.724A-

T83.724D,T83.728A-T83.728D,T83.729A-T83.729D,T83.79XA-T83.79XD,T85.21XA-T85.21XD,T85.22XA-T85.22XD,T85.29XA-T85.29XD,T85.310A-T85.310D,T85.311A-T85.311D,T85.318A-T85.318D,T85.320A-T85.320D,T85.321A-T85.321D,T85.328A-T85.328D,T85.390A-T85.390D,T85.391A-T85.391D,T85.398A-T85.398D,T85.41XA-T85.41XD,T85.42XA-T85.42XD,T85.43XA-T85.43XD,T85.44XA-T85.44XD,T85.49XA-T85.49XD,T85.510A-T85.510D,T85.511A-T85.511D,T85.518A-T85.518D,T85.520A-T85.520D,T85.521A-T85.521D,T85.528A-T85.528D,T85.590A-T85.590D,T85.591A-T85.591D,T85.598A-T85.598D,T85.610A-T85.610D,T85.612A-T85.612D,T85.613A-T85.613D,T85.614A-T85.614D,T85.618A-T85.618D,T85.620A-T85.620D,T85.622A-T85.622D,T85.623A-T85.623D,T85.624A-T85.624D,T85.628A-T85.628D,T85.630A-T85.630D,T85.633A-T85.633D,T85.638A-T85.638D,T85.690A-T85.690D,T85.692A-T85.692D,T85.693A-T85.693D,T85.694A-T85.694D,T85.698A-T85.698D,T85.840A-T85.840D,T85.848A-T85.848D,T86.820-T86.829,T87.30-T87.34,T87.81-T87.9,T88.52XA-T88.52XD,T88.53XA-T88.53XD,T88.59XA-T88.59XD,T88.8XXA-T88.8XXD,Z45.42,Z45.82,Z47.32-Z47.33

CPT: 10030,10140,10160,11042-11047,11976,11982,11983,13160,15002-15005,19328,19330,19371,19380,20661,20680,20694,20700-20705,21120,21501,22849-22852,22855,24160,24164,25250,25251,25449,25909,26320,26990,27090,27091,27132-27138,27265,27266,27301,27486-27488,27570,27603,27704,27884,27886,29584,31613,31614,31630,31631,31636-31638,31641,31645,31750-31781,31800-31830,33922,35875,35876,35901-35905,36860,36861,37224,37228,43285,43771-43774,43848,43870,44227,44312,44314,44340-44346,44620-44626,47536,47537,49185,49422,49429,53442,53446-53449,57295,57296,58301,58562,62100,62273,63661-63664,63688,63707,63709,64595,64788,65150-65175,65920,66825,66985,66986,67036,67121,67560,69424,69711,75984,92002-92014,92507,92508,92521-92526,92607-92609,92633,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97605-97608,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607

HCPCS: A9282,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9152

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

Line: 425
Condition: ADRENOGENITAL DISORDERS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E25.0-E25.9,Q56.0-Q56.4
CPT: 50700,54690,56800-56810,57335,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 426
Condition: SEVERE INFLAMMATORY SKIN DISEASE (See Coding Specification Below) (See Guideline Note 21)
Treatment: MEDICAL THERAPY
ICD-10: H01.121-H01.129,L20.82-L20.9,L40.0-L40.4,L40.8-L40.9,L41.0-L41.9,L43.0-L43.9,L44.0,L93.0,Q82.8
CPT: 93792,93793,96158,96159,96164-96171,96900,96902,96910-96922,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: A4633,E0691-E0694,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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

Line: 427
Condition: NON-MALIGNANT OTITIS EXTERNA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B37.84,H60.311-H60.399,H62.40-H62.43
CPT: 69000,69020,69209,69210,92633,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 428
Condition: VAGINITIS AND CERVICITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: A56.02,A59.00-A59.9,B37.3,N72,N76.0-N76.3,N77.1,N89.8
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **429**
Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; GONADAL DYSGENISIS (See Guideline Notes 64,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D27.0-D27.9,D28.2,N83.00-N83.12,N83.201-N83.299,N83.40-N83.42,N83.7,Q50.01-Q50.39,Z40.03
CPT: 49322,58559,58561,58562,58660-58662,58700-58740,58800,58805,58900-58943,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **430**
Condition: URETHRAL FISTULA (See Guideline Note 64)
Treatment: EXCISION, MEDICAL THERAPY
ICD-10: N36.0-N36.1,N36.5
CPT: 45820,53230-53250,53520,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **431**
Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,98,104)
Treatment: REPAIR, MEDICAL THERAPY
ICD-10: M22.2X1-M22.3X9,M22.8X1-M22.8X9,M23.011-M23.205,M23.211-M23.305,M23.311-M23.8X9,M24.661-M24.669,M66.261-M66.269,S83.200A-S83.200D,S83.201A-S83.201D,S83.202A-S83.202D,S83.203A-S83.203D, S83.204A-S83.204D,S83.205A-S83.205D,S83.206A-S83.206D,S83.207A-S83.207D,S83.209A-S83.209D, S83.211A-S83.211D,S83.212A-S83.212D,S83.219A-S83.219D,S83.221A-S83.221D,S83.222A-S83.222D, S83.229A-S83.229D,S83.231A-S83.231D,S83.232A-S83.232D,S83.239A-S83.239D,S83.241A-S83.241D, S83.242A-S83.242D,S83.249A-S83.249D,S83.251A-S83.251D,S83.252A-S83.252D,S83.259A-S83.259D, S83.261A-S83.261D,S83.262A-S83.262D,S83.269A-S83.269D,S83.271A-S83.271D,S83.272A-S83.272D, S83.279A-S83.279D,S83.281A-S83.281D,S83.282A-S83.282D,S83.289A-S83.289D,S83.30XA-S83.30XD, S83.31XA-S83.31XD,S83.32XA-S83.32XD,S83.401A-S83.401D,S83.402A-S83.402D,S83.409A-S83.409D, S83.411A-S83.411D,S83.412A-S83.412D,S83.419A-S83.419D,S83.421A-S83.421D,S83.422A-S83.422D, S83.429A-S83.429D,S83.501A-S83.501D,S83.502A-S83.502D,S83.509A-S83.509D,S83.511A-S83.511D, S83.512A-S83.512D,S83.519A-S83.519D,S83.521A-S83.521D,S83.522A-S83.522D,S83.529A-S83.529D, S83.60XA-S83.60XD,S83.61XA-S83.61XD,S83.62XA-S83.62XD,S83.8X1A-S83.8X1D,S83.8X2A-S83.8X2D, S83.8X9A-S83.8X9D,S83.90XA-S83.90XD,S83.91XA-S83.91XD,S83.92XA-S83.92XD
CPT: 20610,20611,20700-20705,27332-27335,27340,27350,27380,27381,27403-27416,27420-27430,27570,29345-29445,29505,29530,29705,29871-29889,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530, 97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **432**
Condition: PERSISTENT DEPRESSIVE DISORDER (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F34.1
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224, 99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2058-G2065,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021-H2023,H2027, H2032,H2033,S9480,S9484

Line: **433**
Condition: HYPOSPADIAS AND EPISPADIAS (See Guideline Notes 64,72,73)
Treatment: REPAIR
ICD-10: Q54.0-Q54.8,Q55.5,Q55.61-Q55.69,Q64.0,S39.840A-S39.840D
CPT: 53431,54230,54231,54240-54390,54420,54430,54440,55175,55180,74445,93792,93793,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **434**
Condition: CANCER OF GALLBLADDER AND OTHER BILIARY (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C23,C24.0-C24.9,D01.5,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,43260-43265,43273-43278,47533-47540,47542,47562-47570,47600-47620,47711,47712,47741,47785, 48145-48155,49327,49411,49412,60540,77014,77261-77290,77295,77300,77306-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79403,93792,93793,96158,96159,96164-96171,96377,96405,96406, 96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **435**
Condition: PRECANCEROUS VULVAR CONDITIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L90.0,N90.0-N90.1,N90.4-N90.5
CPT: 56501,56515,56620,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **436**
Condition: RECURRENT EROSION OF THE CORNEA (See Guideline Note 64)
Treatment: ANTERIAL STROMAL PUNCTURE, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-10: H18.831-H18.839
CPT: 65430,65435,65600,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0070,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **437**
Condition: STEREOTYPED MOVEMENT DISORDER WITH SELF-INJURIOUS BEHAVIOR DUE TO NEURODEVELOPMENTAL DISORDER (See Guideline Notes 64,126)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F98.4
CPT: 0362T,0373T,90785,90832-90840,90846-90853,90882,90887,93792,93793,97151-97158,98966-98972,99051, 99060,99201-99215,99281-99285,99341-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491, 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,G2058-G2065,H0004,H0017,H0019,H0023,H0032-H0039,H0045,H2010, H2012-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005

Line: **438**
Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: T19.2XXA-T19.2XXD,T19.3XXA-T19.3XXD
CPT: 57415,58120,58562,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **439**
Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
ICD-10: H02.811-H02.819,M79.5,Z18.01-Z18.89
CPT: 10120,10121,20520,20525,23330,23333,24200,24201,25248,27086,27087,27372,28190-28193,40804,41805, 55120,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **440**
Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,116)
Treatment: SURGICAL TREATMENT INCLUDING LASER SURGERY, MEDICAL THERAPY INCLUDING INJECTION
ICD-10: H34.8110-H34.8192,H34.8310-H34.9
CPT: 67028,67228,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **441**
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-10: G50.0-G50.9,G52.0-G52.9,G53,Z45.42,Z51.0
CPT: 32553,49411,61450,61458,61790-61800,64568-64570,64600-64610,64716,77014,77261-77295,77300,77301, 77332-77372,77402,77417-77432,77469,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **442**
Condition: MALUNION AND NONUNION OF FRACTURE (See Guideline Notes 6,64,190)
Treatment: SURGICAL TREATMENT
ICD-10: M80.00XK-M80.00XP,M80.011K-M80.011P,M80.012K-M80.012P,M80.019K-M80.019P,M80.021K-M80.021P, M80.022K-M80.022P,M80.029K-M80.029P,M80.031K-M80.031P,M80.032K-M80.032P,M80.039K-M80.039P, M80.041K-M80.041P,M80.042K-M80.042P,M80.049K-M80.049P,M80.051K-M80.051P,M80.052K-M80.052P, M80.059K-M80.059P,M80.061K-M80.061P,M80.062K-M80.062P,M80.069K-M80.069P,M80.071K-M80.071P, M80.072K-M80.072P,M80.079K-M80.079P,M80.08XK-M80.08XP,M80.80XK-M80.80XP,M80.811K-M80.811P, M80.812K-M80.812P,M80.819K-M80.819P,M80.821K-M80.821P,M80.822K-M80.822P,M80.829K-M80.829P, M80.831K-M80.831P,M80.832K-M80.832P,M80.839K-M80.839P,M80.841K-M80.841P,M80.842K-M80.842P, M80.849K-M80.849P,M80.851K-M80.851P,M80.852K-M80.852P,M80.859K-M80.859P,M80.861K-M80.861P, M80.862K-M80.862P,M80.869K-M80.869P,M80.871K-M80.871P,M80.872K-M80.872P,M80.879K-M80.879P, M80.88XK-M80.88XP,M84.30XK-M84.30XP,M84.311K-M84.311P,M84.312K-M84.312P,M84.319K-M84.319P, M84.321K-M84.321P,M84.322K-M84.322P,M84.329K-M84.329P,M84.331K-M84.331P,M84.332K-M84.332P, M84.333K-M84.333P,M84.334K-M84.334P,M84.339K-M84.339P,M84.341K-M84.341P,M84.342K-M84.342P, M84.343K-M84.343P,M84.344K-M84.344P,M84.345K-M84.345P,M84.346K-M84.346P,M84.350K-M84.350P, M84.351K-M84.351P,M84.352K-M84.352P,M84.353K-M84.353P,M84.359K-M84.359P,M84.361K-M84.361P, M84.362K-M84.362P,M84.363K-M84.363P,M84.364K-M84.364P,M84.369K-M84.369P,M84.371K-M84.371P, M84.372K-M84.372P,M84.373K-M84.373P,M84.374K-M84.374P,M84.375K-M84.375P,M84.376K-M84.376P, M84.377K-M84.377P,M84.378K-M84.378P,M84.379K-M84.379P,M84.38XK-M84.38XP,M84.40XK-M84.40XP, M84.411K-M84.411P,M84.412K-M84.412P,M84.419K-M84.419P,M84.421K-M84.421P,M84.422K-M84.422P, M84.429K-M84.429P,M84.431K-M84.431P,M84.432K-M84.432P,M84.433K-M84.433P,M84.434K-M84.434P, M84.439K-M84.439P,M84.441K-M84.441P,M84.442K-M84.442P,M84.443K-M84.443P,M84.444K-M84.444P, M84.445K-M84.445P,M84.446K-M84.446P,M84.451K-M84.451P,M84.452K-M84.452P,M84.453K-M84.453P, M84.454K-M84.454P,M84.459K-M84.459P,M84.461K-M84.461P,M84.462K-M84.462P,M84.463K-M84.463P, M84.464K-M84.464P,M84.469K-M84.469P,M84.471K-M84.471P,M84.472K-M84.472P,M84.473K-M84.473P, M84.474K-M84.474P,M84.475K-M84.475P,M84.476K-M84.476P,M84.477K-M84.477P,M84.478K-M84.478P, M84.479K-M84.479P,M84.48XK-M84.48XP,M84.50XK-M84.50XP,M84.511K-M84.511P,M84.512K-M84.512P, M84.519K-M84.519P,M84.521K-M84.521P,M84.522K-M84.522P,M84.529K-M84.529P,M84.531K-M84.531P, M84.532K-M84.532P,M84.533K-M84.533P,M84.534K-M84.534P,M84.539K-M84.539P,M84.541K-M84.541P, M84.542K-M84.542P,M84.549K-M84.549P,M84.550K-M84.550P,M84.551K-M84.551P,M84.552K-M84.552P, M84.553K-M84.553P,M84.559K-M84.559P,M84.561K-M84.561P,M84.562K-M84.562P,M84.563K-M84.563P, M84.564K-M84.564P,M84.569K-M84.569P,M84.571K-M84.571P,M84.572K-M84.572P,M84.573K-M84.573P, M84.574K-M84.574P,M84.575K-M84.575P,M84.576K-M84.576P,M84.58XK-M84.58XP,M84.60XK-M84.60XP, M84.611K-M84.611P,M84.612K-M84.612P,M84.619K-M84.619P,M84.621K-M84.621P,M84.622K-M84.622P, M84.629K-M84.629P,M84.631K-M84.631P,M84.632K-M84.632P,M84.633K-M84.633P,M84.634K-M84.634P, M84.639K-M84.639P,M84.641K-M84.641P,M84.642K-M84.642P,M84.649K-M84.649P,M84.650K-M84.650P, M84.651K-M84.651P,M84.652K-M84.652P,M84.653K-M84.653P,M84.659K-M84.659P,M84.661K-M84.661P, M84.662K-M84.662P,M84.663K-M84.663P,M84.664K-M84.664P,M84.669K-M84.669P,M84.671K-M84.671P, M84.672K-M84.672P,M84.673K-M84.673P,M84.674K-M84.674P,M84.675K-M84.675P,M84.676K-M84.676P, M84.68XK-M84.68XP,M84.750K-M84.750P,M84.751K-M84.751P,M84.752K-M84.752P,M84.753K-M84.753P, M84.754K-M84.754P,M84.755K-M84.755P,M84.756K-M84.756P,M84.757K-M84.757P,M84.758K-M84.758P, M84.759K-M84.759P,S02.0XXK,S02.101K,S02.102K,S02.109K,S02.110K,S02.111K,S02.112K,S02.113K, S02.118K,S02.119K,S02.11AK,S02.11BK,S02.11CK,S02.11DK,S02.11EK,S02.11FK,S02.11GK,S02.11HK, S02.121K,S02.122K,S02.129K,S02.19XK,S02.2XXK,S02.30XK,S02.31XK,S02.32XK,S02.400K,S02.401K, S02.402K,S02.40AK,S02.40BK,S02.40CK,S02.40DK,S02.40EK,S02.40FK,S02.411K,S02.412K,S02.413K, S02.42XK,S02.5XXK,S02.600K,S02.601K,S02.602K,S02.609K,S02.610K,S02.611K,S02.612K,S02.620K, S02.621K,S02.622K,S02.630K,S02.631K,S02.632K,S02.640K,S02.641K,S02.642K,S02.650K,S02.651K, S02.652K,S02.66XK,S02.670K,S02.671K,S02.672K,S02.69XK,S02.80XK,S02.81XK,S02.82XK,S02.831K,

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HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,
G0508-G0511,G2010-G2012,G2058-G2065

Line: 443

Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)

Treatment: BASIC ENDODONTICS (I.E., ROOT CANAL THERAPY)

HCPCS: D3330,D3332

Line: 444

Condition: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Note 64)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-10: F43.20-F43.8,F98.9,Z62.810-Z62.812,Z62.819-Z62.898,Z63.4,Z63.8,Z71.89

CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,96158,96159,96164-96171,98966-98972,99051,
99060,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-
99498,99605-99607

HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,
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: **445**
Condition: HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 51,64,103,143,154)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
ICD-10: H72.00-H72.13,H72.2X1-H72.93,H83.3X1-H83.3X9,H90.0,H90.11-H90.8,H90.A11-H90.A32,H91.01-H91.3, H91.8X1-H91.93,H93.091-H93.099,H93.211-H93.249,H93.291-H93.8X9,H94.00-H94.03,S09.20XA-S09.20XD, S09.21XA-S09.21XD,S09.22XA-S09.22XD,Z01.12,Z46.1
CPT: 21235,42830,42835,69209,69210,69433,69436,69610-69646,69714-69718,92562-92565,92571-92577,92590-92595,92597,92626,92627,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078, 99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065,L8690, L8691,L8693,L8694

Line: **446**
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F95.0-F95.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,96158,96159,96164-96171,98966-98972,99051, 99060,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2058-G2065,H0004,H0023,H0032-H0034,H0036-H0038,H2010,H2012-H2014,H2021,H2022, H2027,H2032,S9484

Line: **447**
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I70.0-I70.1
CPT: 35501-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35654,35663,35697, 35820,35840,35875,35876,35905,35907,37184-37186,37236,37237,37246,37247,93792,93793,96158,96159, 96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **448**
Condition: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-10: H31.101-H31.20,H31.22-H31.29,H31.301-H31.319,H35.30,H35.3110-H35.389,H35.81,H44.20-H44.23,H44.2A1-H44.2B9,H44.2D1-H44.2E9
CPT: 66990,67028,67039-67043,67210,67221,67225,67515,92002-92014,92018-92060,92081-92136,92201,92202, 92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **449**
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.1-F94.2
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99217,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010, H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005

Line: **450**
Condition: DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: H52.00-H52.13,H52.201-H52.7,H53.10-H53.11,H53.16-H53.19,H53.50-H53.69,Z46.0
CPT: 92002-92060,92081-92136,92201,92202,92230-92270,92283-92310,92314,92325-92342,92370,93792,93793, 98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449, 99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **451**
Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: H05.20,H05.211-H05.359,H05.811-H05.819,H21.311-H21.329,H21.341-H21.359
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92014,92018-92060,92081-92136, 92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **452**
Condition: SEVERE CYSTIC ACNE (See Guideline Notes 64,65,132)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L70.0-L70.9
CPT: 10040-10061,11900,11901,17000,17340,17360,93792,93793,96902,98966-98972,99051,99060,99070,99078, 99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **453**
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH, PROSTHESIS FAILURE) (See Guideline Note 117)
Treatment: REMOVABLE PROSTHODONTICS (E.G., FULL AND PARTIAL DENTURES, RELINES)
ICD-10: K00.0,K08.101-K08.122,K08.124-K08.199,K08.401-K08.499
HCPCS: D5110-D5212,D5221,D5222,D5511-D5761,D5820,D5821,D5876,D7472,D7473,D7970

Line: **454**
Condition: RECTAL PROLAPSE (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: K62.2-K62.4
CPT: 44139-44144,44204-44208,44213,44701,45130,45135,45303,45340,45400,45402,45505-45541,45900,46080, 46500,46604,46700,46705,46750,46751,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **455**
Condition: URINARY INCONTINENCE (See Guideline Notes 6,47,64,176,192,193)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N36.41-N36.43,N39.3,N39.41-N39.42,N39.46,N39.490-N39.498,R39.81,Z40.03
CPT: 51840-51845,51990,51992,53440,53442,53445-53449,57160,57220,57260,57267,57280-57289,57423,57425, 58700,64561,64581,64590,90912,90913,93792,93793,96158,96159,96164-96171,97110,97140,97161-97164, 97530,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: A4290,C1767,C1778,C1787,C1815,C1897,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,L8679-L8689

Line: **456**
Condition: DISORDERS OF PLASMA PROTEIN METABOLISM (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D89.0-D89.2,E88.01-E88.09
CPT: 36514,36516,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **457**
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G., RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3346,D3410,D3430

Line: **458**
Condition: SIMPLE PHOBIAS AND SOCIAL ANXIETY DISORDER (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.10-F40.11,F40.210-F40.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224, 99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2058-G2065,H0004,H0023,H0032-H0038,H2010,H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9484

Line: **459**
Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B25.0,J20.0-J20.9,J21.0-J21.9,J98.01
CPT: 31600,31601,31820,31825,93792,93793,94640,94664,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **460**
Condition: CENTRAL PTERYGIUM AFFECTING VISION (See Guideline Note 64)
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-10: H11.021-H11.029,Z51.0
CPT: 32553,49411,65420,65426,77316-77318,77332-77370,77402,77424-77427,77469,77789,79005-79403,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **461**
Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX (See Guideline Note 64)
Treatment: EXCISION, MEDICAL THERAPY
ICD-10: J39.2,K09.0-K09.1,Q18.0-Q18.2,Q89.2
CPT: 38550,38555,42808,42810,42815,60000,60280,60281,69145,93792,93793,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **462**
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F42.2-F42.9,F45.22,F63.3
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224, 99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2058-G2065,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012-H2014, H2021-H2023,H2027,H2032,S9480,S9484,T1005

Line: **463**
Condition: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Notes 6,64,92,104)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-10: M12.10,M12.111-M12.19,M12.40,M12.411-M12.59,M13.80,M13.811-M13.89,M15.0-M15.9,M16.0,M16.10-M16.9, M17.0,M17.10-M17.9,M18.0,M18.10-M18.9,M19.011-M19.93,M20.20-M20.22,M24.171-M24.176,M24.671-M24.673,M24.871-M24.872,M24.874-M24.875,M25.871-M25.879
CPT: 11042,11045,20600-20611,25000,29075,93792,93793,96158,96159,96164-96171,97012,97018,97110-97124, 97140,97150,97161-97168,97530,97535,97542,97760-97763,97810-98942,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **464**
Condition: ATELECTASIS (COLLAPSE OF LUNG) (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: J18.2,J98.11-J98.19
CPT: 31645,31646,93792,93793,94002-94005,94640,94660-94668,98966-98972,99051,99060,99070,99078,99091, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **465**
Condition: CHRONIC SINUSITIS (See Guideline Notes 35,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J01.01,J01.11,J01.21,J01.31,J01.41,J01.81,J01.91,J32.0-J32.9
CPT: 30000,30020,30110-30140,30200-30420,30435,30450,30465-30930,31000-31230,31237-31298,42830,42835, 61782,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **466**
Condition: UTERINE PROLAPSE; CYSTOCELE (See Guideline Notes 6,50,64,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N81.0,N81.10-N81.9,N99.3,Z40.03
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220-57289,57423,57425,57545,57555, 57556,58150,58152,58260-58280,58290-58294,58541-58544,58550-58554,58570-58573,58700,93792,93793, 97110,97140,97161-97164,97530,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **467**
Condition: BRACHIAL PLEXUS LESIONS (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: G54.0
CPT: 21615,21616,21700,21705,93792,93793,97110,97112,97116,97124,97140,97161-97168,98925-98942,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **468**
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE (I.E., BASIC CROWNS)
HCPCS: D2710,D2712,D2751,D2752

Line: **469**
Condition: GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT (See Guideline Notes 64,74,88,176,182)
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
ICD-10: E28.1-E28.2,E28.310-E28.9,E29.0-E29.9,E30.0,E34.50-E34.52,E89.40-E89.5,N50.0,N83.311-N83.319,N83.331-N83.339,N95.0-N95.9,N98.1,Q50.01-Q50.39,Q55.4,Q96.0-Q96.8,Q98.0-Q98.4,Z40.03,Z79.890
CPT: 54520,54660,54690,58300,58301,58660-58662,58700,58740,58940,93792,93793,96158,96159,96164-96171, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,S9558

Line: **470**
Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F98.1
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99217,99324-99357,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467, G0469,G0470,G0508-G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010, H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005

Line: **471**
Condition: ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT (See Guideline Notes 64,67,130)
Treatment: PTOSIS REPAIR
ICD-10: G90.2,H02.201-H02.519,H02.531-H02.539,H02.831-H02.839,H57.811-H57.819,Q10.1-Q10.3
CPT: 15822,15823,67710,67875-67912,67917,67961,67971,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Funding Level as of January 1, 2020

Line: **472**
Condition: KERATOCONJUNCTIVITIS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A18.52,B60.12-B60.13,H16.101-H16.229,H16.251-H16.9,H18.461-H18.469,M35.01
CPT: 65778-65780,67515,67880,67882,68200,68760,68761,68801-68840,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92310,92325-92342,92370,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **473**
Condition: SELECTIVE MUTISM (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.0
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,H0004,H0023,H0032-H0038,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484

Line: **474**
Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Note 64)
Treatment: HEMORRHOIDECTOMY, INCISION
ICD-10: K64.3,K64.5
CPT: 44391,45317,45320,45334,45335,45350,45381,45382,45398,46083,46220,46221,46250-46262,46320,46500,46610-46615,46930,46945-46948,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **475**
Condition: CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM (See Guideline Notes 51,64,154)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-10: H65.20-H65.33,H65.411-H65.93,H66.10-H66.23,H66.3X1-H66.3X9,H68.001-H68.009,H68.021-H68.139,H69.00-H69.03,H70.10-H70.13,H70.90-H70.93,H72.00-H72.13,H72.2X1-H72.93,H73.10-H73.13,H73.811-H73.93,H74.01-H74.09,H74.40-H74.43,H74.8X1-H74.93,H95.111-H95.119,H95.131-H95.199,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD
CPT: 21235,42830-42836,69209-69222,69310,69420,69421,69433-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565,92571-92577,92590,92591,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **476**
Condition: OTOSCLEROSIS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H80.00-H80.93
CPT: 69650-69662,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **477**
Condition: FOREIGN BODY IN EAR AND NOSE (See Guideline Note 64)
Treatment: REMOVAL OF FOREIGN BODY
ICD-10: T16.1XXA-T16.1XXD,T16.2XXA-T16.2XXD,T16.9XXA-T16.9XXD,T17.0XXA-T17.0XXD,T17.1XXA-T17.1XXD
CPT: 30300-30320,69200,69205,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **478**
Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT NEUROLOGIC INJURY OR STRUCTURAL INSTABILITY (See Guideline Notes 6,64,100,109,136)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M43.5X4-M43.5X9,M48.40XA-M48.40XG,M48.43XA-M48.43XG,M48.44XA-M48.44XG,M48.45XA-M48.45XG, M48.46XA-M48.46XG,M48.47XA-M48.47XG,M48.48XA-M48.48XG,M48.50XA-M48.50XG,M48.53XA-M48.53XG, M48.54XA-M48.54XG,M48.55XA-M48.55XG,M48.56XA-M48.56XG,M48.57XA-M48.57XG,M48.58XA-M48.58XG, M80.08XA-M80.08XG,M80.88XA-M80.88XG,M84.58XA,M84.68XA,S22.000A,S22.000D-S22.000G,S22.001A, S22.001D-S22.001G,S22.002A,S22.002D-S22.002G,S22.008A,S22.008D-S22.008G,S22.009A,S22.009D-S22.009G,S22.010A,S22.010D-S22.010G,S22.011A,S22.011D-S22.011G,S22.012A,S22.012D-S22.012G, S22.018A,S22.018D-S22.018G,S22.019A,S22.019D-S22.019G,S22.020A,S22.020D-S22.020G,S22.021A, S22.021D-S22.021G,S22.022A,S22.022D-S22.022G,S22.028A,S22.028D-S22.028G,S22.029A,S22.029D-S22.029G,S22.030A,S22.030D-S22.030G,S22.031A,S22.031D-S22.031G,S22.032A,S22.032D-S22.032G, S22.038A,S22.038D-S22.038G,S22.039A,S22.039D-S22.039G,S22.040A,S22.040D-S22.040G,S22.041A, S22.041D-S22.041G,S22.042A,S22.042D-S22.042G,S22.048A,S22.048D-S22.048G,S22.049A,S22.049D-S22.049G,S22.050A,S22.050D-S22.050G,S22.051A,S22.051D-S22.051G,S22.052A,S22.052D-S22.052G, S22.058A,S22.058D-S22.058G,S22.059A,S22.059D-S22.059G,S22.060A,S22.060D-S22.060G,S22.061A, S22.061D-S22.061G,S22.062A,S22.062D-S22.062G,S22.068A,S22.068D-S22.068G,S22.069A,S22.069D-S22.069G,S22.070A,S22.070D-S22.070G,S22.071A,S22.071D-S22.071G,S22.072A,S22.072D-S22.072G, S22.078A,S22.078D-S22.078G,S22.079A,S22.079D-S22.079G,S22.080A,S22.080D-S22.080G,S22.081A, S22.081D-S22.081G,S22.082A,S22.082D-S22.082G,S22.088A,S22.088D-S22.088G,S22.089A,S22.089D-S22.089G,S22.9XXA,S23.101A-S23.101D,S23.111A-S23.111D,S23.121A-S23.121D,S23.123A-S23.123D, S23.131A-S23.131D,S23.133A-S23.133D,S23.141A-S23.141D,S23.143A-S23.143D,S23.151A-S23.151D, S23.153A-S23.153D,S23.161A-S23.161D,S23.163A-S23.163D,S23.171A-S23.171D,S23.20XA-S23.20XD, S23.29XA-S23.29XD,S32.000A,S32.000D-S32.000G,S32.001A,S32.001D-S32.001G,S32.008A,S32.008D-S32.008G,S32.009A,S32.009D-S32.009G,S32.010A,S32.010D-S32.010G,S32.011A,S32.011D-S32.011G, S32.018A,S32.018D-S32.018G,S32.019A,S32.019D-S32.019G,S32.020A,S32.020D-S32.020G,S32.021A, S32.021D-S32.021G,S32.028A,S32.028D-S32.028G,S32.029A,S32.029D-S32.029G,S32.030A,S32.030D-S32.030G,S32.031A,S32.031D-S32.031G,S32.038A,S32.038D-S32.038G,S32.039A,S32.039D-S32.039G, S32.040A,S32.040D-S32.040G,S32.041A,S32.041D-S32.041G,S32.048A,S32.048D-S32.048G,S32.049A, S32.049D-S32.049G,S32.050A,S32.050D-S32.050G,S32.051A,S32.051D-S32.051G,S32.058A,S32.058D-S32.058G,S32.059A,S32.059D-S32.059G,S32.10XA,S32.10XD-S32.10XG,S32.110A,S32.110D-S32.110G, S32.111A,S32.111D-S32.111G,S32.112A,S32.112D-S32.112G,S32.119A,S32.119D-S32.119G,S32.120A, S32.120D-S32.120G,S32.121A,S32.121D-S32.121G,S32.122A,S32.122D-S32.122G,S32.129A,S32.129D-S32.129G,S32.130A,S32.130D-S32.130G,S32.131A,S32.131D-S32.131G,S32.132A,S32.132D-S32.132G, S32.139A,S32.139D-S32.139G,S32.14XA,S32.14XD-S32.14XG,S32.15XA,S32.15XD-S32.15XG,S32.16XA, S32.16XD-S32.16XG,S32.17XA,S32.17XD-S32.17XG,S32.19XA,S32.19XD-S32.19XG,S33.101A-S33.101D, S33.111A-S33.111D,S33.121A-S33.121D,S33.131A-S33.131D,S33.141A-S33.141D,S33.2XXA-S33.2XXD, S33.39XA-S33.39XD,Z47.2
CPT: 20930,20931,20936-20938,22310,22325-22328,22510-22819,22840-22855,22859,27216,27218,29035-29046, 29700,29710,29720,63001-63011,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535, 97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1754,G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467, G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **479**
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.0-F91.2,F91.8-F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224, 99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012, H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005

Line: **480**
Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,149)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N60.01-N60.99,N64.0,N64.89
CPT: 10160,19000,19001,19110-19126,49185,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **481**
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Note 64)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: N75.0,N75.8-N75.9,N76.5-N76.6,N76.81-N76.89,N77.0
CPT: 10060,10061,11004,56440,56501,56515,56740,57135,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **482**
Condition: LICHEN PLANUS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L43.0-L43.9,L44.1-L44.3,L66.1
CPT: 11900,11901,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **483**
Condition: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-10: M66.0,M71.20-M71.22
CPT: 27345,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **484**
Condition: ENOPHTHALMOS (See Guideline Note 64)
Treatment: ORBITAL IMPLANT
ICD-10: H05.401-H05.429,H11.241-H11.249
CPT: 21076,21077,67550,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D5915,D5928,D5992,D5993,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **485**
Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS (See Guideline Note 64)
Treatment: TARSORRHAPHY
ICD-10: G51.0-G51.2,G51.31-G51.9,H02.59,H02.89,H16.211-H16.219
CPT: 15840-15842,64864-64868,67875-67882,67911,67917,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **486**
Condition: PERIPHERAL ENTHESOPATHIES (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: M25.70,M25.721-M25.749,M25.761-M25.776,M46.00-M46.09,M60.10,M60.111-M60.19,M70.10-M70.52,M75.20-M75.22,M76.40-M76.72,M76.811-M76.9,M77.00-M77.9,Z45.42
CPT: 93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **487**
Condition: ANGIOEDEMA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D81.810,T78.3XXA-T78.3XXD
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **488**
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M84.377A-M84.377G,M84.378A-M84.378G,M84.379A-M84.379G,M84.477A-M84.477G,M84.478A-M84.478G,M84.479A-M84.479G,S92.501A,S92.501D-S92.501G,S92.502A,S92.502D-S92.502G,S92.503A,S92.503D-S92.503G,S92.504A,S92.504D-S92.504G,S92.505A,S92.505D-S92.505G,S92.506A,S92.506D-S92.506G,S92.511A,S92.511D-S92.511G,S92.512A,S92.512D-S92.512G,S92.513A,S92.513D-S92.513G,S92.514A,S92.514D-S92.514G,S92.515A,S92.515D-S92.515G,S92.516A,S92.516D-S92.516G,S92.521A,S92.521D-S92.521G,S92.522A,S92.522D-S92.522G,S92.523A,S92.523D-S92.523G,S92.524A,S92.524D-S92.524G,S92.525A,S92.525D-S92.525G,S92.526A,S92.526D-S92.526G,S92.531A,S92.531D-S92.531G,S92.532A,S92.532D-S92.532G,S92.533A,S92.533D-S92.533G,S92.534A,S92.534D-S92.534G,S92.535A,S92.535D-S92.535G,S92.536A,S92.536D-S92.536G,S92.591A,S92.591D-S92.591G,S92.592A,S92.592D-S92.592G,S92.599A,S92.599D-S92.599G,S92.901G,S92.902G,S92.909G,S92.911A,S92.911D-S92.911G,S92.912A,S92.912D-S92.912G,S92.919A,S92.919D-S92.919G,S99.201A,S99.201D-S99.201G,S99.202A,S99.202D-S99.202G,S99.209A,S99.209D-S99.209G,S99.211A,S99.211D-S99.211G,S99.212A,S99.212D-S99.212G,S99.219A,S99.219D-S99.219G,S99.221A,S99.221D-S99.221G,S99.222A,S99.222D-S99.222G,S99.229A,S99.229D-S99.229G,S99.231A,S99.231D-S99.231G,S99.232A,S99.232D-S99.232G,S99.239A,S99.239D-S99.239G,S99.241A,S99.241D-S99.241G,S99.242A,S99.242D-S99.242G,S99.249A,S99.249D-S99.249G,S99.291A,S99.291D-S99.291G,S99.292A,S99.292D-S99.292G,S99.299A,S99.299D-S99.299G
CPT: 28510,28515,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **489**
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: B35.1,B35.3,B35.6-B35.8,B36.1-B36.9,B47.9,L08.1
CPT: 11720-11732,11750,93792,93793,96900,96902,96910-96913,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **490**
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M84.38XD-M84.38XG,M84.48XD-M84.48XG,M84.68XD-M84.68XG,S22.20XA,S22.20XD-S22.20XG,S22.21XA,S22.21XD-S22.21XG,S22.22XA,S22.22XD-S22.22XG,S22.23XA,S22.23XD-S22.23XG,S22.24XA,S22.24XD-S22.24XG,S22.31XA,S22.31XD-S22.31XG,S22.32XA,S22.32XD-S22.32XG,S22.39XA,S22.39XD-S22.39XG,S22.41XA,S22.41XD-S22.41XG,S22.42XA,S22.42XD-S22.42XG,S22.43XA,S22.43XD-S22.43XG,S22.49XA,S22.49XD-S22.49XG,S22.5XXA,S22.5XXD-S22.5XXG,S22.9XXD-S22.9XXG,S32.2XXA-S32.2XXG
CPT: 21820,27200,29200,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **491**
Condition: SPASTIC DIPLEGIA (See Guideline Note 170)
Treatment: RHIZOTOMY
ICD-10: G80.1,Z45.49
CPT: 21720,21725,62320-62323,62350-62370,63185,63190,63295,93792,93793,95990,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **492**
Condition: DENTAL CONDITIONS (E.G., PERIODONTAL DISEASE)
Treatment: ADVANCED PERIODONTICS (E.G., SURGICAL PROCEDURES AND SPLINTING)
HCPCS: D4240-D4245,D4260,D4261,D4268-D4321,D4381,D5982

Line: **493**
Condition: HEPATORENAL SYNDROME (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: K76.7
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **494**
Condition: PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F65.0-F65.4,F65.50-F65.9,F66
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065,H0004,H0023,H0032,H0034,H0035,H2010,H2014,H2027,H2032,H2033,S9484

Line: **495**
Condition: ECTROPION AND BENIGN NEOPLASM OF EYE
Treatment: ECTROPION REPAIR
ICD-10: D22.10,D22.111-D22.122,D23.10,D23.111-D23.122,D31.00-D31.92,H02.101-H02.159,H02.871-H02.879,H11.231-H11.239
CPT: 21280,21282,65778-65780,67343,67700-67808,67820-67850,67880,67882,67914-67924,67950-67975,68110-68135,68320-68340,68362,68705,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **496**
Condition: RAYNAUD'S SYNDROME (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: I73.00,I73.89-I73.9
CPT: 64821-64823,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **497**
Condition: CALCIUM PYROPHOSPHATE DEPOSITION DISEASE (CPPD) AND HYDROXYAPETITE DEPOSITION DISEASE (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: M11.00,M11.011-M11.09,M11.20,M11.211-M11.89
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065,S9152

Line: **498**
Condition: PHIMOSIS
Treatment: SURGICAL TREATMENT
ICD-10: N47.0-N47.1,N47.5
CPT: 54150-54161,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **499**
Condition: CERUMEN IMPACTION (See Guideline Note 64)
Treatment: REMOVAL OF EAR WAX
ICD-10: H61.20-H61.23
CPT: 69209,69210,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **500**
Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,128)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K11.5-K11.9,R68.2
CPT: 40810-40816,42300,42305,42330-42340,42408-42425,42440-42510,42600-42665,64611,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D7979-D7982,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **501**
Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: E50.6,H02.721-H02.729,H10.401-H10.409,H10.421-H10.44,H10.501-H10.9,H11.141-H11.149,H11.421-H11.429, H16.261-H16.269
CPT: 92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **502**
Condition: CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS (See Guideline Notes 64,172)
Treatment: SPECIFIED INTERVENTIONS

Line: **503**
Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M65.20,M65.221-M65.29,M66.10,M66.20,M66.9,M67.90,M67.911-M67.99,M70.031-M70.12,M70.31-M70.32, M70.41-M70.42,M71.10,M71.111-M71.19,M71.40,M71.421-M71.58,M71.9,M85.30,M85.311-M85.39,M89.00, M89.011-M89.09,M89.611-M89.69,M90.811-M90.89,M94.0-M94.1,M94.351-M94.8X9,Q77.8-Q77.9,Q78.4,Q78.8-Q78.9
CPT: 20550-20553,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **504**
Condition: ERYTHEMATOUS CONDITIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: H01.121-H01.129,L26,L30.4,L49.0-L49.6,L49.8-L49.9,L51.0,L51.8-L51.9,L52,L53.0-L53.9,L54,L71.0,L92.0,L93.0-L93.2,L95.1,L98.2
CPT: 17340,17360,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **505**
Condition: PERIPHERAL ENTHESOPATHIES (See Guideline Note 28)
Treatment: SURGICAL TREATMENT
ICD-10: M25.70,M25.721-M25.749,M25.761-M25.776,M46.00-M46.09,M70.10-M70.72,M75.20-M75.22,M76.40-M76.72, M76.811-M76.9,M77.00-M77.9
CPT: 20550-20553,20600-20611,20700-20705,21032,23931,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26556,26565-26596,26820-26863,27060,27062,27097,27100-27122,27140-27170,27306, 27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774, 64856,64857,64872-64907,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **506**
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 35,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J33.0-J33.9,J34.1,J34.81-J34.9,Q30.8,T70.1XXA-T70.1XXD
CPT: 30000,30020,30110-30140,30200-30420,30435,30450,30465-30930,31000-31230,31237-31298,61782,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **507**
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G., RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3347,D3421,D3426,D3430,D3450

Line: **508**
Condition: CIRCUMSCRIBED SCLERODERMA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L94.0-L94.1,L94.3
CPT: 11900,11901,17000-17004,93792,93793,96900,96910-96913,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **509**
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Notes 6,64,133)
Treatment: MEDICAL THERAPY
ICD-10: G13.0,G54.0-G54.9,G55,G56.10-G56.13,G56.30-G56.93,G57.00-G57.23,G57.70-G57.93,G58.0-G58.9,G59, G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G63,G64,M53.0,S44.00XA-S44.00XD,S44.01XA-S44.01XD, S44.02XA-S44.02XD,S44.10XA-S44.10XD,S44.11XA-S44.11XD,S44.12XA-S44.12XD,S44.20XA-S44.20XD, S44.21XA-S44.21XD,S44.22XA-S44.22XD,S44.30XA-S44.30XD,S44.31XA-S44.31XD,S44.32XA-S44.32XD, S44.40XA-S44.40XD,S44.41XA-S44.41XD,S44.42XA-S44.42XD,S54.00XA-S54.00XD,S54.01XA-S54.01XD, S54.02XA-S54.02XD,S54.10XA-S54.10XD,S54.11XA-S54.11XD,S54.12XA-S54.12XD,S54.20XA-S54.20XD, S54.21XA-S54.21XD,S54.22XA-S54.22XD,S64.00XA-S64.00XD,S64.01XA-S64.01XD,S64.02XA-S64.02XD, S64.10XA-S64.10XD,S64.11XA-S64.11XD,S64.12XA-S64.12XD,S64.20XA-S64.20XD,S64.21XA-S64.21XD, S64.22XA-S64.22XD,S64.30XA-S64.30XD,S64.31XA-S64.31XD,S64.32XA-S64.32XD,S64.40XA-S64.40XD, S64.490A-S64.490D,S64.491A-S64.491D,S64.492A-S64.492D,S64.493A-S64.493D,S64.494A-S64.494D, S64.495A-S64.495D,S64.496A-S64.496D,S64.497A-S64.497D,S64.498A-S64.498D,S74.00XA-S74.00XD, S74.01XA-S74.01XD,S74.02XA-S74.02XD,S74.10XA-S74.10XD,S74.11XA-S74.11XD,S74.12XA-S74.12XD, S94.00XA-S94.00XD,S94.01XA-S94.01XD,S94.02XA-S94.02XD,S94.10XA-S94.10XD,S94.11XA-S94.11XD, S94.12XA-S94.12XD,S94.20XA-S94.20XD,S94.21XA-S94.21XD,S94.22XA-S94.22XD
CPT: 90284,93792,93793,97110,97112,97116,97124,97161-97168,97530,98966-98972,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **510**
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION (See Guideline Notes 64,134)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H02.881-H02.88B,H04.001-H04.9,M35.00,P39.1,Q10.6-Q10.7
CPT: 67880,67882,68420,68520,68530,68720-68840,92002-92014,92018-92060,92071,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **511**
Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 64,96)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D17.71,D30.00-D30.9,D3A.093
CPT: 50542,50543,50545,50546,50562,52224,52282,53260,53265,93792,93793,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **512**
Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H81.10-H81.23,H81.311-H81.93,H82.1-H82.9,H83.11-H83.19,H83.2X1-H83.2X9,H83.8X1-H83.93,T75.3XXA-T75.3XXD
CPT: 69666,69667,69805,69806,69915,69950,92531-92547,93792,93793,95992,97112,97535,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9476

Line: **513**
Condition: ESOPHAGITIS AND GERD; ESOPHAGEAL SPASM; ASYMPTOMATIC DIAPHRAGMATIC HERNIA (See Guideline Notes 64,144)
Treatment: MEDICAL THERAPY
ICD-10: K20.8-K20.9,K21.0-K21.9,K22.10,K22.5,K44.9,T17.218A-T17.218D,T17.318A-T17.318D,T18.118A-T18.118D
CPT: 43180,43229,43248,43249,43255,93792,93793,96156-96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **514**
Condition: MILD HIDRADENITIS SUPPURATIVA; DISSECTING CELLULITIS OF THE SCALP (See Guideline Note 198)
Treatment: MEDICAL THERAPY
ICD-10: L66.2-L66.3,L66.8-L66.9,L73.2
CPT: 11000,11001,11450-11471,11900,11901,64650,64653,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **515**
Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: N41.1,N41.3,N41.9,N42.0-N42.1,N42.30-N42.9
CPT: 55801,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **516**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: I80.00-I80.03,I80.3-I80.9,I82.711-I82.719,I82.811-I82.819,I83.10-I83.12,I87.021-I87.029,I87.321-I87.329,Z79.01
CPT: 29584,36465,36466,36470-36479,37500,37700-37785,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **517**
Condition: DISORDERS OF SWEAT GLANDS (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L30.1,L74.0-L74.4,L74.510-L74.9,L75.0-L75.9,R61
CPT: 11450-11471,64650,64653,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

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)

Line: **518**
Condition: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,141)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-10: J38.00-J38.02,J38.6
CPT: 31513,31551-31554,31570,31571,31574,31590,31591,92507,92508,92524,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1878,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **519**
Condition: POSTTHROMBOTIC SYNDROME
Treatment: MEDICAL THERAPY
ICD-10: I87.001-I87.009,I87.021-I87.029,I87.091-I87.099
CPT: 29584,36465-36479,37700-37761,37766-37790,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **520**
Condition: FOREIGN BODY IN GASTROINTESTINAL TRACT WITHOUT RISK OF PERFORATION OR OBSTRUCTION
Treatment: MEDICAL THERAPY
ICD-10: T18.2XXA-T18.2XXD,T18.3XXA-T18.3XXD,T18.4XXA-T18.4XXD,T18.5XXA-T18.5XXD,T18.8XXA-T18.8XXD,T18.9XXA-T18.9XXD
CPT: 43247,44363,44390,45307,45332,45379,45915,46608,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **521**
Condition: PANNICULITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M35.6,M54.00-M54.09,M79.3
CPT: 68760,68761,93792,93793,96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **522**
Condition: ROSACEA; MILD/MODERATE ACNE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L70.0-L70.9,L71.1-L71.9,L73.0
CPT: 10040-10061,11900,11901,17000,17340,17360,93792,93793,96902,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **523**
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,159)
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-10: F10.181,F10.281,F10.981,F11.181,F11.281,F11.981,F12.188,F12.288,F12.988,F13.181,F13.281,F13.981,F14.181,F14.281,F14.981,F15.181,F15.281,F15.981,F19.181,F19.281,F19.981,F52.0-F52.1,F52.21-F52.4,F52.6-F52.9,N52.01-N52.9,N53.11-N53.19,R37
CPT: 54235,54400-54417,90785,90832-90840,90846-90853,90882,90887,93792,93793,93980,93981,98966-98972,99051,99060,99070,99078,99201-99217,99304-99366,99374,99375,99379-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: C1813,C2622,G0068,G0071,G0176,G0177,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0490,G0508-G0511,G2010-G2012,G2058-G2065,H0004,H0023,H0032-H0035,H0038,H2014,H2027,H2032,S9484

Line: **524**
Condition: UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA) (See Guideline Notes 24,64)
Treatment: REPAIR
ICD-10: K40.20-K40.21,K40.90-K40.91,K41.20-K41.21,K41.90-K41.91,K42.0,K42.9,K43.0,K43.2-K43.3,K43.5-K43.6, K43.9,K45.0,K45.8,K46.0,K46.9
CPT: 44050,49250,49505,49520,49525-49550,49555,49560,49565,49568,49570,49580,49585,49590,49650-49659, 55540,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **525**
Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
ICD-10: D14.0
CPT: 30117-30150,30520,31020,31032,31201,61782,69145,69501-69554,69960,93792,93793,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **526**
Condition: CHRONIC ANAL FISSURE (See Guideline Notes 52,64)
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-10: K60.1-K60.2
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46505,46700,46706,46707,46940,46942,93792,93793, 96158,96159,96164-96171,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **527**
Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,94)
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-10: M20.001-M20.099,M21.00,M21.021-M21.079,M21.121-M21.169,M21.20,M21.211-M21.279,M21.371-M21.379, M21.519-M21.529,M21.70,M21.721-M21.959,M24.031-M24.059,M24.121-M24.159,M24.444-M24.446,M24.621-M24.659,M24.7,M24.821-M24.859,M25.10,M25.111-M25.18,M25.221-M25.269,M25.28,M25.321-M25.369, M25.80,M25.811-M25.869,M72.1,M72.4,M85.9,M89.121-M89.29,M89.70,M89.711-M89.79,M89.9,M92.00-M92.12, M92.201-M92.32,M92.8-M92.9,M93.1,M93.80,M93.811-M93.99,M94.9,M95.5-M95.8,M99.85-M99.87,M99.89, Q65.9,Q67.6,Q68.1-Q68.5,Q68.8,Q72.70,Q74.0-Q74.9,Q76.6-Q76.9,Q79.60-Q79.8
CPT: 11042,11045,20150,20690-20694,20700-20705,21740-21743,24000,24006,24101,24102,25101-25109,25320, 25335,25337,25390-25393,25441-25492,25810-25830,26035,26055,26060,26121-26180,26320,26390,26426, 26432,26440-26556,26565-26596,26820-26863,27097,27100-27122,27140,27185,27306,27307,27435,27448-27455,27465-27468,27475-27485,27590,27656,27676,27685-27690,27705,27715,27727-27742,28300,28304, 29075,29130,29345,29540,29861-29863,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857, 64872-64907,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **528**
Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,129)
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-10: D78.02,G43.A0-G43.A1,G43.D0-G43.D1,K30,K31.0,K31.2,K31.4,K31.83-K31.9,K58.0-K58.9,K59.00-K59.1,K59.4-K59.9,K91.0-K91.1,K91.89,P78.3,R11.15,R15.0,R15.2-R15.9
CPT: 44141-44144,44188,44206,44320,44340-44346,45110,45395,45397,46761,64561,64581,64590,93792,93793, 98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451, 99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: A4290,C1767,C1778,C1787,C1897,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427, G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,L8679-L8689

Line: **529**
Condition: CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS (See Guideline Notes 37,60,64,100,101,161)
Treatment: SURGICAL THERAPY
ICD-10: G95.0,M40.00-M40.15,M40.202-M40.57,M42.00-M42.9,M43.00-M43.28,M43.8X1-M43.8X9,M45.0-M45.9,M46.1, M46.40-M46.99,M47.20-M47.28,M47.811-M47.9,M48.00-M48.05,M48.061-M48.19,M48.30-M48.38,M48.8X1-M48.9,M49.80-M49.89,M50.10-M50.11,M50.120-M50.93,M51.14-M51.9,M53.80-M53.9,M54.10-M54.18,M96.1-M96.4,M99.20-M99.79,Q06.0-Q06.3,Q06.8-Q06.9,Q76.0-Q76.2,Q76.411-Q76.49,S13.0XXA-S13.0XXD, S23.0XXA-S23.0XXD,S23.100A-S23.100D,S23.110A-S23.110D,S23.120A-S23.120D,S23.122A-S23.122D, S23.130A-S23.130D,S23.132A-S23.132D,S23.140A-S23.140D,S23.142A-S23.142D,S23.150A-S23.150D, S23.152A-S23.152D,S23.160A-S23.160D,S23.162A-S23.162D,S23.170A-S23.170D,S33.0XXA-S33.0XXD, S33.100A-S33.100D,S33.110A-S33.110D,S33.120A-S33.120D,S33.130A-S33.130D,S33.140A-S33.140D, S34.3XXA-S34.3XXD
CPT: 20610,20660-20665,20700-20705,20930,20931,20936-20938,21720,21725,22206-22226,22532-22865,27035, 27096,27279,29000-29046,29710,29720,62322,62323,63001-63091,63170,63173-63200,63270-63273,63295-63610,63650,63655,63685,64483,64484,64493-64495,93792,93793,96158,96159,96164-96171,97110-97124, 97140,97150,97161-97168,97530,97535,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487,99489,99491,99495,99496, 99605-99607
HCPCS: C1767,C1778,C1816,C1820,C1822,C1823,C1897,G0068,G0071,G0157-G0160,G0248-G0250,G0260,G0396, G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0508-G0511,G2010-G2012,G2061-G2065,S2350,S2351

Line: **530**
Condition: FIBROMYALGIA, CHRONIC FATIGUE SYNDROME, AND RELATED DISORDERS (See Guideline Notes 64,135)
Treatment: MEDICAL THERAPY
ICD-10: G89.21,G89.28-G89.29,G89.4,M79.7,R53.82
CPT: 90785,90832-90840,90846-90853,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **531**
Condition: CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Notes 55,64,110,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N70.11-N70.93,N71.1-N71.9,N73.1-N73.2,N73.4-N73.9,N74,N83.8,N94.0,N94.10-N94.2,N94.810-N94.89,N99.85, R10.2,Z40.03
CPT: 49322,58150,58180,58260,58262,58290,58291,58400,58410,58541-58544,58550-58554,58562,58570-58573, 58660-58662,58700-58740,58805,58925,58940,93792,93793,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **532**
Condition: MILD ECZEMA (See Guideline Notes 64,156)
Treatment: MEDICAL THERAPY
ICD-10: E08.620,E09.620,E10.620,E11.620,E13.620,L20.0,L20.81-L20.9,Z51.6
CPT: 93792,93793,96902,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **533**
Condition: CONTACT DERMATITIS AND NON-INFECTIOUS OTITIS EXTERNA (See Guideline Notes 64,156)
Treatment: MEDICAL THERAPY
ICD-10: H60.501-H60.93,L23.0-L23.7,L23.81-L23.9,L24.0-L24.7,L24.81-L24.9,L25.0-L25.9,L30.0,L30.2,L30.8-L30.9,L56.0-L56.4,L56.8-L56.9,L57.1,L57.5-L57.9,L58.0-L58.9,L59.0-L59.9,Z51.6
CPT: 86003,86008,86486,93792,93793,95004,95018-95180,96900,96902,96910-96913,98966-98972,99051,99060, 99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491, 99495-99498,99605-99607
HCPCS: A4633,E0691-E0694,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012, G2058-G2065

Line: **534**
Condition: HYPOTENSION (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: G90.01,I95.0-I95.3,I95.81-I95.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **535**
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Guideline Notes 61,64)
Treatment: MEDICAL THERAPY
ICD-10: A81.89-A81.9,A83.0-A83.9,A84.0-A84.9,A85.0-A85.1,A85.8,A86,B01.11-B01.12,B05.0,B06.00-B06.09,B06.82,G04.81-G04.91,G05.3-G05.4,G37.4
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **536**
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Note 133)
Treatment: SURGICAL TREATMENT
ICD-10: G54.0-G54.4,G54.6-G54.9,G55,G56.10-G56.13,G56.30-G56.93,G57.00-G57.23,G57.70-G57.93,G58.0-G58.9,M53.0,S44.00XA-S44.00XD,S44.01XA-S44.01XD,S44.02XA-S44.02XD,S44.10XA-S44.10XD,S44.11XA-S44.11XD,S44.12XA-S44.12XD,S44.20XA-S44.20XD,S44.21XA-S44.21XD,S44.22XA-S44.22XD,S44.30XA-S44.30XD,S44.31XA-S44.31XD,S44.32XA-S44.32XD,S44.40XA-S44.40XD,S44.41XA-S44.41XD,S44.42XA-S44.42XD,S54.00XA-S54.00XD,S54.01XA-S54.01XD,S54.02XA-S54.02XD,S54.10XA-S54.10XD,S54.11XA-S54.11XD,S54.12XA-S54.12XD,S54.20XA-S54.20XD,S54.21XA-S54.21XD,S54.22XA-S54.22XD,S64.00XA-S64.00XD,S64.01XA-S64.01XD,S64.02XA-S64.02XD,S64.10XA-S64.10XD,S64.11XA-S64.11XD,S64.12XA-S64.12XD,S64.20XA-S64.20XD,S64.21XA-S64.21XD,S64.22XA-S64.22XD,S64.30XA-S64.30XD,S64.31XA-S64.31XD,S64.32XA-S64.32XD,S64.40XA-S64.40XD,S64.490A-S64.490D,S64.491A-S64.491D,S64.492A-S64.492D,S64.493A-S64.493D,S64.494A-S64.494D,S64.495A-S64.495D,S64.496A-S64.496D,S64.497A-S64.497D,S64.498A-S64.498D,S74.00XA-S74.00XD,S74.01XA-S74.01XD,S74.02XA-S74.02XD,S74.10XA-S74.10XD,S74.11XA-S74.11XD,S74.12XA-S74.12XD,S94.00XA-S94.00XD,S94.01XA-S94.01XD,S94.02XA-S94.02XD,S94.10XA-S94.10XD,S94.11XA-S94.11XD,S94.12XA-S94.12XD,S94.20XA-S94.20XD,S94.21XA-S94.21XD,S94.22XA-S94.22XD
CPT: 23397,64702-64719,64722-64727,64774-64792,64820,64856,64857,64872-64907,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **537**
Condition: DENTAL CONDITIONS (E.G., PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G., RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3348,D3425,D3426,D3430,D3450

Line: **538**
Condition: ICHTHYOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: Q80.0-Q80.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **539**
Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL THERAPY, EXCISION
ICD-10: G57.60-G57.63,M72.2
CPT: 20550,28008,28060,28080,29893,64455,64632,64726,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

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

Line: **540**
Condition: TENSION HEADACHES (See Coding Specification Below) (See Guideline Notes 64,92)
Treatment: MEDICAL THERAPY
ICD-10: G44.201-G44.52,G44.59-G44.89,M99.80,R51
CPT: 93792,93793,97810-98942,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

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

Line: **541**
Condition: MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY (See Guideline Notes 21,64)
Treatment: MEDICAL THERAPY
ICD-10: B35.0,B35.2,B35.4-B35.5,B35.9,L40.0-L40.4,L40.8-L40.9,L41.0-L41.9,L44.0,L94.5
CPT: 11900,11901,93792,93793,96900,96902,96910-96922,98966-98972,99051,99060,99070,99078,99201-99215, 99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: A4633,E0691-E0694,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012, G2058-G2065

Line: **542**
Condition: DEFORMITIES OF FOOT (See Guideline Notes 64,158)
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-10: M20.10-M20.12,M20.30-M20.42,M20.5X1-M20.62,M21.171-M21.172,M21.531-M21.6X9,M21.961-M21.969, M24.074-M24.076,M24.477-M24.479,M24.674-M24.676,M24.873,M24.876,M25.271-M25.279,M25.371-M25.376, M92.60-M92.72,Q66.211-Q66.219,Q66.80-Q66.89,Q72.70,Q74.2
CPT: 27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160,28220-28289, 28292-28341,28360,28705-28730,28737-28760,29405,29425,29450,29750,29904-29907,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **543**
Condition: FOREIGN BODY GRANULOMA OF MUSCLE, SKIN AND SUBCUTANEOUS TISSUE (See Guideline Note 64)
Treatment: REMOVAL OF GRANULOMA
ICD-10: L92.3,M60.20,M60.211-M60.28
CPT: 11400-11446,21011-21014,21552-21556,21930-21933,22901-22903,23071-23076,24071-24076,25071-25076, 26111-26116,27043-27048,27327,27328,27337,27339,27618,27619,27632,27634,28039-28045,28192,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **544**
Condition: HYDROCELE (See Guideline Notes 64,149)
Treatment: MEDICAL THERAPY, EXCISION
ICD-10: N43.3,N43.40-N43.42,N50.89,P83.5
CPT: 49185,54840,55000-55060,55500,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **545**
Condition: SYMPTOMATIC URTICARIA (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L50.0-L50.1,L50.5-L50.8,T78.1XXA-T78.1XXD
CPT: 86003,86008,93792,93793,96902,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **546**
Condition: IMPULSE DISORDERS (See Guideline Notes 58,64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.1-F63.2,F63.81-F63.9
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224, 99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2058-G2065,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2013, H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005

Line: **547**
Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,191)
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-10: I86.0-I86.2
CPT: 36470,37241,37242,55530,55535,55550,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **548**
Condition: ASEPTIC MENINGITIS (See Guideline Notes 61,64)
Treatment: MEDICAL THERAPY
ICD-10: A87.0-A87.9,A88.0,A88.8,A89,B01.0,B05.1,G02,G03.2
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **549**
Condition: TMJ DISORDER (See Guideline Note 64)
Treatment: TMJ SPLINTS
ICD-10: M26.601-M26.69,S03.40XA-S03.40XD,S03.41XA-S03.41XD,S03.42XA-S03.42XD,S03.43XA-S03.43XD
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: D7880,D7881,D9130,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012, G2058-G2065

Line: **550**
Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 36,64)
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-10: J35.01-J35.9
CPT: 42820-42836,42860,42870,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **551**
Condition: SOMATIC SYMPTOMS AND RELATED DISORDERS (See Guideline Note 64)
Treatment: CONSULTATION
ICD-10: F44.0-F44.7,F44.81-F44.9,F45.0-F45.1,F45.20-F45.9,F52.5,F68.10-F68.A
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,96158,96159,96164-96171,98966-98972,99051, 99060,99201-99215,99341-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0511,G2012,G2058-G2065,H0004,H0017,H0019,H0023,H0032-H0039,H2010,H2012-H2014,H2021-H2023, H2027,H2032,H2033,S9484

Line: **552**
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Guideline Notes 61,64,156)
Treatment: MEDICAL THERAPY
ICD-10: K52.1,K52.21-K52.29,K52.81-K52.82,K52.831-K52.9,K90.9,Z51.6
CPT: 86003,86008,86486,93792,93793,95004,95018-95180,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **553**
Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR (See Guideline Note 64)
Treatment: DRAINAGE
ICD-10: H61.101-H61.199,H61.811-H61.899,M95.10-M95.12
CPT: 10140,69000-69020,69140,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **554**
Condition: OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: H01.111-H01.119,H01.131-H01.149,L11.0,L11.8-L11.9,L21.0-L21.9,L28.0-L28.2,L29.0-L29.9,L30.3,L57.2,L57.4, L66.4,L83,L85.0-L85.2,L85.8-L85.9,L86,L87.0-L87.9,L90.1-L90.4,L90.6-L90.9,L91.8-L91.9,L92.2,L94.8-L94.9, L98.1,L98.5-L98.6
CPT: 11000-11057,11200,11201,11401-11406,11900,11950-11954,17000-17004,93792,93793,98966-98972,99051, 99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **555**
Condition: CHONDROMALACIA (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: M94.20,M94.211-M94.29
CPT: 93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **556**
Condition: CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,149)
Treatment: MEDICAL THERAPY
ICD-10: N28.1
CPT: 49185,50390,50541,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **557**
Condition: DYSMENORRHEA (See Guideline Notes 59,64,176)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N94.4-N94.6,Z40.03
CPT: 58150,58180,58260,58262,58290,58541-58544,58550-58554,58570-58573,58700,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **558**
Condition: BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,7,11,64,100,137)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: D16.00-D16.9,D17.79,D18.09,D21.0,D21.10-D21.9,D36.10-D36.17,D48.1,D61.810,G89.3,K09.0-K09.1,M12.20, M12.211-M12.29,M27.1,M27.40-M27.49,M27.8,M67.80,M67.811-M67.89,M85.00,M85.011-M85.09,M85.40, M85.411-M85.69,Z51.0,Z51.12
CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20600-20611,20615,20700-20705,20930, 20931,20936-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21198,21552-21556, 21600,21930-21936,22532-22819,22853,22854,22859,23071-23076,23101-23106,23140-23156,23200,24071-24079,24102-24126,24420,24498,25000,25071,25073,25105,25110-25136,25170-25240,25295-25301,25320, 25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26130,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27334-27339,27355-27358, 27365,27465-27468,27495,27625-27638,27645-27647,27656,27745,28039-28045,28070,28072,28100-28108, 28122,28124,28171-28175,28820,28825,29820,29821,29835,29836,29844,29845,29863,29875,29876,29895, 29905,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79440,93792,93793,96377,96405,96406,96420-96440,96450,96542, 96549,96570,96571,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452, 99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C9725,G0068,G0070,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: **559**
Condition: SPASTIC DYSPHONIA (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: J38.3
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065,S2340, S2341

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.

Line: **560**
Condition: MACROMASTIA (See Guideline Notes 166,196)
Treatment: BREAST REDUCTION
ICD-10: N62
CPT: 19318,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **561**
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,156)
Treatment: MEDICAL THERAPY
ICD-10: H10.011-H10.239,H10.411-H10.419,H10.45,H11.111-H11.129,J30.0-J30.5,J30.81-J30.9,J31.0-J31.2,T78.40XA-T78.40XD,T78.49XA-T78.49XD,Z51.6
CPT: 30420,86003,86008,86486,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287, 93792,93793,95004,95018-95180,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **562**
Condition: ANGIOSARCOMA OF LIVER; INTRAHEPATIC BILE DUCT CARCINOMA
Treatment: LIVER TRANSPLANT
ICD-10: C22.1,C22.3,T86.40-T86.49,Z48.23,Z51.11,Z52.6
CPT: 47133-47147,86825-86835,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **563**
Condition: BENIGN NEOPLASM AND CONDITIONS OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-10: D28.0-D28.1,D28.7-D28.9,I86.3,N89.9
CPT: 56440,56441,56501,57130,57135,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **564**
Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION (See Guideline Note 64)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: H00.011-H00.029,H00.11-H00.19,H02.70,H02.79,H02.821-H02.829,H02.861-H02.869
CPT: 67700,67800-67808,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **565**
Condition: ACUTE ANAL FISSURE (See Guideline Note 64)
Treatment: FISSURECTOMY, MEDICAL THERAPY
ICD-10: K60.0
CPT: 46200,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **566**
Condition: PLEURISY (See Guideline Notes 64,149)
Treatment: MEDICAL THERAPY
ICD-10: J92.0-J92.9,J94.1,J94.8-J94.9,R09.1
CPT: 32200-32310,32550,32552,32560-32562,32650-32652,32655,32664,32665,32940,49185,93792,93793,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **567**
Condition: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-10: K66.0,K66.8-K66.9,K68.9,N99.4
CPT: 44005,44180,44603,44604,49423,58660-58662,58740,58940,93792,93793,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **568**
Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,156)
Treatment: MEDICAL THERAPY
ICD-10: L27.1-L27.9,Z51.6
CPT: 86003,86008,86486,93792,93793,95004,95018-95180,98966-98972,99051,99060,99070,99078,99201-99215, 99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **569**
Condition: BLEPHARITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: H01.001-H01.02B,H01.8-H01.9
CPT: 92002-92014,92018-92060,92071,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451, 99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **570**
Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: N40.0,N40.2-N40.3
CPT: 52450,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **571**
Condition: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H18.821-H18.829,T81.81XA-T81.81XD,T81.82XA-T81.82XD,T81.9XXA-T81.9XXD
CPT: 38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,93792,93793,97012,97110-97124, 97140,97150,97161-97168,97530,97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **572**
Condition: REDUNDANT PREPUCE (See Guideline Note 64)
Treatment: ELECTIVE CIRCUMCISION
ICD-10: N47.3-N47.4,N47.7-N47.8,Z41.2
CPT: 54000,54001,54150-54164,54450,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **573**
Condition: ANEMIAS DUE TO DISEASE (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: D61.811,D63.0-D63.8,D64.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **574**
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.0-F60.2,F60.4-F60.7,F60.81-F60.9,F68.8,F69
CPT: 90846,90849,90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99215,99224-99226,99324-99355,99366,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0176,G0177,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012, G2058-G2065,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2014,H2021-H2023,H2027,H2032, H2033,S5151,S9484,T1005

Line: **575**
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: H83.01-H83.09
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **576**
Condition: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT (See Guideline Note 64)
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-10: J34.2-J34.3,M95.0,Q30.8,S02.2XXA,S02.2XXD-S02.2XXG,S03.1XXA-S03.1XXD
CPT: 20912,21325-21335,30115,30117,30124-30420,30465,30520,30580,30620,30630,31020-31200,61782,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D7260,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **577**
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Note 64)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: K12.1,K12.30-K12.39,K13.1,K13.22-K13.24,K13.4,K13.6,K13.70-K13.79,K14.0
CPT: 40650,40805,40810-40816,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **578**
Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES (See Guideline Note 64)
Treatment: MEDICAL THERAPY, ORTHOTIC
ICD-10: M21.40-M21.42,Q66.50-Q66.52,Q69.2-Q69.9,Q70.20-Q70.9
CPT: 11200,20700-20705,26951,27605,27687,27690,27700-27703,28090,28238,28300,28306,28307,28344,28345,28715,28735,29907,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **579**
Condition: INFECTIOUS MONONUCLEOSIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B27.00-B27.99
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **580**
Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: N34.2-N34.3,N36.2,N36.8-N36.9,N39.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **581**
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA (See Guideline Notes 64,176)
Treatment: SURGICAL TREATMENT
ICD-10: Q50.01-Q50.6,Q51.0,Q51.10-Q51.4,Q51.6,Q51.810-Q51.818,Q51.9,Q52.4,Z40.03
CPT: 57135,57720,58400,58540,58559-58562,58660-58662,58700-58740,58940,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **582**
Condition: THROMBOTIC DISORDERS
Treatment: MEDICAL THERAPY
ICD-10: D68.51-D68.69
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065,S9345

Line: **583**
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,113)
Treatment: MEDICAL THERAPY
ICD-10: B37.0,B37.2,B37.83,B37.9,K13.0
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **584**
Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D29.1,D29.20-D29.32,D29.8-D29.9
CPT: 54231,54512,54522,54900,54901,55200,55600-55680,55801,93792,93793,98966-98972,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **585**
Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-10: K08.20-K08.26
CPT: 21210,21215,21244-21249,40840,40842,40845,93792,93793,98966-98972,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491, 99495-99498,99605-99607
HCPCS: D7340,D7350,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **586**
Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L60.0-L60.9,L62,L63.0-L63.9,L64.0-L64.9,L65.0-L65.9,L66.0,L67.0-L67.9,L68.0-L68.9,L73.1,L73.8-L73.9,Q84.0-Q84.6
CPT: 11000,11001,11720-11765,11900,11901,17380,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **587**
Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: J03.80-J03.91
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **588**
Condition: CORNS AND CALLUSES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L84
CPT: 11055-11057,17000-17004,17110,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065,S0390

Line: **589**
Condition: SYNOVITIS AND TENOSYNOVITIS (See Guideline Notes 6,64)
Treatment: MEDICAL THERAPY
ICD-10: M65.10,M65.111-M65.19,M65.30,M65.311-M65.9,M67.30,M67.311-M67.39
CPT: 20550-20553,20600-20611,25000,26055,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530, 97535,97542,97760-97763,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **590**
Condition: PROLAPSED URETHRAL MUCOSA (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: N36.2,N36.8
CPT: 51840,51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,77321,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **591**
Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS, ONLAYS, GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS: D2410-D2544,D2720-D2750,D2753-D2794,D2929,D2949,D2952,D2953,D2971,D2981,D2982,D4249,D5213, D5214,D5223,D5224,D5282-D5286,D5810,D5811,D5862,D5867,D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790,D6793-D6920,D6940,D6950,D9950

Line: **592**
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,12,64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: C26.0-C26.9,C45.7-C45.9,C7A.1-C7A.8,C7B.00-C7B.8,C76.1-C76.3,C76.40-C76.8,C77.0-C77.9,C78.00-C78.6, C78.80-C78.89,C79.81-C79.9,C80.0-C80.1,D44.9,Z85.020,Z85.030,Z85.040,Z85.060,Z85.110,Z85.230,Z85.520, Z85.821,Z85.858
CPT: 11600-11646,32553,36260-36262,38720,38724,38745,41110-41114,41130,42120,42842-42845,43195,43196, 43212-43214,43216-43229,43233,43248-43250,43266,43270,47420,47425,47610,47741,47785,49411,58951, 60600-60650,61500,61510,61517-61521,61546,61548,61586,77014,77261-77295,77300-77370,77385-77387, 77401-77432,77469,77470,77761-77763,77770-77790,79005-79403,93792,93793,96377,96405,96406,96420-96450,96542,96549,96570,96571,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065,G6001-G6017,S9537

Line: **593**
Condition: GANGLION (See Guideline Notes 64,149)
Treatment: EXCISION
ICD-10: M67.40,M67.411-M67.49,M71.30,M71.311-M71.39
CPT: 10140,10160,20551-20553,20612,25111,25112,26160,28090,49185,93792,93793,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **594**
Condition: EPISCLERITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: H15.101-H15.129
CPT: 92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **595**
Condition: DIAPER RASH (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L22
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **596**
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE (See Guideline Note 139)
Treatment: FRENOTOMY, TONGUE TIE
ICD-10: Q38.1-Q38.3
CPT: 40819,41010,41115,92526,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **597**
Condition: INCONSEQUENTIAL CYSTS OF ORAL SOFT TISSUES (See Guideline Note 64)
Treatment: INCISION AND DRAINAGE
ICD-10: K06.2,K06.8-K06.9,K09.8-K09.9,K11.1,K13.5
CPT: 40800,41005-41009,41015-41018,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: D7460,D7461,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **598**
Condition: CONGENITAL DEFORMITIES OF KNEE (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M67.50-M67.52,Q68.2,Q74.1
CPT: 20700-20705,27403-27416,27420-27429,27435,27465-27468,27656,29871-29889,93792,93793,98966-98972, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **599**
Condition: CHRONIC PANCREATITIS (See Guideline Note 194)
Treatment: SURGICAL TREATMENT
ICD-10: K86.0-K86.1
CPT: 48020,48120,48150-48160,48548,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498, 99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0341-G0343,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **600**
Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B00.1,B00.9,B10.81-B10.89
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **601**
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH)
Treatment: COMPLEX PROSTHODONTICS (I.E., FIXED BRIDGES, OVERDENTURES)
HCPCS: D5863-D5866,D6211,D6241,D6242,D6251,D6252,D6545,D6549,D6751,D6752,D6791,D6792

Line: **602**
Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
ICD-10: Q16.2,Q17.0-Q17.9,Z01.12
CPT: 21086,21089,69110,69300,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D5914,D5927,D5992,D5993,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **603**
Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE (See Guideline Note 12)
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-10: L91.0,L92.9,Z51.0
CPT: 11200,11201,11400-11446,11900,11901,12032,17000-17004,32553,49411,77014,77261-77295,77300-77307, 77331-77338,77385-77387,77401-77427,77469,77470,79005-79403,93792,93793,98966-98972,99051,99060, 99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491, 99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065,G6001-G6017

Line: **604**
Condition: DISORDERS OF SOFT TISSUE (See Guideline Notes 64,149)
Treatment: MEDICAL THERAPY
ICD-10: M43.6,M60.80,M60.811-M60.9,M70.80,M70.811-M70.99,M72.9,M79.0,M79.10-M79.2,M79.4,M79.81-M79.9, S13.5XXA-S13.5XXD,S16.8XXA-S16.8XXD,S16.9XXA-S16.9XXD,S19.9XXA-S19.9XXD,T14.8XXA-T14.8XXD, Z45.42
CPT: 11042,11045,20550,49185,93792,93793,95990,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **605**
Condition: MINOR BURNS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: L55.0,L55.9,T20.00XA-T20.00XD,T20.011A-T20.011D,T20.012A-T20.012D,T20.019A-T20.019D,T20.02XA-T20.02XD,T20.03XA-T20.03XD,T20.04XA-T20.04XD,T20.05XA-T20.05XD,T20.06XA-T20.06XD,T20.07XA-T20.07XD,T20.09XA-T20.09XD,T20.10XA-T20.10XD,T20.111A-T20.111D,T20.112A-T20.112D,T20.119A-T20.119D,T20.12XA-T20.12XD,T20.13XA-T20.13XD,T20.14XA-T20.14XD,T20.15XA-T20.15XD,T20.16XA-T20.16XD,T20.17XA-T20.17XD,T20.19XA-T20.19XD,T20.40XA-T20.40XD,T20.411A-T20.411D,T20.412A-T20.412D,T20.419A-T20.419D,T20.42XA-T20.42XD,T20.43XA-T20.43XD,T20.44XA-T20.44XD,T20.45XA-T20.45XD,T20.46XA-T20.46XD,T20.47XA-T20.47XD,T20.49XA-T20.49XD,T20.50XA-T20.50XD,T20.511A-T20.511D,T20.512A-T20.512D,T20.519A-T20.519D,T20.52XA-T20.52XD,T20.53XA-T20.53XD,T20.54XA-T20.54XD,T20.55XA-T20.55XD,T20.56XA-T20.56XD,T20.57XA-T20.57XD,T20.59XA-T20.59XD,T21.00XA-T21.00XD,T21.01XA-T21.01XD,T21.02XA-T21.02XD,T21.03XA-T21.03XD,T21.04XA-T21.04XD,T21.05XA-T21.05XD,T21.06XA-T21.06XD,T21.07XA-T21.07XD,T21.09XA-T21.09XD,T21.10XA-T21.10XD,T21.11XA-T21.11XD,T21.12XA-T21.12XD,T21.13XA-T21.13XD,T21.14XA-T21.14XD,T21.15XA-T21.15XD,T21.16XA-T21.16XD,T21.17XA-T21.17XD,T21.19XA-T21.19XD,T21.40XA-T21.40XD,T21.41XA-T21.41XD,T21.42XA-T21.42XD,T21.43XA-T21.43XD,T21.44XA-T21.44XD,T21.45XA-T21.45XD,T21.46XA-T21.46XD,T21.47XA-T21.47XD,T21.49XA-T21.49XD,T21.50XA-T21.50XD,T21.51XA-T21.51XD,T21.52XA-T21.52XD,T21.53XA-T21.53XD,T21.54XA-T21.54XD,T21.55XA-T21.55XD,T21.56XA-T21.56XD,T21.57XA-T21.57XD,T21.59XA-T21.59XD,T22.00XA-T22.00XD,T22.011A-T22.011D,T22.012A-T22.012D,T22.019A-T22.019D,T22.021A-T22.021D,T22.022A-T22.022D,T22.029A-T22.029D,T22.031A-T22.031D,T22.032A-T22.032D,T22.039A-T22.039D,T22.041A-T22.041D,T22.042A-T22.042D,T22.049A-T22.049D,T22.051A-T22.051D,T22.052A-T22.052D,T22.059A-T22.059D,T22.061A-T22.061D,T22.062A-T22.062D,T22.069A-T22.069D,T22.091A-T22.091D,T22.092A-T22.092D,T22.099A-T22.099D,T22.10XA-T22.10XD,T22.111A-T22.111D,T22.112A-T22.112D,T22.119A-T22.119D,T22.121A-T22.121D,T22.122A-T22.122D,T22.129A-T22.129D,T22.131A-T22.131D,T22.132A-T22.132D,T22.139A-T22.139D,T22.141A-T22.141D,T22.142A-T22.142D,T22.149A-T22.149D,T22.151A-T22.151D,T22.152A-T22.152D,T22.159A-T22.159D,T22.161A-T22.161D,T22.162A-T22.162D,T22.169A-T22.169D,T22.191A-T22.191D,T22.192A-T22.192D,T22.199A-T22.199D,T22.40XA-T22.40XD,T22.411A-T22.411D,T22.412A-T22.412D,T22.419A-T22.419D,T22.421A-T22.421D,T22.422A-T22.422D,T22.429A-T22.429D,T22.431A-T22.431D,T22.432A-T22.432D,T22.439A-T22.439D,T22.441A-T22.441D,T22.442A-T22.442D,T22.449A-T22.449D,T22.451A-T22.451D,T22.452A-T22.452D,T22.459A-T22.459D,T22.461A-T22.461D,T22.462A-T22.462D,T22.469A-T22.469D,T22.491A-T22.491D,T22.492A-T22.492D,T22.499A-T22.499D,T22.50XA-T22.50XD,T22.511A-T22.511D,T22.512A-T22.512D,T22.519A-T22.519D,T22.521A-T22.521D,T22.522A-T22.522D,T22.529A-T22.529D,T22.531A-T22.531D,T22.532A-T22.532D,T22.539A-T22.539D,T22.541A-T22.541D,T22.542A-T22.542D,T22.549A-T22.549D,T22.551A-T22.551D,T22.552A-T22.552D,T22.559A-T22.559D,T22.561A-T22.561D,T22.562A-T22.562D,T22.569A-T22.569D,T22.591A-T22.591D,T22.592A-T22.592D,T22.599A-T22.599D,T23.001A-T23.001D,T23.002A-T23.002D,T23.009A-T23.009D,T23.011A-T23.011D,T23.012A-T23.012D,T23.019A-T23.019D,T23.021A-T23.021D,T23.022A-T23.022D,T23.029A-T23.029D,T23.031A-T23.031D,T23.032A-T23.032D,T23.039A-T23.039D,T23.041A-T23.041D,T23.042A-T23.042D,T23.049A-T23.049D,T23.051A-T23.051D,T23.052A-T23.052D,T23.059A-T23.059D,T23.061A-T23.061D,T23.062A-T23.062D,T23.069A-T23.069D,T23.071A-T23.071D,T23.072A-T23.072D,T23.079A-T23.079D,T23.091A-T23.091D,T23.092A-T23.092D,T23.099A-T23.099D,T23.101A-T23.101D,T23.102A-T23.102D,T23.109A-T23.109D,T23.111A-T23.111D,T23.112A-T23.112D,T23.119A-T23.119D,T23.121A-T23.121D,T23.122A-T23.122D,T23.129A-T23.129D,T23.131A-T23.131D,T23.132A-T23.132D,T23.139A-T23.139D,T23.141A-T23.141D,T23.142A-T23.142D,T23.149A-T23.149D,T23.151A-T23.151D,T23.152A-T23.152D,T23.159A-T23.159D,T23.161A-T23.161D,T23.162A-T23.162D,T23.169A-T23.169D,T23.171A-T23.171D,T23.172A-T23.172D,T23.179A-T23.179D,T23.191A-T23.191D,T23.192A-T23.192D,T23.199A-T23.199D,T23.401A-T23.401D,T23.402A-T23.402D,T23.409A-T23.409D,T23.411A-T23.411D,T23.412A-T23.412D,T23.419A-T23.419D,T23.421A-T23.421D,T23.422A-T23.422D,T23.429A-T23.429D,T23.431A-T23.431D,T23.432A-T23.432D,T23.439A-T23.439D,T23.441A-T23.441D,T23.442A-T23.442D,T23.449A-T23.449D,T23.451A-T23.451D,T23.452A-T23.452D,T23.459A-T23.459D,T23.461A-T23.461D,T23.462A-T23.462D,T23.469A-T23.469D,T23.471A-T23.471D,T23.472A-T23.472D,T23.479A-T23.479D,T23.491A-T23.491D,T23.492A-T23.492D,T23.499A-T23.499D,T23.501A-T23.501D,T23.502A-T23.502D,T23.509A-T23.509D,T23.511A-T23.511D,T23.512A-T23.512D,T23.519A-T23.519D,T23.521A-T23.521D,T23.522A-T23.522D,T23.529A-T23.529D,T23.531A-T23.531D,T23.532A-T23.532D,T23.539A-T23.539D,T23.541A-T23.541D,T23.542A-T23.542D,T23.549A-T23.549D,T23.551A-T23.551D,T23.552A-T23.552D,T23.559A-T23.559D,T23.561A-T23.561D,T23.562A-T23.562D,T23.569A-T23.569D,T23.571A-T23.571D,T23.572A-T23.572D,T23.579A-T23.579D,T23.591A-T23.591D,T23.592A-T23.592D,T23.599A-T23.599D,T24.001A-T24.001D,T2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CPT: 11000,11001,11042-11047,11960-11971,16000-16030,93792,93793,98966-98972,99051,99060,99070,99078, 99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498, 99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 606

Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: F10.182,F10.282,F10.982,F11.182,F11.282,F11.982,F13.182,F13.282,F13.982,F14.182,F14.282,F14.982, F15.182,F15.282,F15.982,F19.182,F19.282,F19.982,F51.01-F51.9,G25.70-G25.81,G25.89,G26,G47.00-G47.29, G47.32,G47.50-G47.51,G47.53-G47.9

CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 607

Condition: ORAL APHTHAE (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: K12.0

CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 608

Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes 6,64,97,98)

Treatment: MEDICAL THERAPY

ICD-10: M22.2X1-M22.92,M23.000-M23.92,M24.20,M24.211-M24.28,M24.661-M24.669,M76.30-M76.32,Q68.6, S03.8XXA-S03.8XXD,S03.9XXA-S03.9XXD,S23.41XA-S23.41XD,S23.420A-S23.420D,S23.421A-S23.421D, S23.428A-S23.428D,S23.429A-S23.429D,S29.011A-S29.011D,S29.012A-S29.012D,S29.019A-S29.019D, S33.6XXA-S33.6XXD,S39.011A-S39.011D,S39.012A-S39.012D,S39.013A-S39.013D,S43.401A-S43.401D, S43.402A-S43.402D,S43.409A-S43.409D,S43.411A-S43.411D,S43.412A-S43.412D,S43.419A-S43.419D, S43.421A-S43.421D,S43.422A-S43.422D,S43.429A-S43.429D,S43.431A-S43.431D,S43.432A-S43.432D, S43.439A-S43.439D,S43.491A-S43.491D,S43.492A-S43.492D,S43.499A-S43.499D,S43.50XA-S43.50XD, S43.51XA-S43.51XD,S43.52XA-S43.52XD,S43.60XA-S43.60XD,S43.61XA-S43.61XD,S43.62XA-S43.62XD, S43.80XA-S43.80XD,S43.81XA-S43.81XD,S43.82XA-S43.82XD,S43.90XA-S43.90XD,S43.91XA-S43.91XD, S43.92XA-S43.92XD,S46.011A-S46.011D,S46.012A-S46.012D,S46.019A-S46.019D,S46.111A-S46.111D, S46.112A-S46.112D,S46.119A-S46.119D,S46.211A-S46.211D,S46.212A-S46.212D,S46.219A-S46.219D, S46.311A-S46.311D,S46.312A-S46.312D,S46.319A-S46.319D,S46.811A-S46.811D,S46.812A-S46.812D, S46.819A-S46.819D,S46.911A-S46.911D,S46.912A-S46.912D,S46.919A-S46.919D,S53.20XA-S53.20XD, S53.21XA-S53.21XD,S53.22XA-S53.22XD,S53.30XA-S53.30XD,S53.31XA-S53.31XD,S53.32XA-S53.32XD, S53.401A-S53.401D,S53.402A-S53.402D,S53.409A-S53.409D,S53.411A-S53.411D,S53.412A-S53.412D, S53.419A-S53.419D,S53.421A-S53.421D,S53.422A-S53.422D,S53.429A-S53.429D,S53.431A-S53.431D, S53.432A-S53.432D,S53.439A-S53.439D,S53.441A-S53.441D,S53.442A-S53.442D,S53.449A-S53.449D, S53.491A-S53.491D,S53.492A-S53.492D,S53.499A-S53.499D,S56.011A-S56.011D,S56.012A-S56.012D, S56.019A-S56.019D,S56.111A-S56.111D,S56.112A-S56.112D,S56.113A-S56.113D,S56.114A-S56.114D, S56.115A-S56.115D,S56.116A-S56.116D,S56.117A-S56.117D,S56.118A-S56.118D,S56.119A-S56.119D, S56.211A-S56.211D,S56.212A-S56.212D,S56.219A-S56.219D,S56.311A-S56.311D,S56.312A-S56.312D, S56.319A-S56.319D,S56.411A-S56.411D,S56.412A-S56.412D,S56.413A-S56.413D,S56.414A-S56.414D, S56.415A-S56.415D,S56.416A-S56.416D,S56.417A-S56.417D,S56.418A-S56.418D,S56.419A-S56.419D, S56.511A-S56.511D,S56.512A-S56.512D,S56.519A-S56.519D,S56.811A-S56.811D,S56.812A-S56.812D, S56.819A-S56.819D,S56.911A-S56.911D,S56.912A-S56.912D,S56.919A-S56.919D,S63.301A-S63.301D, S63.302A-S63.302D,S63.309A-S63.309D,S63.311A-S63.311D,S63.312A-S63.312D,S63.319A-S63.319D, S63.321A-S63.321D,S63.322A-S63.322D,S63.329A-S63.329D,S63.331A-S63.331D,S63.332A-S63.332D, S63.339A-S63.339D,S63.391A-S63.391D,S63.392A-S63.392D,S63.399A-S63.399D,S63.400A-S63.400D, S63.401A-S63.401D,S63.402A-S63.402D,S63.403A-S63.403D,S63.404A-S63.404D,S63.405A-S63.405D, S63.406A-S63.406D,S63.407A-S63.407D,S63.408A-S63.408D,S63.409A-S63.409D,S63.410A-S63.410D, S63.411A-S63.411D,S63.412A-S63.412D,S63.413A-S63.413D,S63.414A-S63.414D,S63.415A-S63.415D, S63.416A-S63.416D,S63.417A-S63.417D,S63.418A-S63.418D,S63.419A-S63.419D,S63.420A-S63.420D, S63.421A-S63.421D,S63.422A-S63.422D,S63.423A-S63.423D,S63.424A-S63.424D,S63.425A-S63.425D, S63.426A-S63.426D,S63.427A-S63.427D,S63.428A-S63.428D,S63.429A-S63.429D,S63.430A-S63.430D, S63.431A-S63.431D,S63.432A-S63.432D,S63.433A-S63.433D,S63.434A-S63.434D,S63.435A-S63.435D,

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S63.622A-S63.622D,S63.629A-S63.629D,S63.630A-S63.630D,S63.631A-S63.631D,S63.632A-S63.632D,
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S63.8X9A-S63.8X9D,S63.90XA-S63.90XD,S63.91XA-S63.91XD,S63.92XA-S63.92XD,S66.011A-S66.011D,
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S66.118A-S66.118D,S66.119A-S66.119D,S66.211A-S66.211D,S66.212A-S66.212D,S66.219A-S66.219D,
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S66.819A-S66.819D,S66.911A-S66.911D,S66.912A-S66.912D,S66.919A-S66.919D,S73.101A-S73.101D,
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S83.519A-S83.519D,S83.521A-S83.521D,S83.522A-S83.522D,S83.529A-S83.529D,S83.60XA-S83.60XD,
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S83.90XA-S83.90XD,S83.91XA-S83.91XD,S83.92XA-S83.92XD,S86.111A-S86.111D,S86.112A-S86.112D,
S86.119A-S86.119D,S86.211A-S86.211D,S86.212A-S86.212D,S86.219A-S86.219D,S86.311A-S86.311D,
S86.312A-S86.312D,S86.319A-S86.319D,S86.811A-S86.811D,S86.812A-S86.812D,S86.819A-S86.819D,
S86.911A-S86.911D,S86.912A-S86.912D,S86.919A-S86.919D,S93.401A-S93.401D,S93.402A-S93.402D,
S93.409A-S93.409D,S93.411A-S93.411D,S93.412A-S93.412D,S93.419A-S93.419D,S93.421A-S93.421D,
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S93.501A-S93.501D,S93.502A-S93.502D,S93.503A-S93.503D,S93.504A-S93.504D,S93.505A-S93.505D,
S93.506A-S93.506D,S93.509A-S93.509D,S93.511A-S93.511D,S93.512A-S93.512D,S93.513A-S93.513D,
S93.514A-S93.514D,S93.515A-S93.515D,S93.516A-S93.516D,S93.519A-S93.519D,S93.521A-S93.521D,
S93.522A-S93.522D,S93.523A-S93.523D,S93.524A-S93.524D,S93.525A-S93.525D,S93.526A-S93.526D,
S93.529A-S93.529D,S93.601A-S93.601D,S93.602A-S93.602D,S93.609A-S93.609D,S93.611A-S93.611D,
S93.612A-S93.612D,S93.619A-S93.619D,S93.621A-S93.621D,S93.622A-S93.622D,S93.629A-S93.629D,
S93.691A-S93.691D,S93.692A-S93.692D,S93.699A-S93.699D,S96.011A-S96.011D,S96.012A-S96.012D,
S96.019A-S96.019D,S96.111A-S96.111D,S96.112A-S96.112D,S96.119A-S96.119D,S96.211A-S96.211D,
S96.212A-S96.212D,S96.219A-S96.219D,S96.811A-S96.811D,S96.812A-S96.812D,S96.819A-S96.819D,
S96.911A-S96.911D,S96.912A-S96.912D,S96.919A-S96.919D

CPT: 24341,27006,27305,27347,29240-29280,29520-29550,93792,93793,97012,97110-97124,97140,97150,97161-97168,97530,97535,97542,97760-97763,98925-98943,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0157-G0161,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 609

Condition: ASYMPTOMATIC URTICARIA (See Guideline Note 64)

Treatment: MEDICAL THERAPY

ICD-10: L50.2-L50.4,L50.9

CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607

HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **610**
Condition: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-10: S61.001A-S61.001D,S61.002A-S61.002D,S61.009A-S61.009D,S61.011A-S61.011D,S61.012A-S61.012D, S61.019A-S61.019D,S61.031A-S61.031D,S61.032A-S61.032D,S61.039A-S61.039D,S61.051A-S61.051D, S61.052A-S61.052D,S61.059A-S61.059D,S61.101A-S61.101D,S61.102A-S61.102D,S61.109A-S61.109D, S61.111A-S61.111D,S61.112A-S61.112D,S61.119A-S61.119D,S61.131A-S61.131D,S61.132A-S61.132D, S61.139A-S61.139D,S61.151A-S61.151D,S61.152A-S61.152D,S61.159A-S61.159D,S61.200A-S61.200D, S61.201A-S61.201D,S61.202A-S61.202D,S61.203A-S61.203D,S61.204A-S61.204D,S61.205A-S61.205D, S61.206A-S61.206D,S61.207A-S61.207D,S61.208A-S61.208D,S61.209A-S61.209D,S61.210A-S61.210D, S61.211A-S61.211D,S61.212A-S61.212D,S61.213A-S61.213D,S61.214A-S61.214D,S61.215A-S61.215D, S61.216A-S61.216D,S61.217A-S61.217D,S61.218A-S61.218D,S61.219A-S61.219D,S61.230A-S61.230D, S61.231A-S61.231D,S61.232A-S61.232D,S61.233A-S61.233D,S61.234A-S61.234D,S61.235A-S61.235D, S61.236A-S61.236D,S61.237A-S61.237D,S61.238A-S61.238D,S61.239A-S61.239D,S61.250A-S61.250D, S61.251A-S61.251D,S61.252A-S61.252D,S61.253A-S61.253D,S61.254A-S61.254D,S61.255A-S61.255D, S61.256A-S61.256D,S61.257A-S61.257D,S61.258A-S61.258D,S61.259A-S61.259D,S61.300A-S61.300D, S61.301A-S61.301D,S61.302A-S61.302D,S61.303A-S61.303D,S61.304A-S61.304D,S61.305A-S61.305D, S61.306A-S61.306D,S61.307A-S61.307D,S61.308A-S61.308D,S61.309A-S61.309D,S61.310A-S61.310D, S61.311A-S61.311D,S61.312A-S61.312D,S61.313A-S61.313D,S61.314A-S61.314D,S61.315A-S61.315D, S61.316A-S61.316D,S61.317A-S61.317D,S61.318A-S61.318D,S61.319A-S61.319D,S61.330A-S61.330D, S61.331A-S61.331D,S61.332A-S61.332D,S61.333A-S61.333D,S61.334A-S61.334D,S61.335A-S61.335D, S61.336A-S61.336D,S61.337A-S61.337D,S61.338A-S61.338D,S61.339A-S61.339D,S61.350A-S61.350D, S61.351A-S61.351D,S61.352A-S61.352D,S61.353A-S61.353D,S61.354A-S61.354D,S61.355A-S61.355D, S61.356A-S61.356D,S61.357A-S61.357D,S61.358A-S61.358D,S61.359A-S61.359D
CPT: 12001,12002,14350,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **611**
Condition: ABUSE OF NONADDICTIVE SUBSTANCES
Treatment: MEDICAL THERAPY
ICD-10: F55.0-F55.8
CPT: 90785,90832-90840,90846-90853,90882,90887,93792,93793,98966-98972,99051,99060,99201-99239,99324-99357,99366,99408,99409,99415-99423,99441-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470, G0508-G0511,G2012,G2058-G2065,H0004-H0006,H0015,H0016,H0032-H0035,H0038,H2010,H2013,H2033, H2035,T1006,T1007,T1502

Line: **612**
Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO PERSISTENT SYMPTOMS (See Guideline Notes 64,121)
Treatment: MEDICAL THERAPY
ICD-10: S02.0XXA,S02.101A,S02.101D-S02.101G,S02.102A,S02.102D-S02.102G,S02.109A,S02.109D-S02.109G, S02.110A,S02.111A,S02.112A,S02.113A,S02.118A,S02.119A,S02.11AA,S02.11AD-S02.11AG,S02.11BA, S02.11BD-S02.11BG,S02.11CA,S02.11CD-S02.11CG,S02.11DA,S02.11DD-S02.11DG,S02.11EA,S02.11ED-S02.11EG,S02.11FA,S02.11FD-S02.11FG,S02.11GA,S02.11GD-S02.11GG,S02.11HA,S02.11HD-S02.11HG, S02.19XA,S02.80XA-S02.80XG,S02.91XA,S06.0X0A-S06.0X0D,S06.2X0A-S06.2X0D,S06.300A-S06.300D, S06.310A-S06.310D,S06.320A-S06.320D,S06.330A-S06.330D,S06.370A-S06.370D
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **613**
Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
ICD-10: B07.0-B07.9,B08.1
CPT: 11055-11057,11420-11424,11900,11901,17000-17004,17110,17111,28039-28043,93792,93793,98966-98972, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **614**
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: J00,J06.0-J06.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **615**
Condition: OTHER VIRAL INFECTIONS (See Guideline Notes 61,64)
Treatment: MEDICAL THERAPY
ICD-10: A88.1,B01.81-B01.9,B03,B04,B05.3-B05.4,B05.81-B05.9,B06.89-B06.9,B08.010-B08.09,B08.20-B08.8,B09, B25.8-B25.9,B26.0-B26.2,B26.81,B26.83-B26.9,B33.0,B33.20-B33.3,B33.8,B34.0-B34.9,B97.0,B97.10-B97.19, B97.30-B97.89
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **616**
Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: J02.8-J02.9,J04.0,J04.30,J37.0-J37.1,J38.2
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **617**
Condition: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES (See Guideline Note 64)
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
ICD-10: M26.00-M26.20,M26.71-M26.9,M27.0,M27.51-M27.59
CPT: 21120-21127,21145-21160,21193-21209,21255,21295,21296,30520,93792,93793,98966-98972,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D7940-D7949,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490, G0508-G0511,G2010-G2012,G2058-G2065

Line: **618**
Condition: DENTAL CONDITIONS (E.G., MALOCCLUSION)
Treatment: ORTHODONTIA (I.E., FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
ICD-10: M26.211-M26.29,M26.31,M26.33-M26.37,M26.4,M26.70,Z46.4
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D7296,D7297,D8010-D8690,D8696-D8704

Line: **619**
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH)
Treatment: IMPLANTS (I.E., IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
ICD-10: M27.61-M27.69
HCPCS: D0393-D0395,D6010-D6095,D6097-D6195,D6210,D6240,D6243-D6250,D6753,D7951,D7952

Line: **620**
Condition: BENIGN LESIONS OF TONGUE (See Guideline Note 64)
Treatment: EXCISION
ICD-10: K13.21,K13.3,K14.1-K14.9
CPT: 41110-41114,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **621**
Condition: UNCOMPLICATED HEMORRHOIDS (See Guideline Note 64)
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-10: K64.0-K64.2,K64.8-K64.9
CPT: 44391,45317,45334,45335,45350,45381,45382,45398,46083,46220-46262,46320,46500,46610-46615,46930, 46945-46948,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **622**
Condition: PREVENTION SERVICES WITH LIMITED OR NO EVIDENCE OF EFFECTIVENESS (See Guideline Notes 64,106)
Treatment: MEDICAL THERAPY
ICD-10: Q92.61,Q95.0-Q95.1,Q95.9,Z12.12,Z12.39,Z12.5,Z12.81,Z12.83,Z13.6,Z22.0-Z22.2,Z22.31,Z22.321-Z22.322, Z22.338-Z22.6,Z22.8-Z22.9,Z71.3,Z71.42,Z71.52,Z71.82,Z79.810
CPT: 58940,76706,90749,93792,93793,96110,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0117,G0118,G0248-G0250,G0396,G0397,G0446,G0451,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **623**
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Note 64)
Treatment: REPAIR SOFT TISSUES
ICD-10: K08.123,S01.501A-S01.501D,S01.502A-S01.502D,S01.512A-S01.512D,S01.532A-S01.532D,S01.552A-S01.552D
CPT: 12001-12020,12031-12057,13131-13153,40831,41250,41251,42180,42182,93792,93793,98966-98972,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472, 99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **624**
Condition: SEBACEOUS CYST (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L05.91-L05.92,L72.0,L72.11-L72.9
CPT: 10060,10061,11400-11446,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **625**
Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Note 64)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E65,L11.1,L44.8-L44.9,L82.0-L82.1,L90.5,L92.1,L94.2,L94.4,L95.0,L95.8-L95.9,L98.8-L98.9,S00.241A-S00.241D, S00.242A-S00.242D,S00.249A-S00.249D
CPT: 11000,11042,11045,11055-11057,11400-11446,13100-13160,15780-15793,15830-15839,15876-15879,17000-17108,17360,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **626**
Condition: CONJUNCTIVAL CYST (See Guideline Note 64)
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-10: H11.211-H11.229,H11.30-H11.33,H11.411-H11.419,H11.431-H11.449
CPT: 68020,68040,68110,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792, 93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449, 99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **627**
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 13,64)
Treatment: MEDICAL THERAPY
ICD-10: D10.0-D10.2,D10.30-D10.9,D11.0-D11.9,D17.0-D17.1,D17.20-D17.6,D17.72,D17.9,D18.00-D18.01,D18.09-D18.1,D19.7-D19.9,D22.0,D22.10,D22.111-D22.9,D23.0,D23.10,D23.111-D23.9,D28.0-D28.9,D29.0,D29.4,D36.0, D36.7-D36.9,D3A.00,D3A.098-D3A.8,L08.9,L57.0,L92.8,L98.0
CPT: 11400-11446,12031,12032,13100-13151,17000-17108,21011-21014,21552,21554,21931-21933,22901-22903, 23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041, 37241,37242,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,93792,93793, 96567,96573,96574,96904,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: C9727,D7450-D7460,D7981,G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **628**
Condition: DISEASE OF CAPILLARIES
Treatment: EXCISION
ICD-10: I78.1-I78.9,I79.8
CPT: 11400-11426,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378, 99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **629**
Condition: BENIGN CERVICAL CONDITIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: N84.1,N84.3,N88.1-N88.2,N88.4-N88.9,N89.8,N90.3,N90.7,N90.89-N90.9
CPT: 56441,56805,57061,57065,57200,57800,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215, 99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **630**
Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,149)
Treatment: SURGICAL TREATMENT
ICD-10: E04.1,E07.89-E07.9
CPT: 49185,60200-60225,60270,60271,60300,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **631**
Condition: PICA (See Coding Specification Below) (See Guideline Note 64)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.89,F98.3
CPT: 90785,90832-90840,90847,93792,93793,98966-98972,99051,99060,99201-99215,99224,99324-99355,99366, 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, G2058-G2065

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: **632**
Condition: ACUTE VIRAL CONJUNCTIVITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: B30.0-B30.9,H10.30-H10.33
CPT: 92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **633**
Condition: MUSCULAR CALCIFICATION AND OSSIFICATION (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: M61.00,M61.011-M61.9
CPT: 27036,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **634**
Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: S00.00XA-S00.00XD,S00.01XA-S00.01XD,S00.02XA-S00.02XD,S00.03XA-S00.03XD,S00.04XA-S00.04XD, S00.05XA-S00.05XD,S00.06XA-S00.06XD,S00.07XA-S00.07XD,S00.10XA-S00.10XD,S00.11XA-S00.11XD, S00.12XA-S00.12XD,S00.201A-S00.201D,S00.202A-S00.202D,S00.209A-S00.209D,S00.211A-S00.211D, S00.212A-S00.212D,S00.219A-S00.219D,S00.221A-S00.221D,S00.222A-S00.222D,S00.229A-S00.229D, S00.261A-S00.261D,S00.262A-S00.262D,S00.269A-S00.269D,S00.271A-S00.271D,S00.272A-S00.272D, S00.279A-S00.279D,S00.30XA-S00.30XD,S00.31XA-S00.31XD,S00.32XA-S00.32XD,S00.33XA-S00.33XD, S00.34XA-S00.34XD,S00.35XA-S00.35XD,S00.36XA-S00.36XD,S00.37XA-S00.37XD,S00.401A-S00.401D, S00.402A-S00.402D,S00.409A-S00.409D,S00.411A-S00.411D,S00.412A-S00.412D,S00.419A-S00.419D, S00.421A-S00.421D,S00.422A-S00.422D,S00.429A-S00.429D,S00.431A-S00.431D,S00.432A-S00.432D, S00.439A-S00.439D,S00.441A-S00.441D,S00.442A-S00.442D,S00.449A-S00.449D,S00.451A-S00.451D,

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S00.81XA-S00.81XD,S00.82XA-S00.82XD,S00.83XA-S00.83XD,S00.84XA-S00.84XD,S00.85XA-S00.85XD,
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S09.19XA-S09.19XD,S09.8XXA-S09.8XXD,S09.90XA-S09.90XD,S09.92XA-S09.92XD,S09.93XA-S09.93XD,
S10.0XXA-S10.0XXD,S10.10XA-S10.10XD,S10.11XA-S10.11XD,S10.12XA-S10.12XD,S10.14XA-S10.14XD,
S10.15XA-S10.15XD,S10.16XA-S10.16XD,S10.17XA-S10.17XD,S10.80XA-S10.80XD,S10.81XA-S10.81XD,
S10.82XA-S10.82XD,S10.83XA-S10.83XD,S10.84XA-S10.84XD,S10.85XA-S10.85XD,S10.86XA-S10.86XD,
S10.87XA-S10.87XD,S10.90XA-S10.90XD,S10.91XA-S10.91XD,S10.92XA-S10.92XD,S10.93XA-S10.93XD,
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S19.89XA-S19.89XD,S20.00XA-S20.00XD,S20.01XA-S20.01XD,S20.02XA-S20.02XD,S20.101A-S20.101D,
S20.102A-S20.102D,S20.109A-S20.109D,S20.111A-S20.111D,S20.112A-S20.112D,S20.119A-S20.119D,
S20.121A-S20.121D,S20.122A-S20.122D,S20.129A-S20.129D,S20.141A-S20.141D,S20.142A-S20.142D,
S20.149A-S20.149D,S20.151A-S20.151D,S20.152A-S20.152D,S20.159A-S20.159D,S20.161A-S20.161D,
S20.162A-S20.162D,S20.169A-S20.169D,S20.171A-S20.171D,S20.172A-S20.172D,S20.179A-S20.179D,
S20.20XA-S20.20XD,S20.211A-S20.211D,S20.212A-S20.212D,S20.219A-S20.219D,S20.221A-S20.221D,
S20.222A-S20.222D,S20.229A-S20.229D,S20.301A-S20.301D,S20.302A-S20.302D,S20.309A-S20.309D,
S20.311A-S20.311D,S20.312A-S20.312D,S20.319A-S20.319D,S20.321A-S20.321D,S20.322A-S20.322D,
S20.329A-S20.329D,S20.341A-S20.341D,S20.342A-S20.342D,S20.349A-S20.349D,S20.351A-S20.351D,
S20.352A-S20.352D,S20.359A-S20.359D,S20.361A-S20.361D,S20.362A-S20.362D,S20.369A-S20.369D,
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S20.409A-S20.409D,S20.411A-S20.411D,S20.412A-S20.412D,S20.419A-S20.419D,S20.421A-S20.421D,
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S29.092A-S29.092D,S29.099A-S29.099D,S29.8XXA-S29.8XXD,S29.9XXA-S29.9XXD,S30.0XXA-S30.0XXD,
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S30.23XA-S30.23XD,S30.3XXA-S30.3XXD,S30.810A-S30.810D,S30.811A-S30.811D,S30.812A-S30.812D,
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S30.820A-S30.820D,S30.821A-S30.821D,S30.822A-S30.822D,S30.823A-S30.823D,S30.824A-S30.824D,
S30.825A-S30.825D,S30.826A-S30.826D,S30.827A-S30.827D,S30.840A-S30.840D,S30.841A-S30.841D,
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S30.874A-S30.874D,S30.875A-S30.875D,S30.876A-S30.876D,S30.877A-S30.877D,S30.91XA-S30.91XD,
S30.92XA-S30.92XD,S30.93XA-S30.93XD,S30.94XA-S30.94XD,S30.95XA-S30.95XD,S30.96XA-S30.96XD,
S30.97XA-S30.97XD,S30.98XA-S30.98XD,S39.001A-S39.001D,S39.002A-S39.002D,S39.003A-S39.003D,
S39.091A-S39.091D,S39.093A-S39.093D,S39.81XA-S39.81XD,S39.83XA-S39.83XD,S39.848A-S39.848D,
S39.91XA-S39.91XD,S39.93XA-S39.93XD,S39.94XA-S39.94XD,S40.011A-S40.011D,S40.012A-S40.012D,
S40.019A-S40.019D,S40.021A-S40.021D,S40.022A-S40.022D,S40.029A-S40.029D,S40.211A-S40.211D,
S40.212A-S40.212D,S40.219A-S40.219D,S40.221A-S40.221D,S40.222A-S40.222D,S40.229A-S40.229D,
S40.241A-S40.241D,S40.242A-S40.242D,S40.249A-S40.249D,S40.251A-S40.251D,S40.252A-S40.252D,
S40.259A-S40.259D,S40.261A-S40.261D,S40.262A-S40.262D,S40.269A-S40.269D,S40.271A-S40.271D,
S40.272A-S40.272D,S40.279A-S40.279D,S40.811A-S40.811D,S40.812A-S40.812D,S40.819A-S40.819D,
S40.821A-S40.821D,S40.822A-S40.822D,S40.829A-S40.829D,S40.841A-S40.841D,S40.842A-S40.842D,
S40.849A-S40.849D,S40.851A-S40.851D,S40.852A-S40.852D,S40.859A-S40.859D,S40.861A-S40.861D,
S40.862A-S40.862D,S40.869A-S40.869D,S40.871A-S40.871D,S40.872A-S40.872D,S40.879A-S40.879D,
S40.911A-S40.911D,S40.912A-S40.912D,S40.919A-S40.919D,S40.921A-S40.921D,S40.922A-S40.922D,
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S90.421A-S90.421D,S90.422A-S90.422D,S90.423A-S90.423D,S90.424A-S90.424D,S90.425A-S90.425D,
S90.426A-S90.426D,S90.441A-S90.441D,S90.442A-S90.442D,S90.443A-S90.443D,S90.444A-S90.444D,
S90.445A-S90.445D,S90.446A-S90.446D,S90.451A-S90.451D,S90.452A-S90.452D,S90.453A-S90.453D,
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S90.819A-S90.819D,S90.821A-S90.821D,S90.822A-S90.822D,S90.829A-S90.829D,S90.841A-S90.841D,
S90.842A-S90.842D,S90.849A-S90.849D,S90.851A-S90.851D,S90.852A-S90.852D,S90.859A-S90.859D,
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S90.934A-S90.934D,S90.935A-S90.935D,S90.936A-S90.936D,S96.001A-S96.001D,S96.002A-S96.002D,
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S96.201A-S96.201D,S96.202A-S96.202D,S96.209A-S96.209D,S96.291A-S96.291D,S96.292A-S96.292D,
S96.299A-S96.299D,S96.801A-S96.801D,S96.802A-S96.802D,S96.809A-S96.809D,S96.891A-S96.891D,
S96.892A-S96.892D,S96.899A-S96.899D,S96.901A-S96.901D,S96.902A-S96.902D,S96.909A-S96.909D,
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S99.912A-S99.912D,S99.919A-S99.919D,S99.921A-S99.921D,S99.922A-S99.922D,S99.929A-S99.929D,
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CPT: 10120,10140,11740,11760,11762,12001-12014,28190,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 635
Condition: CHRONIC BRONCHITIS (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: J40,J41.0,J41.8,J42
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99091,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451-99453,99457,99458,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 636
Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST (See Guideline Notes 64,196)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D24.1-D24.9,N64.1-N64.4,N64.81-N64.82,N64.9,Q83.0-Q83.9
CPT: 19110,19120-19126,19324-19396,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: C1789,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 637
Condition: BENIGN POLYPS OF VOCAL CORDS (See Guideline Note 64)
Treatment: MEDICAL THERAPY, STRIPPING
ICD-10: J38.1
CPT: 31540,31541,31572,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 638
Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM (See Guideline Note 64)
Treatment: SURGICAL TREATMENT
ICD-10: D13.0-D13.2,D13.30-D13.6,D13.9,D17.79,D18.03,D19.1,D20.0-D20.1,D3A.010-D3A.019,D3A.092,D3A.094-D3A.096,K31.7
CPT: 43195,43196,43212-43214,43216-43229,43233,43245,43248-43250,43266,43270,43450,44110-44120,44139-44145,44204-44208,44213,44369,44379,44381,44384,44392-44402,44404,44405,44701,45160,45308,45309,45317-45327,45333-45335,45338,45346,45347,45381-45389,46610,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: 639
Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR OTHER MAJOR COMPLICATION (See Guideline Note 64)
Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY
ICD-10: I83.811-I83.93,I87.001-I87.009,I87.091-I87.309,I87.391-I87.9,I99.8-I99.9,N48.81,N50.1,R58
CPT: 29584,36465-36479,37700-37790,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: 640
Condition: HYPERTELORISM OF ORBIT (See Guideline Note 64)
Treatment: ORBITOTOMY
ICD-10: H05.89
CPT: 67405,92002-92014,92018-92060,92081-92136,92201,92202,92230-92270,92283-92287,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **641**
Condition: GALLSTONES WITHOUT CHOLECYSTITIS (See Coding Specification Below) (See Guideline Notes 64,167)
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
ICD-10: K80.20,K80.50,K80.70,K80.80,K82.4-K82.9,K91.5
CPT: 43260-43265,43273-43278,47490,47542,47564,47570,47600-47620,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

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.

Line: **642**
Condition: GYNECOMASTIA (See Guideline Note 196)
Treatment: MASTECTOMY
ICD-10: N62
CPT: 19300,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **643**
Condition: TMJ DISORDERS (See Guideline Note 64)
Treatment: TMJ SURGERY
ICD-10: M26.50-M26.59,M26.601-M26.69
CPT: 20700-20705,21010,21050-21073,21210-21243,21480-21490,29800,29804,30520,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: D7852-D7877,D7899,D7955,D7991,G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **644**
Condition: EDEMA AND OTHER CONDITIONS INVOLVING THE SKIN OF THE FETUS AND NEWBORN (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: P83.1,P83.30-P83.4,P83.6,P83.81-P83.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451,99452,99460-99463,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **645**
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS (See Guideline Note 64)
Treatment: COSMETIC DENTAL SERVICES
ICD-10: K00.1-K00.3,K00.5,K00.8-K00.9,K03.0-K03.1,K03.3-K03.4,K03.6-K03.7,K03.9,M26.30,M26.39
HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548,D6600,D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975

Line: **646**
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note 64)
Treatment: ELECTIVE DENTAL SERVICES
ICD-10: K00.7,K08.0,K08.51-K08.52,K08.54,K08.81-K08.89,M26.32,M85.2
CPT: 41822
HCPCS: D2799,D2955,D2990,D3355-D3357,D3427-D3429,D3431,D3432,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D5994,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9941-D9946,D9952

Line: **647**
Condition: AGENESIS OF LUNG (See Guideline Note 64)
Treatment: MEDICAL THERAPY
ICD-10: Q33.3
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99091,99184,99201-99239,99281-99285,99291-99404,99408-99449,99451-99453,99457,99458,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511,G2010-G2012,G2058-G2065

Line: **648**
Condition: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-10: H34.10-H34.13,H34.211-H34.239
CPT: 67015,67500,67505,93792,93793,98966-98972,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99449,99451,99452,99468-99472,99475-99480,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508-G0511, G2010-G2012,G2058-G2065

Line: **649**
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: F11.90,F12.90,F13.90,F14.90,F15.90,F16.90,F18.90,F19.90,F48.8,F93.8
CPT: 93792,93793,98966-98972,99201-99215,99224,99324-99355,99366,99415-99423,99441-99449,99451,99452, 99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0511,G2012,G2058-G2065

Line: **650**
Condition: INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: G45.4,G46.3-G46.8,H46.00-H46.9,H47.11-H47.12,H47.311-H47.49,H47.611-H47.649,I68.0,I68.8
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **651**
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: A02.29,A80.0-A80.2,A80.30-A80.9,A82.0-A82.9,A85.2,B64,B89,B99.9,L94.6,M60.009
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **652**
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Coding Specification Below) (See Guideline Notes 64,74)
Treatment: EVALUATION
ICD-10: E01.0-E01.2,E04.0,E04.2-E04.9,E16.0-E16.2,E23.0,E23.7,E30.9,E32.0,E32.8-E32.9,E34.1,E34.3,E34.8-E34.9, E35,E67.1,E70.40-E70.49,E71.30,E73.1-E73.9,E74.11,E74.9,E75.10,E75.3,E75.5,E77.0,E77.8-E77.9,E78.41, E78.71-E78.79,E80.4,E80.6-E80.7,E85.0,E88.89,Q89.1
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

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

Line: **653**
Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,81)
Treatment: EVALUATION
ICD-10: I51.7,I51.89,I52,I73.1,Q24.0-Q24.1,Q25.47,Q28.9,Q34.1,Q55.5,Q89.3
CPT: 33620,33621,75573,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451-99453,99457,99458,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **654**
Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,67,131,171,188)
Treatment: EVALUATION
ICD-10: H02.711-H02.719,H02.731-H02.739,H02.841-H02.859,H02.89-H02.9,H05.00,H05.20,H05.821-H05.9,H11.001-H11.019,H11.031-H11.10,H11.131-H11.139,H11.151-H11.159,H11.811-H11.9,H17.811-H17.89,H18.20,H18.211-H18.219,H18.231-H18.339,H18.411-H18.419,H18.461-H18.469,H18.811-H18.819,H18.891-H18.9,H21.211-H21.309,H21.9,H22,H31.001-H31.099,H31.321-H31.329,H33.111-H33.119,H33.301-H33.309,H33.321-H33.329,H34.821-H34.829,H35.40,H35.411-H35.469,H35.721-H35.739,H35.82-H35.9,H36,H43.391-H43.399,H43.89-H43.9,H44.40,H44.411-H44.419,H44.431-H44.449,H47.011-H47.099,H47.13,H47.20,H47.211-H47.299,H47.511-H47.539,H53.53-H53.55,H53.71-H53.72,H54.40,H54.413A-H54.62,H55.02,H55.04,H55.81-H55.89,H57.00-H57.04,H57.051-H57.09,H57.811-H57.9,H59.40-H59.43,H61.90-H61.93,H62.8X1-H62.8X9,H69.80-H69.83,H75.80-H75.83,H93.11-H93.19
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **655**
Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: F07.9,F48.2,G24.4,G25.82-G25.89,G31.84,G60.9,G61.9,G62.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **656**
Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: B36.0,D69.2,D69.8-D69.9,E88.1,H02.60-H02.66,I73.81,L30.5,L42,L44.0,L44.4,L45,L57.3,L80,L81.0-L81.9,L85.3,L98.7,Q82.1-Q82.2,Q82.4-Q82.5,Q82.8-Q82.9,Q84.8-Q84.9
CPT: 29581,93792,93793,96900,96910-96913,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0429,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **657**
Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,105)
Treatment: EVALUATION
ICD-10: J22,J98.3,J98.51-J98.9,J99,P24.10,P24.20,P24.30,Q33.1,Q33.5,Q33.8-Q33.9,Q34.0,Q34.8-Q34.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99091,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451-99453,99457,99458,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **658**
Condition: GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,72,73)
Treatment: EVALUATION
ICD-10: D30.8-D30.9,E28.0,K64.4,N28.81,N28.83,N28.89,N32.89-N32.9,N33,N37,N39.8,N42.30-N42.39,N44.1-N44.8,N48.6,N48.82-N48.9,N50.89-N50.9,N51,N83.321-N83.329,N83.6,N83.9,N85.4,N85.6,N85.8-N85.9,N90.60-N90.69,N90.810-N90.818,N91.4-N91.5,N93.9,N94.9,N96,N99.83,Q52.120,Q54.0,Q54.4,Q54.9,Q55.0-Q55.1,Q55.20-Q55.22,Q55.29,Q55.61-Q55.9,Q60.3,Q62.4-Q62.5,Q62.60-Q62.62,Q63.0-Q63.9,Q64.11,Q64.70,Q64.72,Q64.75,Q64.8-Q64.9,R39.81,R80.2
CPT: 51860,51865,53080,53085,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **659**
Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: E08.618,E09.618,E10.618,E11.618,E13.618,E78.81-E78.89,E88.2,M06.30,M07.60,M07.611-M07.69,M11.10, M11.111-M11.19,M11.9,M12.30,M12.311-M12.39,M12.80,M12.811-M12.9,M13.0,M13.10,M13.111-M13.179, M21.10,M21.179,M24.00,M24.10,M24.30,M24.40,M24.60,M24.80,M24.9,M25.20,M25.30,M35.5,M35.7,M62.00, M62.011-M62.08,M62.81,M62.831-M62.84,M62.9,M63.80,M63.811-M63.89,M84.38XD-M84.38XG,M84.811-M84.88,M85.10,M85.111-M85.19,M85.80,M85.811-M85.89,M89.30,M89.311-M89.59,M89.8X0-M89.8X9,M95.3-M95.4,M95.9,M96.0,M99.88,M99.9,Q76.5,Q77.2,Q79.9,R29.4
CPT: 93792,93793,97010,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **660**
Condition: GASTROINTESTINAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: A04.9,K11.0,K22.4,K22.9,K62.81,K62.89-K62.9,K63.89-K63.9,K75.9,K76.9,K83.5-K83.9,K86.9,K90.41,K92.9, P78.9
CPT: 93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404, 99408-99449,99451,99452,99487-99491,99495-99498,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463-G0467,G0490,G0511,G2010-G2012,G2058-G2065

Line: **661**
Condition: MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Note 64)
Treatment: EVALUATION
ICD-10: E66.3,E67.2,E67.8,F82,Q18.3-Q18.9,Q30.1-Q30.9,Q67.0-Q67.4,Q67.7-Q67.8,T73.3XXA-T73.3XXD
CPT: 40806,93792,93793,98966-98972,99051,99060,99070,99078,99201-99215,99281-99285,99341-99378,99381-99404,99408-99449,99451,99452,99487,99489,99491,99495,99496,99605-99607
HCPCS: G0068,G0071,G0248-G0250,G0396,G0397,G0463,G0490,G0511,G2010-G2012,G2061-G2065

Line: **662**
Condition: CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS (See Guideline Notes 64,173)
Treatment: SPECIFIED INTERVENTIONS

STATEMENTS OF INTENT

STATEMENT OF INTENT 1: PALLIATIVE CARE

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

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

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

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

Other services associated with palliative care includes:

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

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

STATEMENT OF INTENT 2: DEATH WITH DIGNITY ACT

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

STATEMENT OF INTENT 3: LOWER PRIORITY SERVICES

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

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

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

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

In these circumstances, the HERC identifies the services in Guideline Notes 172 and 173, which are attached to Line 502 or Line 662 in order to make its intent transparent.

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

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

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

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

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

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

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

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

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

STATEMENT OF INTENT 5: TREATMENT OF CHRONIC PAIN

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

STATEMENT OF INTENT 6: TELEPHONIC SERVICES DURING AN OUTBREAK OR EPIDEMIC

During an outbreak or epidemic of an infectious disease, reducing administrative barriers (e.g. increasing reimbursement rates) for telephonic evaluation and management services (CPT 99441-99443) and assessment and management services (CPT 98966-98968) is appropriate to ensure access to care while avoiding and preventing unnecessary potential infectious exposure.

PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE MARCH 13, 2020 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE MARCH 13, 2020 PRIORITIZED LIST
OF HEALTH SERVICES

ANCILLARY GUIDELINE A1, NERVE BLOCKS

The Health Evidence Review Commission intends that single injection and continuous nerve blocks (CPT 64400-64450, 64461-64463, 64505-64530) should be covered services if they are required for successful completion of perioperative pain control for, or post-operative recovery from a covered operative procedure when the diagnosis requiring the operative procedure is also covered. Additionally, nerve blocks, are covered services for patients hospitalized with trauma, cancer, or intractable pain conditions, if the underlying condition is a covered diagnosis.

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

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

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

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

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

ANCILLARY GUIDELINE A3, IVC FILTERS FOR TRAUMA

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

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

ANCILLARY GUIDELINE A4, SMOKING CESSATION AND ELECTIVE SURGICAL PROCEDURES

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

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

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

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

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

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

As referred to in this guideline note, the COVID-19 emergency is defined as per Oregon Governor Kate Brown's executive order 20-03 and any subsequent executive order extending or reinstating a state of emergency related to COVID-19. Italicized portions of this guideline note apply only during the COVID-19 emergency.

Telehealth (Synchronous visits including audio and video. Audio-only telephone services can be provided using these codes only during the COVID-19 emergency and if providing the service via synchronous audio and video is not available or feasible)

Telehealth services described in this section are defined as synchronous services with both audio and video capability, when billed with the same codes that would be billed for in-person services, and when mode of delivery is indicated by the use of specific modifiers and/or place of service codes specified by the plan. 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. The clinical value of the telehealth service delivered must reasonably approximate the clinical value of services delivered in-person.

During the COVID-19 emergency, telephone (audio-only) 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.

ANCILLARY GUIDELINE A5, TELEHEALTH, TELECONSULTATIONS AND ONLINE/TELEPHONIC SERVICES (CONT'D)

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. HIPAA-compliant platforms are preferred when available. See https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html for details.

When a COVID-19 emergency declaration is not in effect, codes eligible for telehealth delivery 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. During a COVID-19 emergency, additional codes are covered when otherwise appropriate according to this guideline note and other applicable coverage criteria.

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

Telehealth visits are covered for inpatient and outpatient services for new or established patients.

Telehealth consultations are covered for emergency and inpatient services.

Billing for telehealth services requires the same level of documentation, medical necessity, and coverage determinations as in-person visits.

Patient to Clinician Services billed using specified codes indicating telephone or online service delivery
Telephonic and online services, including services related to diagnostic workup (CPT 98966-98968, 99441-99443, 99421-99423, 98970-98972, G2010, G2012, G2061-G2063) between a patient and clinician must:

A) Be provided only for established patients *(This requirement does not apply during a COVID-19 emergency)*
B) Be documented as follows:
    1) using 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) be retained in the patient's medical record and be retrievable.
C) Include medical decision making or service delivery (e.g. behavioral health intervention/psychotherapy, other forms of therapy).
D) Include permanent storage (online or hard copy) of the encounter.
E) Meet applicable HIPAA standards for privacy.
F) Include patient-clinician agreement of informed consent, discussed with and agreed to by the patient and documented in the medical record. (During the COVID-19 emergency, verbal consent is sufficient.)
G) Not include any of the following:
    1) Services which are part of care plan oversight or anticoagulation management (CPT codes 99339-99340, 99374-99380 or 99363-99364).
    2) 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.
    3) Services which result in the patient being seen within 24 hours or the next available appointment.
    4) Services which relate to or take place within the postoperative period of a procedure provided by the physician. (Such a service is considered part of the procedure and is not be billed separately.)

Examples of reimbursable 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 COVID-19.
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 telephone/online consultations include but are not limited to:

A) Prescription renewal.
B) Scheduling a test.
C) Reporting normal test results.
D) Requesting a referral.
E) Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
F) Brief discussion to confirm stability of chronic problem and continuity of present management.

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

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

Consulting Providers (CPT 99451, 99446-99449)

- For new or established patients
- Consult must be requested by another provider.
- Can be for a new or an exacerbated condition.
- Cannot be reported more than 1 time per 7 days for the same patient.
- Must report cumulative time spent, even if time occurs over multiple days.

ANCILLARY GUIDELINE A5, TELEHEALTH, TELECONSULTATIONS AND ONLINE/TELEPHONIC SERVICES (CONT'D)

- 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.
- Cannot be reported if the patient was seen by the consultant within the past 14 days.
- The request and reason for consultation is documented in the patient's medical record.
- Requires a minimum of 5 minutes of medical consultation, discussion and/or review

Requesting Providers (CPT 99452)

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

Limited information provided by one clinician to another that does not contribute to 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 D1, NON-PRENATAL GENETIC TESTING GUIDELINE

A) Genetic tests are covered as diagnostic, unless they are listed below in section E1 as excluded or have other restrictions listed in this guideline. To be covered, initial screening (e.g. physical exam, medical history, family history, laboratory studies, imaging studies) must indicate that the chance of genetic abnormality is > 10% and results would do at least one of the following:
   1) Change treatment,
   2) Change health monitoring,
   3) Provide prognosis, or
   4) Provide information needed for genetic counseling for patient; or patient's parents, siblings, or children

B) Pretest and posttest genetic counseling is required for presymptomatic and predisposition genetic testing. Pretest and posttest genetic evaluation (which includes genetic counseling) is covered when provided by a suitable trained health professional with expertise and experience in genetics.
   1) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.

C) A more expensive genetic test (generally one with a wider scope or more detailed testing) is not covered if a cheaper (smaller scope) test is available and has, in this clinical context, a substantially similar sensitivity. For example, do not cover CFTR gene sequencing as the first test in a person of Northern European Caucasian ancestry because the gene panels are less expensive and provide substantially similar sensitivity in that context.

D) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:
   1) CPT 81228 and 81229, Cytogenomic constitutional microarray analysis: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder.
   2) CPT 81243, 81244, 81171,81172 Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield of Fragile X is 3.5-10%, this is included because of additional reproductive implications.
   3) A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.

E) Related to other tests with specific CPT codes:
   1) Certain genetic tests have not been found to have proven clinical benefit. These tests are listed in Guideline Note 173, INTERVENTIONS THAT HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS; UNPROVEN INTERVENTIONS
   2) The following tests are covered only if they meet the criteria in section A above AND the specified situations:
      a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
      b) Diagnostic testing for cystic fibrosis (CF)
         i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81221, 81222, 81223: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene
         analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.
      c) Carrier testing for cystic fibrosis
         i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220-81224) is covered once in a lifetime.

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE (CONT'D)

d) CPT 81224, CFTR (cystic fibrosis transmembrane conductance regulator) (eg. cystic fibrosis) gene analysis; introm 8 poly-T analysis (eg. male infertility): Covered only after genetic counseling.
e) CPT 81226-81231 (cytochrome P450). Covered only for determining eligibility for medication therapy if required or recommended in the FDA labelling for that medication. These tests have unproven clinical utility for decisions regarding medications when not required in the FDA labeling (e.g. psychiatric, anticoagulant, opioids).
f) CPT 81240. F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should not be covered for adults with idiopathic venous thromoboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
g) CPT 81241. F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant: Factor V Leiden testing should not be covered for: adults with idiopathic venous thromoboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
h) CPT 81247. G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-) should only be covered
    i) After G6PD enzyme activity testing is done and found to be normal; AND either
        (a) There is an urgent clinical reason to know if a deficiency is present, e.g. in a case of acute hemolysis; OR
        (b) In situations where the enzyme activity could be unreliable, e.g. female carrier with extreme Lyonization.
i) CPT 81248. G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) is only covered when the information is required for genetic counseling.
j) CPT 81249. G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence is only covered
    i) after G6PD enzyme activity has been tested, and
    ii) the requirements under CPT 81247 above have been met, and
    iii) common variants (CPT 81247) have been tested for and not found.
k) CPT 81256, HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D): Covered for diagnostic testing of patients with elevated transferrin saturation or ferritin levels. Covered for predictive testing ONLY when a first degree family member has treatable iron overload from HFE.
l) CPT 81332, SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea. Genetic testing of the anpha-1 phenotype test is appropriate if the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.
m) CPT 81329, Screening for spinal muscular atrophy: is covered once in a lifetime for preconception testing or testing of the male partner of a pregnant female carrier
n) CPT 81415-81416, exome testing: A genetic counseling/geneticist consultation is required prior to ordering test
o) CPT 81430-81431, Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel: Testing for mutations in GJB2 and GJB6 need to be done first and be negative in non-syndromic patients prior to panel testing.
p) CPT 81440, 81460, 81465, mitochondrial genome testing: A genetic counseling/geneticist or metabolic consultation is required prior to ordering test.
q) CPT 81412 Ashkenazi Jewish carrier testing panel: panel testing is only covered when the panel would replace and would be similar or lower cost than individual gene testing including CF carrier testing.

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

DIAGNOSTIC GUIDELINE D2, IMPLANTABLE CARDIAC LOOP RECORDERS/SUBCUTANEOUS CARDIAC RHYTHM MONITORS

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

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

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

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

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

DIAGNOSTIC GUIDELINE D4, ADVANCED IMAGING FOR LOW BACK PAIN

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

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

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

Possible cause	Key features on history or physical examination	Imaging[1]	Additional studies[1]
Cancer	• History of cancer with new onset of LBP	MRI	ESR
	• Unexplained weight loss • Failure to improve after 1 month • Age >50 years • Symptoms such as painless neurologic deficit, night pain or pain increased in supine position	Lumbosacral plain radiography	
	• Multiple risk factors for cancer present	Plain radiography or MRI	
Spinal column infection	• Fever • Intravenous drug use • Recent infection	MRI	ESR and/or CRP
Cauda equina syndrome	• Urinary retention • Motor deficits at multiple levels • Fecal incontinence • Saddle anesthesia	MRI	None
Vertebral compression fracture	• History of osteoporosis • Use of corticosteroids • Older age	Lumbosacral plain radiography	None
Ankylosing spondylitis	• Morning stiffness • Improvement with exercise • Alternating buttock pain • Awakening due to back pain during the second part of the night • Younger age	Anterior-posterior pelvis plain radiography	ESR and/or CRP, HLA-B27
Nerve compression/ disorders (e.g. herniated disc with radiculopathy)	• Back pain with leg pain in an L4, L5, or S1 nerve root distribution present < 1 month • Positive straight-leg-raise test or crossed straight-leg-raise test	None	None
	• Radiculopathic signs[2] present >1 month • Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness	MRI[3]	Consider EMG/NCV
Spinal stenosis	• Radiating leg pain • Older age • Pain usually relieved with sitting (Pseudoclaudication a weak predictor)	None	None
	• Spinal stenosis symptoms present >1 month	MRI[3]	Consider EMG/NCV

[1]Level of evidence for diagnostic evaluation is variable
[2]Radiculopathic signs are defined for the purposes of this guideline as the presence of any of the following:
A) Markedly abnormal reflexes
B) Segmental muscle weakness
C) Segmental sensory loss
D) EMG or NCV evidence of nerve root impingement
E) Cauda equina syndrome,
F) Neurogenic bowel or bladder
G) Long tract abnormalities
[3]Only if patient is a potential candidate for surgery

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

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

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

DIAGNOSTIC GUIDELINE D4, ADVANCED IMAGING FOR LOW BACK PAIN (CONT'D)

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 D5, NEUROIMAGING FOR HEADACHE

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

Neuroimaging is covered for headache when a red flag* is present.
*The following represent red flag conditions for underlying abnormality with headache:

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

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

DIAGNOSTIC GUIDELINE D6, BREAST CANCER SCREENING IN ABOVE-AVERAGE RISK WOMEN

Annual screening mammography and annual screening MRI are covered only for women at above-average risk of breast cancer. This coverage, beginning at 30 years of age, includes women who have one or more of the following:

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

For women with a history of high dose chest radiation (≥ 20 Gray) before the age of 30, annual screening MRI and annual screening mammography are covered beginning 8 years after radiation exposure or at age 25, whichever is later.

For women with both a personal history and a family history of breast cancer which give a greater than 20% lifetime risk of breast cancer, annual mammography, annual breast MRI and annual breast ultrasound are covered.

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

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

For surveillance for a treated breast cancer, see Guideline Note 26 BREAST CANCER SURVEILLANCE.

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 D7, NEUROIMAGING IN DEMENTIA

Neuroimaging is covered:

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

Neuroimaging is not covered:

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

The development of this guideline note was informed by a HERC coverage guidance. See 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 adults with clinical signs and symptoms consistent with obstructive sleep apnea (OSA), a home sleep study is the first-line diagnostic test for most patients, when available.

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

For portable devices, Type II-III are included on this line. Type IV sleep testing devices must measure three or more channels, one of which is airflow, to be included on this line. Sleep testing devices that are not Type1-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. See https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx.

DIAGNOSTIC GUIDELINE D9, MRI FOR BREAST CANCER DIAGNOSIS

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

DIAGNOSTIC GUIDELINE D10, MRI IN MULTIPLE SCLEROSIS

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

MRI may be considered in the following circumstances:

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

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

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

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

DIAGNOSTIC GUIDELINE D12, UPPER ENDOSCOPY FOR GERD OR DYSPEPSIA SYMPTOMS

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

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

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

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

DIAGNOSTIC GUIDELINE D13, SCREENING FOR CAROTID ARTERY STENOSIS

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

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

DIAGNOSTIC GUIDELINE D14, LUNG CANCER SCREENING (CONT'D)

person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. Current smokers should be offered evidence based smoking cessation interventions.

DIAGNOSTIC GUIDELINE D15, COMPUTER-AIDED MAMMOGRAPHY

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

DIAGNOSTIC GUIDELINE D16, OSTEOPOROSIS SCREENING AND MONITORING IN ADULTS

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

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

Routine osteoporosis screening by DXA is not covered for men.

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

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

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

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

The development of this guideline note was informed by a HERC coverage guidance. See 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 five screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, and contingency] (CPT 76813, 76814, 81508-81511,81512,82105,82677)
F) Cell free fetal DNA testing (CPT 81420, 81507) for evaluation of aneuploidy in women who have an elevated risk of a fetus with aneuploidy (maternal age >34, family history or elevated risk based on screening).
G) Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
H) CVS or amniocentesis (CPT 59000, 59015, 76945,76946, 82106, 88235, 88261-88264, 88267, 88269, 88280, 88283, 88285, 88289,88291) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
I) Array CGH (CPT 81228, 81229) when major fetal congenital anomalies are apparent on imaging, or with normal imaging when array CGH would replace karyotyping performed with CVS or amniocentesis in (H) above.
J) FISH testing (CPT 88271, 88272, 88274, 88275, 81171, 81172) only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)
K) Screening for Tay-Sachs carrier status (CPT 81255) in high-risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
L) Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
M) Screening for fragile X status (CPT 81243, 81244, 81171. 81172) in patients with a personal or family history of
    a. fragile X tremor/ataxia syndrome
    b. premature ovarian failure
    c. unexplained early onset intellectual disability
    d. fragile X intellectual disability
    e. unexplained autism through the pregnant woman's maternal line
N) Screening for spinal muscular atrophy (CPT 81329) once in a lifetime
O) Screening those with Ashkenazi Jewish heritage for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255). Ashkenazi Jewish carrier panel testing (CPT 81412) is covered if the panel would replace and would be of similar or lower cost than individual gene testing including CF carrier testing.
P) Expanded carrier screening only for those genetic conditions identified above

DIAGNOSTIC GUIDELINE D17, PRENATAL GENETIC TESTING (CONT'D)

The following genetic screening tests are not covered:

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 D18, ADVANCED IMAGING FOR STAGING OF PROSTATE CANCER

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

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

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

DIAGNOSTIC GUIDELINE D19, SPECT

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

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

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

DIAGNOSTIC GUIDELINE D20, OPHTHALMOLOGY DIAGNOSTIC VISITS

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

DIAGNOSTIC GUIDELINE D21, PHARMACOGENETICS TESTING FOR PSYCHIATRIC MEDICATION MANAGEMENT

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

DIAGNOSTIC GUIDELINE D22, PET SCAN GUIDELINES

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

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

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

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

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

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

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

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

DIAGNOSTIC GUIDELINE D22, PET SCAN GUIDELINES (CONT'D)

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

DIAGNOSTIC GUIDELINE D23, URINE DRUG TESTING

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

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

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

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

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

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

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

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

DIAGNOSTIC GUIDELINE D24, CARDIAC MAGNETIC RESONANCE IMAGING

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

DIAGNOSTIC GUIDELINE D25, HEREDITARY CANCER GENETIC TESTING

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

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

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.

DIAGNOSTIC GUIDELINE D25, HEREDITARY CANCER GENETIC TESTING (CONT'D)

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 D26, NEUROBEHAVIORAL STATUS EXAMS AND NEUROPSYCHOLOGICAL TESTING

Neurobehavioral status exams (CPT 96116 and 96121) and neuropsychological testing services (CPT 96132 and 96133) are only covered when all of the following are met:

A) Symptoms are not explained by an existing diagnosis; AND
B) When the results of such testing will be used to develop a care plan.

PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE MARCH 13, 2020 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE MARCH 13, 2020 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTE 1, ROUTINE CERVICAL CANCER SCREENING

Line 3

Cervical cancer screening is covered on Line 3 for women:

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

* Adequate screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years of the cessation of screening, with the most recent test occurring within 5 years.
** American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology guideline (Saslow 2012)

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

GUIDELINE NOTE 2, FETOSCOPIC SURGERY

Line 1

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

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

Certification of laboratory required (76813-76814).

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

Line 191

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

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

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.

GUIDELINE NOTE 4, TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY (CONT'D)

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 5, OBESITY AND OVERWEIGHT

Line 320

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

Intensive counseling visits are included on this line for 6 months. Intensive counseling visits may continue for an additional 6 months (up to 12 months) as long as there is evidence of continued weight loss or improvement in cardiovascular risk factors based on the intervention.

Maintenance visits at the conclusion of the intensive treatment are included on this line no more than monthly after this intensive counseling period. The characteristics of effective behavioral interventions include: high intensity programs; multicomponent (including at a minimum diet and exercise), group-based commercial programs; Mediterranean diet; and the following sub-elements -- calorie counting, contact with a dietician, and comparison to peers.

Known cardiovascular risk factors in overweight persons for which this therapy is effective include: hypertension, dyslipidemia, prediabetes, or the metabolic syndrome.

Treatment of prediabetes with the Diabetes Prevention Program (DPP) is addressed on Line 3 in Guideline Note 179. The DPP program can be used as an alternative to the intensive counseling as above, even in the absence of prediabetes as required by Guideline Note 179.

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

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

GUIDELINE NOTE 6, REHABILITATIVE AND HABILITATIVE THERAPIES

Lines 31,46,57,68,71,73,80,90,91,127,131,132,136,150,153,160,178,183,184,196,200,201,207,254,256,272,285,287,292,300,301,309,317,341,345,348,355,356,359,376,377,398,401,402,408,416,418,423,424,431,442,455,463,466,467,478,486,497,509,555,558,571,589,608

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

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

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

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

GUIDELINE NOTE 6, REHABILITATIVE AND HABILITATIVE THERAPIES (CONT'D)

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

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

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

Lines 12,59,92,94,111-115,125,133,135,157,158,161,163,179,191,199,200,208,210,214,215,217,229,234,237,238,258-262,271, 276,286-288,294,295,314-316,329,396,397,401,420,434,558,592

A) Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy given within the previous 8 weeks or in the setting of myelodysplasia.
   1) Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, ESAs should be discontinued once the hemoglobin level reaches 10, unless a lower hemoglobin level is sufficient to avoid the need for red blood cell (RBC) transfusion.

B) Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.
   1) An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.
   2) Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl.

C) Indicated for anemia (Hgb < 10 gm/dl or HCT <30%) associated with chronic renal failure, with or without dialysis.
   1) Reassessment should be made after 12 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl. In those not on dialysis, the Hgb level should not exceed 10gm/dl.

GUIDELINE NOTE 8, BARIATRIC SURGERY

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 ≥ 18
B) The patient has obesity with a:
   1) BMI ≥ 40 OR
   2) BMI ≥ 35 with:
      a) Type 2 diabetes, OR
      b) at least two of the following other serious obesity-related comorbidities: hypertension, coronary heart disease, mechanical arthropathy in major weight bearing joint, sleep apnea
C) Repeat bariatric surgery is included when it is a conversion from a less intensive (such as gastric band or sleeve gastrectomy) to a more intensive surgery (e.g. Roux-en-Y). Repair of surgical complications (excluding failure to lose sufficient weight) are also included on this and other lines. Reversal of surgical procedures and devices is included on this line when benefits of reversal outweigh harms.
D) Participate in the following four evaluations and meet criteria as described.
   1) Psychosocial evaluation: (Conducted by a licensed mental health professional)
      a) Evaluation to assess potential compliance with post-operative requirements.
      b) Must remain free of abuse of or dependence on alcohol during the six-month period immediately preceding surgery. No current use of any nicotine product or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within 1 month of the quit date and within 1 month of the surgery to confirm abstinence from illicit drugs. Tobacco and nicotine abstinence to be confirmed in active users by negative cotinine levels at least 6 months apart, with the second test within one month of the surgery date.
      c) No mental or behavioral disorder that may interfere with postoperative outcomes[1].
      d) Patient with psychiatric illness must be stable for at least 6 months.
   2) Medical evaluation: (Conducted by OHP primary care provider)
      a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
      b) Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
      c) Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
   3) Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program[2])
      a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery.
      b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
   4) Dietician evaluation: (Conducted by licensed dietician)
      a) Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month clinically supervised weight reduction program (including intensive nutrition and physical activity counseling as defined by the USPSTF).
      b) Counseling in dietary lifestyle changes

GUIDELINE NOTE 8, BARIATRIC SURGERY (CONT'D)

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 9, WIRELESS CAPSULE ENDOSCOPY

Lines 29,56

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

GUIDELINE NOTE 10, CENTRAL SEROUS CHORIORETINOPATHY AND POSTERIOR CYCLITIS

Lines 360,383

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

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES

Lines 92,94,111-115,125,133,135,157,158,161,163,179,191,199,200,208,210,214,215,217,229,234,237,238,258-262,271,276, 286-288,294,314-316,329,396,397,401,420,434,558,592

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

GUIDELINE NOTE 12, PATIENT-CENTERED CARE OF ADVANCED CANCER

Lines 92,111-115,124,129,133,135,157,158,163,179,191,199,200,208,210,214,215,217,229,234,237,238,258-262,271,276,286, 287,294,314-316,329,372,396,397,420,434,592,603

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

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

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

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

Examples include:

A) Single-dose radiation therapy for painful bone metastases with the intent to relieve pain and improve quality of life.
B) Surgical decompression for malignant bowel obstruction. Single fraction radiotherapy should be given strong consideration for use over multiple fraction radiotherapy when clinically appropriate (e.g., not contraindicated by risk of imminent pathologic fracture, worsening neurologic compromise or radioresistant histologies such as sarcoma, melanoma, and renal cell carcinoma).
C) Medication therapy such as chemotherapy with low toxicity/low side effect agents with the goal to decrease pain from bulky disease or other identified complications. Cost of chemotherapy and alternative medication(s) should also be considered.

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

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

GUIDELINE NOTE 13, HEMANGIOMAS, COMPLICATED

Lines 321,627

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.

GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS

Lines 94,113,115,130,163,179,217,260,288

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

GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION

Lines 80,356

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

GUIDELINE NOTE 16, PROTON BEAM THERAPY FOR CANCER

Lines 92,112,125,129,191,200,237,276,287,294,372,396,397

Proton beam therapy is included on Lines 112 CANCER OF EYE AND ORBIT, 125 BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD and 294 CANCER OF BRAIN AND NERVOUS SYSTEM.

Proton beam therapy is included on Lines 129, 200 and 287 only for: malignant skull base, paranasal sinus (including lethal midline granuloma), spinal, and juxtaspinal tumors.

Proton beam therapy is additionally included on Lines 92, 191, 237, 276, 396 and 397 only for pediatric malignant tumors (incident cancer under age 21.)

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

Lines 3,53

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

Fluoride varnish (99188) is included on Line 3 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on Line 53 PREVENTIVE DENTAL SERVICES for use with adults and children during dental visits. The total number of fluoride applications provided in all settings is not to exceed four per twelve months for a child at high risk for dental caries and two per twelve months for a child not at high risk. The number of fluoride treatments is limited to once per 12 months for average risk adults and up to four times per 12 months for high-risk adults.

GUIDELINE NOTE 18, VENTRICULAR ASSIST DEVICES

Lines 81,97,264

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

When used as destination therapy, patients must

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

FORMER GUIDELINE NOTE 19 IS NOW DIAGNOSTIC GUIDELINE D22

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 21, SEVERE INFLAMMATORY SKIN DISEASE

Lines 426,541

Inflammatory skin conditions included in this guideline are:
A) Psoriasis
B) Atopic dermatitis

GUIDELINE NOTE 21, SEVERE INFLAMMATORY SKIN DISEASE (CONT'D)

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 (e.g. inability to use hands or feet for activities of daily living, or significant facial involvement preventing normal social interaction) AND one or more of the following:
A) At least 10% of body surface area involved
B) Hand, foot or mucous membrane involvement.

Otherwise, these conditions above are included on Lines 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.

GUIDELINE NOTE 22, PLANNED CESAREAN DELIVERY

Line 1

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

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

GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE

Line 157

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

GUIDELINE NOTE 24, COMPLICATED HERNIAS

Lines 168,524

Complicated hernias are included on Line 168 if they cause symptoms of intestinal obstruction and/or strangulation. Incarcerated hernias (defined as non-reducible by physical manipulation) are also included on Line 168, excluding incarcerated ventral hernias. Incarcerated ventral hernias (including incarcerated abdominal incisional and umbilical hernias) are included on Line 524, because the chronic incarceration of large ventral hernias does not place the patient at risk for impending strangulation. Ventral hernias are defined as anterior abdominal wall hernias and include primary ventral hernias (epigastric, umbilical, Spigelian), paratomal hernias and most incisional hernias (ventral incisional hernias). ICD-10-CM K42.0, K43.0, K43.3, K43.6 and K46.0 are included on Line 524 when used to designate incarcerated abdominal incisional and umbilical hernias without intestinal obstruction or gangrene.

GUIDELINE NOTE 25, STEM CELL TRANSPLANTATION FOR NEUROBLASTOMA

Line 259

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

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE

Line 191

History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE (CONT'D)

Mammography is indicated annually, and patients treated with breast-conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.

No other surveillance testing is indicated.

For ongoing screening for a new breast cancer, see Guideline Note 2006 BREAST CANCER SCREENING IN ABOVE-AVERAGE RISK WOMEN.

GUIDELINE NOTE 27, SLEEP APNEA

Line 202

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

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

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

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

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

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.

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 28, TROCHANTERIC BURSITIS

Lines 376,505

Trochanteric bursitis (ICD-10-CM M70.6 and M70.7) is included on Line 376 for pairing with physical therapy and steroid joint injections. Trochanteric bursitis is included on Line 505 for pairing with surgical interventions (i.e. CPT 27062).

GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA

Line 389

Tympanostomy tubes (CPT 69433, 69436) are only included on this line as treatment for:

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

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

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on Line 424 as a complication, pairing with ICD-10-CM H74.8.

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 30, TESTICULAR CANCER

Line 217

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

GUIDELINE NOTE 31, COCHLEAR IMPLANTATION

Line 326

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

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

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

GUIDELINE NOTE 32, CATARACT

Line 296

Cataract extraction is included on this line for cataracts causing symptomatic (i.e. causing the patient to seek medical attention) impairment of visual function not correctable with a tolerable change in glasses or contact lenses resulting in the patient's inability to function satisfactorily while performing activities of daily living (ADLs). Cataract removal must be likely to restore vision and allow the patient to resume activities of daily living. There are rare instances where cataract removal is medically necessary even if visual improvement is not the primary goal:

A) Hypermature cataract causing inflammation and glaucoma OR
B) To see the back of the eye to treat posterior segment conditions that could not be monitored due to the poor view and very dense lens opacity (i.e. diabetic retinopathy, glaucoma) OR
C) Significant anisometropia causing aniseikonia.

GUIDELINE NOTE 33, NITROUS OXIDE FOR LABOR PAIN

Line 1

Nitrous oxide for labor pain is included on this line.

GUIDELINE NOTE 34, EXTRACTION OF IMPACTED WISDOM TEETH

Line 344

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

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

GUIDELINE NOTE 35, SINUS SURGERY

Lines 287,465,506

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

A) Recurrent acute rhinosinusitis, defined as 4 or more episodes of acute bacterial rhinosinusitis in one year without signs or symptoms of rhinosinusitis between episodes and have failed optimal medical management defined as nasal steroid therapy and nasal saline therapy, in patients who are compliant with oral antibiotics and/or oral corticosteroids for management of acute episodes of rhinosinusitis

OR

B) Chronic sinusitis defined as 12 weeks of continuous symptoms without improvement with one of the following (1-3):
   1) Findings of obstruction of active infection on CT scan OR
   2) Symptomatic mucocele OR
   3) Negative CT scan but significant disease found on nasal endoscopy

AND

GUIDELINE NOTE 35, SINUS SURGERY (CONT'D)

Failure of medical therapy defined as (1-2)
4) Two or more courses of antibiotics with adequate doses AND
5) Trial of inhaled and/or oral steroids (2 or more courses of adequate doses of one or both)

OR

C) Nasal polyposis causing or contributing to sinusitis

OR

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

OR

E) Invasive or allergic fungal sinusitis

OR

F) Tumor of nasal cavity or sinuses

OR

G) CSF rhinorrhea

Adenoidectomy (CPT 42830, 42835) is included on Line 465 only for treatment of children with chronic sinusitis who fail appropriate medical therapy.

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

Lines 42,47,368,550

Tonsillectomy/adenotonsillectomy is an appropriate treatment for patients with:

A) Seven or more documented attacks of strep tonsillitis in a year or 5 or more documented attacks of strep tonsillitis in each of two consecutive years or 3 or more documented attacks of strep tonsillitis per year in each of the three consecutive years where an attack is considered a positive culture/screen and where an appropriate course of antibiotic therapy has been completed; or,
B) A history of two or more peritonsillar abscesses OR when general anesthesia is required for the surgical drainage of a peritonsillar abscess and tonsillectomy is performed at the time of the surgical drainage; or,
C) Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

ICD-10-CM J35.1 and J35.3 are included on Line 368 only for 1) unilateral tonsillar hypertrophy in adults and 2) unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy. Bilateral tonsillar hypertrophy and unilateral tonsillar hypertrophy in children without other symptoms suggestive of malignancy are included only on Line 550.

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

GUIDELINE NOTE 37, SURGICAL INTERVENTIONS FOR CONDITIONS OF THE BACK AND SPINE OTHER THAN SCOLIOSIS

Lines 346,529

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

A) Decompressive surgery is included on Line 346 to treat debilitating symptoms due to central or foraminal spinal stenosis, and only when the patient meets the following criteria:
   1) Has MRI evidence of moderate or severe central or foraminal spinal stenosis AND
   2) Has neurogenic claudication OR
   3) Has objective neurologic impairment consistent with the MRI findings. Neurologic impairment is defined as objective evidence of one or more of the following:
      a) Markedly abnormal reflexes
      b) Segmental muscle weakness
      c) Segmental sensory loss
      d) EMG or NCV evidence of nerve root impingement
      e) Cauda equina syndrome
      f) Neurogenic bowel or bladder
      g) Long tract abnormalities

   Foraminal or central spinal stenosis causing only radiating pain (e.g. radiculopathic pain) is included only on Line 529.

B) Spinal fusion procedures are included on Line 346 for patients with MRI evidence of moderate or severe central spinal stenosis only when one of the following conditions are met:
   1) spinal stenosis in the cervical spine (with or without spondylolisthesis) which results in objective neurologic impairment as defined above OR
   2) spinal stenosis in the thoracic or lumbar spine caused by spondylolisthesis resulting in signs and symptoms of neurogenic claudication and which correlate with xray flexion/extension films showing at least a 5 mm translation OR
   3) pre-existing or expected post-surgical spinal instability (e.g. degenerative scoliosis >10 deg, >50% of facet joints per level expected to be resected)

For all other indications, spine surgery is included on Line 529.

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

- local injections (including ozone therapy injections)

GUIDELINE NOTE 37, SURGICAL INTERVENTIONS FOR CONDITIONS OF THE BACK AND SPINE OTHER THAN SCOLIOSIS (CONT'D)

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

Corticosteroid injections for low back pain with or without radiculopathy are only included on Line 529.

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

GUIDELINE NOTE 38, SUBTALAR ARTHROEREISIS

Line 377

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

GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS

Lines 1,395

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

GUIDELINE NOTE 40, UTERINE LEIOMYOMA

Line 404

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

A) One of the following (1 or 2):
   1) Patient history of 2 out of 3 of the following (a, b and c):
      a. Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
      b. Pelvic discomfort cause by myomata (i or ii or iii):
         i) Chronic lower abdominal, pelvic or low backpressure
         ii) Bladder dysfunction not due to urinary tract disorder or disease
         iii) Rectal pressure and bowel dysfunction not related to bowel disorder or disease
      c. Rapid enlargement causing concern for sarcomatous changes of malignancy
   2) Leiomyomata as probable cause of excessive uterine bleeding evidenced by (a, b, c and d):

GUIDELINE NOTE 40, UTERINE LEIOMYOMA (CONT'D)

a. Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
b. Anemia due to acute or chronic blood loss (hemoglobin less than 10 or hemoglobin less than 11 g/dL if use of iron is documented)
c. Documentation of mass by sonography
d. Bleeding causes major impairment or interferes with quality of life

B) Nonmalignant cervical cytology, if cervix is present
C) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
D) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 41, SCOLIOSIS

Line 361

Non-surgical treatments of scoliosis (ICD-10-CM M41) are included on Line 361 when
1) the scoliosis is considered clinically significant, defined as curvature greater than or equal to 25 degrees, or
2) there is curvature with a documented rapid progression.

Surgical treatments of scoliosis are included on Line 361
1) only for children and adolescents (age 20 and younger) with
2) a spinal curvature of greater than 45 degrees

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. 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.

GUIDELINE NOTE 43, LYMPHEDEMA

Line 423

Lymphedema treatments are included on this line when medically appropriate. These services are to be provided by a licensed practitioner who is
1) Certified by Lymphology Association of North America (LANA, http://www.clt-lana.org), OR
2) CLT-LANA eligible (graduates from a minimum 135-hour lymphedema program that meet the LANA eligibility requirements).

Services should be provided by a LANA certified therapist if available.

Treatments for lymphedema are not subject to the visit number restrictions found in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

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

GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS

Line 422

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

A) Patient history of (1, 2, 3, 4, and 5):
   1) Excessive uterine bleeding evidence by (a, b and c):
      a) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
      b) Anemia due to acute or chronic blood loss (hemoglobin less than 10 g/dL or hemoglobin less than 11 g/dL if use of iron is documented) for hysterectomy. No documented hemoglobin level is required for endometrial ablation procedures.
      c) Bleeding causes major impairment or interferes with quality of life
   2) Failure of hormonal treatment for a six-month trial period or contraindication to hormone use (oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar)
   3) No current medication use that may cause bleeding, or contraindication to stopping those medications

GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS (CONT'D)

4) Endometrial sampling performed
5) For hysterectormy, no evidence of treatable intrauterine conditions or lesions by (a, b or c):
   a) Sonohysterography
   b) Hysteroscopy
   c) Hysterosalpingography

   For endometrial ablation, a pre-operative ultrasound should be performed.

B) Negative preoperative pregnancy test result unless patient has been previously sterilized
C) Nonmalignant cervical cytology, if cervix is present

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 46, AGE-RELATED MACULAR DEGENERATION

Line 448

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

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, 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 48, FRENULECTOMY/FRENULOTOMY

Line 344

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

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

GUIDELINE NOTE 49, WEARABLE CARDIAC DEFIBRILLATORS

Lines 69,98,110,189,281,347

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

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

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION

Lines 311,445,475

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

Patients with specific higher risk conditions (including craniofacial anomalies, Down's syndrome, and cleft palate, or documented speech and language delay) along with hearing loss and chronic otitis media with effusion are intended to be included on Line 311 or Line 445 for children up to and including age 7. Otherwise hearing loss associated with chronic otitis media with effusion (without those specific higher risk conditions) is only included on Line 475.

For coverage to be considered on Line 311, Line 445 or Line 475, there should be a 3 to 6 month watchful waiting period after diagnosis of otitis media with effusion, and if documented hearing loss is greater than or equal to 25dB in the better hearing ear, tympanostomy surgery may be indicated, given short- but not long- term improvement in hearing. Formal audiometry is indicated for children with chronic OME present for 3 months or longer. Children with language delay, learning problems, or significant hearing loss should have hearing testing upon diagnosis. Children with chronic OME who are not at risk for language delay (such as those with hearing loss <25dB in the better hearing ear) or developmental delay should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

Adenoidectomy is not indicated at the time of first pressure equalization tube insertion. It may be indicated in children aged 4 and older who are having their second set of tubes.

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on Line 424 as a complication, pairing with ICD-10-CM H74.8.

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 52, CHRONIC ANAL FISSURE

Line 526

Surgery for chronic anal fissure (ICD-10-CM K60.1) is included in this line with one or more of the following:

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

GUIDELINE NOTE 53, BASIC PERIODONTICS

Line 218

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

GUIDELINE NOTE 54, CONDUCT DISORDER

Line 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 55, PELVIC PAIN SYNDROME

Line 531

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

B) Hysterectomy for chronic pelvic pain in the absence of significant pathology may be Indicated when all of the following are documented (1-7):
   1) Patient history of:
      a) No treatable conditions or lesions found on laparoscopic examination
      b) Pain for more than 6 months with negative effect on patient's quality of life
   2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
      a) Hormonal therapy (i or ii):
         i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
         ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
      b) Nonsteroidal anti-inflammatory drugs
   3) Evaluation of the following systems as possible sources of pelvic pain:
      a) Urinary
      b) Gastrointestinal
      c) Musculoskeletal
   4) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
   5) Nonmalignant cervical cytology, if cervix is present
   6) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
   7) Negative preoperative pregnancy test unless patient is postmenopausal or as been previously sterilized

GUIDELINE NOTE 56, NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE

Lines 361,402

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

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

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

- Office evaluation, consultation and education
- Cognitive behavioral therapy. The necessity for cognitive behavioral therapy should be re-evaluated every 90 days and coverage will only be continued if there is documented evidence of decreasing depression or anxiety symptomatology, improved ability to work/function, increased self-efficacy, or other clinically significant, objective improvement.
- Prescription and over-the-counter medications; opioid medications subject to the limitations on coverage of opioids in Guideline Note 60 OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE. See evidence table.
- The following evidence-based therapies, when available, may be provided: yoga, massage, supervised exercise therapy, intensive interdisciplinary rehabilitation. HCPCS S9451 is only included on Line 402 for the provision of yoga or supervised exercise therapy.

GUIDELINE NOTE 56, NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE (CONT'D)

- A total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).
  1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6. CPT 97124 is included in this category.
  2) Chiropractic or osteopathic manipulation
  3) Acupuncture

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

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

Evidence Table of Effective Treatments for the Management of Low Back Pain

Intervention Category*	Intervention	Acute < 4 Weeks	Subacute & Chronic > 4 Weeks
Self-care	Advice to remain active	●	●
	Books, handout	●	●
	Application of superficial heat	●	
Nonpharmacologic therapy	Spinal manipulation	●	●
	Exercise therapy		●
	Massage		●
	Acupuncture		●
	Yoga		●
	Cognitive-behavioral therapy		●
	Progressive relaxation		●
Pharmacologic therapy (Carefully consider risks/harms)	Acetaminophen	●	●
	NSAIDs	●(▲)	●(▲)
	Skeletal muscle relaxants	●	
	Antidepressants (TCA)		●
	*Benzodiazepines***	●(▲)	●(▲)
	*Tramadol, opioids***	●(▲)	●(▲)
Interdisciplinary therapy	Intensive interdisciplinary rehabilitation		●

- Interventions supported by grade B evidence (at least fair-quality evidence of moderate benefit, or small benefit but no significant harms, costs, or burdens). No intervention was supported by grade "A" evidence (good-quality evidence of substantial benefit).

▲ *Carries greater risk of harms than other agents in table.*

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

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

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

GUIDELINE NOTE 57, PELVIC PHYSICAL THERAPY FOR INTERSTITIAL CYSTITIS

Line 327

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

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 59, DYSMENORRHEA

Line 557

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

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

GUIDELINE NOTE 60, OPIOIDS FOR CONDITIONS OF THE BACK AND SPINE

Lines 346,361,402,529

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

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

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

3) Long-term opioid treatment (>90 days) after the initial injury/flare/surgery is not included on these lines except for the taper process described below.

<u>Transitional coverage for patients on long-term opioid therapy:</u>

For patients receiving long-term opioid therapy (>90 days) for conditions of the back and spine, continued coverage of opioid medications requires an individual treatment plan which includes a taper plan when clinically indicated. Opioid tapering should be done on an individualized basis with a shared goal set by the patient and provider based on the patient's overall status. Taper plans should include nonpharmacological treatment strategies for managing the patient's pain. During the taper, behavioral health conditions need to be regularly assessed and appropriately managed. In some situations (e.g., in the setting of active substance use disorder, history of opioid overdose, aberrant behavior), more rapid tapering or transition to medication assisted treatment may be appropriate and should be directed by the prescribing provider. If a patient has developed an opioid use disorder, treatment is included on Line 4 SUBSTANCE USE DISORDER.

GUIDELINE NOTE 61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS

Lines 140,535,548,552,615

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

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the diagnosis code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on Line 146 and any necessary outpatient or inpatient services would be covered.

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

Line: 552
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY

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

Line: 535
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY

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

Line: 548
Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY

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

Line: 614
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY

Line: 615
Condition: OTHER VIRAL INFECTIONS
Treatment: MEDICAL THERAPY

Line: 651
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION

Treatment of acute infectious disease that is associated with respiratory failure, obtundation/altered mental status, or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

GUIDELINE NOTE 62, NEGATIVE PRESSURE WOUND THERAPY

Lines 8,27,47,79,205,207,235,285,379,424

Negative pressure wound therapy (CPT 97605-97608) is included on these lines only for patients who:

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

GUIDELINE NOTE 63, HYDROCELE REPAIR

Line 168

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

GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT

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

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

GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT (CONT'D)

1) A current and unrestricted license to practice as a pharmacist in Oregon.
2) Documentation must be provided for each consultation and must reflect communication with the patient's primary care provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

GUIDELINE NOTE 65, SEVERE CYSTIC ACNE

Lines 452,522

Acne is only included on Line 452 if it is severe, defined as the presence of the following characteristics: persistent or recurrent inflammatory nodules and cysts AND ongoing scarring. Otherwise, acne diagnoses are included on Line 522.

Note that acne with recurrent abscesses or communicating sinuses is covered according to Guideline Note 132 ACNE CONGLOBATA AND ACNE FULMINANS.

GUIDELINE NOTE 66, CERVICAL DYSPLASIA

Line 25

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

GUIDELINE NOTE 67, BROW PTOSIS

Lines 393,471,654

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

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

Brow ptosis repair is included on Line 455 for acquired brow ptosis only when ALL the following criteria are present:

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

Otherwise, brow ptosis repair is included on Line 654.

GUIDELINE NOTE 68, HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION

Line 6

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

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

GUIDELINE NOTE 69, ELECTROCONVULSIVE THERAPY (ECT)

Lines 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

GUIDELINE NOTE 69, ELECTROCONVULSIVE THERAPY (ECT) (CONT'D)

treatment of patients who have responded to ECT consists of treatment with antidepressant medications and/or a tapering schedule of ECT treatments. Continuation treatment reduces the risk of relapse and should be offered to all patients who respond to ECT. Continuation ECT treatments should be tapered and discontinued as the patient's clinical condition allows. Maintenance treatment with ECT is indicated to prevent recurrence of depression in patients whose remission of symptoms cannot be maintained with pharmacologic antidepressant treatment.

GUIDELINE NOTE 70, HEART-KIDNEY TRANSPLANTS

Line 264

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

GUIDELINE NOTE 71, HIP RESURFACING

Line 356

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

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

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

Patients who are candidates for hip resurfacing must not be:

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

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

GUIDELINE NOTE 72, CONGENITAL UROLOGIC CONDITIONS

Lines 86,93,433,658

The following conditions are included on these Lines 86, 93 and 433 only for children aged 18 and younger. For adults, these conditions are included on Line 658.

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

GUIDELINE NOTE 73, PENILE ANOMALIES

Lines 433,658

Anomalies of the penis (ICD-10-CM Q54.4, Q55.5 and Q55.6) are included on Line 433 only when they

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

GUIDELINE NOTE 73, PENILE ANOMALIES (CONT'D)

G. Involve aplasia/congenital absence of the penis.

Otherwise, these diagnoses are included on Line 658.

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.

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.

Individuals ages 1-12

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

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

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

Less intensive ABA-based interventions

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

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

Parent/caregiver involvement

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

Individuals ages 13 and older

Intensive ABA is not included on this line.

Targeted ABA-based behavioral interventions to address problem behaviors, are included on this line. The quality of evidence is insufficient to support these interventions in this population. However, due to strong caregiver values and preferences and the potential for avoiding suffering and expense in dealing with unmanageable behaviors, targeted interventions may be reasonable. Behaviors eligible for coverage include those which place the member at risk for harm or create significant daily issues related to care, education, 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 76, DIAGNOSTIC TESTING FOR LIVER FIBROSIS TO GUIDE MANAGEMENT IN CHRONIC LIVER DISEASE

Line 198

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

Non-proprietary blood tests:
- Platelet count
- Hyaluronic acid
- Age-platelet index
- AST-platelet ratio
- FIB-4
- FibroIndex
- Forns index
- GUCI
- Lok index

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

The following tests are not included on this line (or any other line):
- Real time tissue elastography
- Proprietary blood tests such as:
  - Enhanced Liver Fibrosis (ELF™)
  - Fibrometer™
  - FibroTest®
  - Hepascore®
  - FIBROSpect® II

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

Magnetic resonance elastography is included on this line for patients when ALL of the following apply:
- In whom at least one imaging test (FibroScan, ARFI, and SWE) has resulted in indeterminant results, a second one is similarly indeterminant, contraindicated or unavailable
- The patient is suspected to have aggressive disease/advanced fibrosis (e.g. in NAFLD based on older age, diabetes, obesity, high FIB-4, or APRI)
- Cirrhosis is not identified on routine imaging (ultrasound, CT)
- A liver biopsy would otherwise be indicated, but MRE would be an appropriate alternative.

Repeat MR Elastography is not indicated.

GUIDELINE NOTE 77, TIPS PROCEDURE

Lines 56,216,280,334

TIPS procedure (CPT code 37182, 37183) is included on these lines for patients who:
A) Have failed sclerotherapy and have acute bleeding from varices; or
B) Have failed sclerotherapy and have had 2 or more episodes of re-bleeding requiring a transfusion during a 2-week period; or
C) Requires bleeding control from varices and surgery is contraindicated; or
D) Are liver transplant candidates who require bleeding control from varices; or
E) Have severe debilitating ascites or hepatic hydrothorax refractory to medical management (e.g., oral diuretics and repeated large-volume paracentesis).

GUIDELINE NOTE 78, HEPATIC METASTASES

Line 315

ICD-10-CM C78.7 Hepatic metastases are included on this line only when:
A) Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12 PATIENT-CENTERED CARE OF ADVANCED CANCER;
B) There are no other extrahepatic metastases; and,
C) The only treatment covered is hepatectomy/resection of liver (CPT codes 47120, 47122,47125 or 47130).

GUIDELINE NOTE 79, BREAST RECONSTRUCTION

Line 191

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

GUIDELINE NOTE 79, BREAST RECONSTRUCTION (CONT'D)

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

GUIDELINE NOTE 80, REPAIR OF NOSE TIP

Line 300

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

GUIDELINE NOTE 81, BUERGER'S DISEASE

Lines 235,653

Buerger's disease (ICD-10-CM I73.1) is included on Line 235 only when ulceration or gangrene is present. Otherwise, this diagnosis is included on Line 653. ICD-10-CM I73.1 does not pair on Line 235 with revascularization procedures, bypass graft procedures, or angioplasty.

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 83, HIP CORE DECOMPRESSION

Line 356

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

GUIDELINE NOTE 84, MEDICAL NUTRITION THERAPY FOR EPILEPSY

Line 30

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

GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR

Line 1

Induction of labor is covered for:

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis
- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term

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

- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥6)

Induction of labor is not covered for the following:

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

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

GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS

Line 201

There is limited evidence of the effectiveness of mental health treatment of organic mental disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with organic mental disorder are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 71, 292, 345 and 377).

GUIDELINE NOTE 87, INFLUENZA

Line 399

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

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

Lines 191,422,469

Intrauterine device (IUD) insertion and removal (CPT 58300 and 58301) are included on these lines for use only with progesterone-containing IUDs. These CPT codes are covered only for

A) menorrhagia (ICD-10-CM N92.0-N92.2 and N92.4)
B) for uterine protection in women taking estrogen replacement therapy after premature ovarian failure (ICD-10-CM E28.310, E28.319, E28.39, E28.8, E28.9) or menopause (ICD-10-CM N95.1) ; and
C) for uterine protection in women taking selective estrogen receptor modulators (SERMs).

GUIDELINE NOTE 89, REVASCULARIZATION FOR CHRONIC STABLE ANGINA

Line 189

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

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

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

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

GUIDELINE NOTE 90, COGNITIVE REHABILITATION

Lines 91,178,196,201,285,317,345,377

Once physical stabilization from acute brain injury has occurred, as determined by an attending physician, cognitive rehabilitation (CPT 97129 and 97130) is included on this line for a three month period. This three month period does not have to be initiated immediately following stabilization from the injury. For up to 3 years following the acute event, an additional 6 visits of cognitive rehabilitation are included on this line each time the patient has a major change in status resulting in a significantly improved prognosis. Cognitive rehabilitation is not included on this line for those in a vegetative state or for those who are unable or unwilling to participate in therapy.

GUIDELINE NOTE 91, CARIES ARRESTING MEDICAMENT APPLICATION

Line 343

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

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,5,201,361,402,410,463,540

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

Line 1 PREGNANCY
Acupuncture pairs on Line 1 for the following conditions and codes.
Hyperemesis gravidarum
ICD-10-CM: O21.0, O21.1
Acupuncture pairs with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 12 sessions of acupressure/acupuncture per pregnancy.
Breech presentation
ICD-10-CM: O32.1
Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 6 session per pregnancy.
Back and pelvic pain of pregnancy
ICD-10-CM: O99.89
Acupuncture is paired with back and pelvic pain of pregnancy when referred by maternity care provider/primary care provider for up to 12 sessions per pregnancy.
Line 5 TOBACCO DEPENDENCE
Acupuncture is included on this line for a maximum of 12 sessions per quit attempt up to two quit attempts per year; additional sessions may be authorized if medically appropriate.
Line 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. See https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx.

*Below the current funding line.

GUIDELINE NOTE 93, IMPLANTABLE GNRH ANALOG THERAPY

Line 187

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

GUIDELINE NOTE 94, PECTUS EXCAVATUM

Lines 401,527

Pectus excavatum (ICD-10-CM Q67.6) is included on Line 401 only for patients with all of the following:

1) Severe deformity (Haller index >3.25) AND
2) Documented pulmonary or cardiac dysfunction demonstrated by either
   a) Cardiac effects to include cardiac compression or displacement, bundle branch block or other cardiac pathology secondary to compression of the heart, OR
   b) Pulmonary function studies demonstrating at least a moderately severe restrictive lung defect, AND
3) these conditions are reasonably expected to be relieved with surgery.

GUIDELINE NOTE 94, PECTUS EXCAVATUM (CONT'D)

Otherwise, this condition is included on Line 527

ICD-10-CM Q79.8 is included on Line 401 only for Poland syndrome. Other diagnoses using this code are on Line 527. Surgical reconstruction of musculo-skeletal chest wall deformities associated with Poland's syndrome are only included on Line 401 when causing functional deficits.

GUIDELINE NOTE 95, IMPLANTABLE CARDIAC DEFIBRILLATORS

Lines 97,98,110,281,285

Implantable cardiac defibrillators are included on these lines for patients with one or more of the following:

A) Patients with a personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation. Patients must have demonstrated one of the following:
   1) Documented episode of cardiac arrest due to ventricular fibrillation (VF), not due to a transient or reversible cause
   2) Documented sustained ventricular tachyarrhythmia (VT), either spontaneous or induced by an electrophysiology (EP) study, not associated with an acute myocardial infarction
B) Patients with a prior myocardial infarction and a measured left ventricular ejection fraction (LVEF) ≤ 0.30. Patients must not have:
   1) New York Heart Association (NYHC) classification IV heart failure; or
   2) Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or
   3) Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary intervention (PCI) with angioplasty and/or stenting, within past 3 months; or
   4) Had a myocardial infarction in the past 40 days; or
   5) Clinical symptoms or findings that would make them a candidate for coronary revascularization
C) Patients who have severe ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF) ≤ 35%. Additionally, patients must not have:
   1) Had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months; or
   2) Had a myocardial infarction within the past 40 days; or
   3) Clinical symptoms and findings that would make them a candidate for coronary revascularization.
D) Patients who have severe non-ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF) ≤ 35%, been on optimal medical therapy (OMT) for at least 3 months. Additionally, patients must not have:
   1) Had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months; or
   2) Had a myocardial infarction within the past 40 days; or
   3) Clinical symptoms and findings that would make them a candidate for coronary revascularization.
E) Patients with documented familial, or genetic disorders with a high risk of life-threatening tachyarrhytmias (sustained ventricular tachycardia or ventricular fibrillation), to include, but not limited to, long QT syndrome or hypertrophic cardiomyopathy.
F) Patients with an existing ICD may receive an ICD replacement if it is required due to the end of battery life, elective replacement indicator (ERI) or device/lead malfunction.

For these patients identified in A-E, a formal shared decision making encounter must occur between the patient and a physician or qualified non-physician practitioner using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

All indications above in A-F must meet the following criteria:

A) Patients must be clinically stable (e.g., not in shock, from any etiology);
B) Left ventricular ejection fraction (LVEF) must be measured by echocardiography, radionuclide (nuclear medicine) imaging, or catheter angiography;
C) Patients must not have:
   1) Significant, irreversible brain damage; or
   2) Any disease, other than cardiac disease (e.g., cancer, renal failure, liver failure) associated with a likelihood of survival less than 1 year; or
   3) Supraventricular tachycardia such as atrial fibrillation with a poorly controlled ventricular rate.

Exceptions to waiting periods for patients that have had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months, or had a myocardial infarction within the past 40 days:

A) Cardiac Pacemakers: Patients who meet all CMS coverage requirements for cardiac pacemakers and who meet the criteria in this national coverage determination for an ICD may receive the combined device in one procedure at the time the pacemaker is clinically indicated;
B) Replacement of ICDs: Patients with an existing ICD may receive a ICD replacement if it is required due to the end of battery life, elective replacement indicator (ERI) or device/lead malfunction.

Other Indications:
For patients who are candidates for heart transplantation on the United Network for Organ Sharing (UNOS) transplant list awaiting a donor heart, coverage of ICDs, as with cardiac resynchronization therapy, as a bridge to transplant to prolong survival until a donor becomes available.

GUIDELINE NOTE 96, TREATMENT OF BENIGN NEOPLASM OF URINARY ORGANS

Lines 214,511

Treatment of benign urinary system tumors (ICD-10-CM D30.00-D30.02) are included on Line 214 with evidence of bleeding or urinary obstruction. Treatment of 1) oncocytoma which is >5 cm in size or symptomatic and 2) angiomyolipoma (AML) which is >5cm in women of child bearing age or in symptomatic men or women is covered. Otherwise, these diagnoses are included on Line 511.

GUIDELINE NOTE 97, MANAGEMENT OF ACROMIOCLAVICULAR JOINT SPRAIN

Lines 418,608

Sprain of acromioclavicular joint (ICD-10-CM S43.50-S43.52) is only included on Line 418 for Grade 4-6 sprains. Surgical management of these injuries is covered only after a trial of conservative therapy. Grade 1-3 acromioclavicular joint sprains are included only on Line 608.

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

Lines 376,431,608

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 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 99, ROUTINE PRENATAL ULTRASOUND

Lines 1,35,37,63

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

A) One ultrasound in the first trimester for the purpose of identifying fetal aneuploidy or anomaly (between 11 and 13 weeks of gestation) and /or dating confirmation. In some instances, if a patient's LMP is truly unknown, a dating ultrasound may be indicated prior to an aneuploidy screen
B) One ultrasound for the purpose of anatomy screening after 18 weeks gestation. For those using tobacco during pregnancy, additional counseling around smoking impacts on the fetus is included during this ultrasound.

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

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

GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION

Lines 47,150,200,254,346,361,401,478,529,558

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking and abstinent from all nicotine products for 6 months prior to the planned procedure, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date. Patients should be given access to appropriate smoking cessation therapy. Non-emergent spinal arthrodesis is defined as surgery for a patient with a lack of myelopathy or rapidly declining neurological exam.

GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT

Lines 346,529

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

Lumbar artificial disc replacement

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.

GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT (CONT'D)

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 102, REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION

Line 7

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

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

GUIDELINE NOTE 103, BONE ANCHORED HEARING AIDS

Lines 311,445

Bone anchored hearing aids (BAHA, CPT 69714, 69715; HCPCS L8690-L8694) are included on these lines when the following criteria are met:

A) The patient is aged 5-20 years for implanted bone anchored hearing aids; headband mounted BAHA devices may be used for children under age 5
B) Treatment is for unilateral severe to profound hearing loss when the contralateral ear has normal hearing with or without a hearing aid
C) Traditional air amplification hearing aids and contralateral routing of signal (CROS) hearing aid systems are not indicated or have been tried and are found to be not effective
D) Implantation is unilateral.

Use of BAHA for treatment of tinnitus is not covered

GUIDELINE NOTE 104, NEWER INTERVENTIONS FOR OSTEOARTHRITIS OF THE KNEE

Lines 431,463

The following treatments are not included on this line for osteoarthritis of the knee:

- Whole body vibration
- Glucosamine/chondrioitin (alone, or in combination)
- Platelet rich plasma
- Viscosupplementation
- Transcutaneous electrical stimulation (TENS)

CPT 20610 and 20611 are included on these lines only for interventions other than viscosupplementation for osteoarthritis of the knee.

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

GUIDELINE NOTE 105, MEDIASTINITIS

Lines 285,657

ICD-10-CM J98.51 (Mediastinitis) is included on Line 285 for acute mediastinitis and on Line 657 for chronic or fibrosing mediastinitis.

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, 2019.
    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.
    2) Screening for lead levels is defined as blood lead level testing and is indicated for Medicaid populations at 12 and 24 months. In addition, blood lead level screening of any child between ages 24 and 72 months with no record of a previous blood lead screening test is indicated.
C) Health Resources and Services Administration (HRSA) Women's Preventive Services-Required Health Plan Coverage Guidelines as updated by HRSA on December 20, 2016. Available at https://www.hrsa.gov/womens-guidelines-2016/index.html as of 11/5/2019.

GUIDELINE NOTE 106, PREVENTIVE SERVICES (CONT'D)

D) Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/vaccines/schedules/hcp/index.html or approved for the Oregon Immunization Program: https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMAPvactable.pdf

Colorectal cancer screening is included on Line 3 for average-risk adults aged 50 to 75, using one of the following screening programs:

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

Colorectal cancer screening for average-risk adults aged 76 to 85 is covered only for those who

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

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

GUIDELINE NOTE 107, HYPERBARIC OXYGEN

Line 332

A course of hyperbaric oxygen treatment is included on this line subject to the following limitations:

- Codes appearing on this line from ICD-10-CM E08-E13 are included only when they are diabetic wound ulcers of the lower extremities which are Wagner grade 3 or higher (that is, involving bone or gangrenous) and show no measurable signs of healing after 30 days of adequate standard wound therapies including arterial assessment. Courses of treatment for wounds or ulcers are limited to 30 days after the initial treatment; additional 30 day treatment courses are only covered for patients with incomplete wound/infection resolution AND measurable signs of healing
- ICD-10-CM M27.2 is included on this line for osteoradionecrosis of the jaw only
- ICD-10-CM O08.0 and M60.0 are included on this line only if the infection is a necrotizing soft-tissue infection
- ICD-10-CM S07, S17, S38, S47.1, S47.2, S47.9, S57, S67, S77, S87, S97, T79.A are included on this line only for posttraumatic crush injury of Gustilo type III B and C
- ICD-10-CM T66.XXXA-T66.XXXD and L59.8 are included on this line only for osteoradionecrosis and soft tissue radiation injury
- ICD-10-CM T86.82, T82.898, T82.9, T83.89, T83.9, T84.89, T84.9, T85.89, T85.9 are included on this line only for compromised myocutaneous flaps

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.

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 109, VERTEBROPLASTY, KYPHOPLASTY, AND SACROPLASTY

Line 478

Vertebroplasty and kyphoplasty are not included on this line (or any other line) for the treatment of routine osteoporotic compression fractures.
Vertebroplasty and kyphoplasty are only included on this line for the treatment of vertebral osteoporotic compression fractures when they are considered non-routine and meet all of the following conditions:

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

GUIDELINE NOTE 109, VERTEBROPLASTY, KYPHOPLASTY, AND SACROPLASTY (CONT'D)

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

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

GUIDELINE NOTE 110, CHRONIC PELVIC INFLAMMATORY CONDITIONS

Lines 51,531

Chronic pelvic inflammatory conditions (ICD-10-CM N70.91-N70.93, N71.9, N73.2, N73.4, N73.5, N73.8, N73.9, N74) are included only on Line 531; acute conditions are included on Line 51.

GUIDELINE NOTE 111, INTRA-AORTIC BALLOON PUMPS

Line 69

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

GUIDELINE NOTE 112, LUNG VOLUME REDUCTION SURGERY

Line 283

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 283 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-10-CM J43.9) and all of the following:

A) BMI ≤31.1 kg/m2 (men) or ≤32.3 kg/m 2 (women)
B) Stable with ≤20 mg prednisone (or equivalent) dose a day
C) Pulmonary function testing showing
    1) Forced expiratory volume in one second (FEV 1) ≤ 45% predicted and, if age 70 or older, FEV 1≥ 15% predicted value
    2) Total lung capacity (TLC) ≥ 100% predicted post-bronchodilator
    3) Residual volume (RV) ≥ 150% predicted post-bronchodilator
D) PCO_2, ≤ 60 mm Hg (PCO 2, ≤ 55 mm Hg if 1-mile above sea level)
E) PO_2, ≥ 45 mm Hg on room air (PO 2, ≥ 30 mm Hg if 1-mile above sea level)
F) Post-rehabilitation 6-min walk of ≥ 140 m
G) Non-smoking and abstinence from all nicotine products for 6 months prior to surgery, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date.

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

GUIDELINE NOTE 113, DISEASES OF LIPS

Lines 205,583

ICD-10-CM K13.0 (Diseases of lips) is included on Line 205 only for treatment of abscess or cellulitis of the lips. All other diagnoses coded using K13.0 are included on Line 583.

GUIDELINE NOTE 114, FEMOROACETABULAR IMPINGEMENT SYNDROME

Line 356

ICD-10-CM M25.85 (Other specified joint disorders, hip), M24.15 (Other articular cartilage disorders, hip) and M76.2 (Iliac crest spur) pair with CPT codes 29914-29916 (Arthroscopy, hip, surgical) and are included on Line 356 only for the diagnosis and treatment of femoroacetabular impingement syndrome.

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

A) Adult patients, or adolescent patients who are skeletally mature with documented closure of growth plates; and
B) Other sources of pain have been ruled out (e.g., lumbar spine pathology, SI joint dysfunction, sports hernia); and
C) Pain unresponsive to physical therapy and other non-surgical management and conservative treatments (e.g., restricted activity, cortisone injections, nonsteroidal anti-inflammatory drugs) of at least three months duration, or conservative therapy is contraindicated; and
D) Moderate-to-severe persistent hip or groin pain that significantly limits activity and is worsened by flexion activities (e.g., squatting or prolonged sitting); and
E) Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation); and
F) Radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion); and

GUIDELINE NOTE 114, FEMOROACETABULAR IMPINGEMENT SYNDROME (CONT'D)

G) Do not have advanced osteoarthritis (i.e., Tönnis grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge grade III or IV).

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

GUIDELINE NOTE 115, EXTRACORPOREAL PHOTOPHERESIS

Lines 158,313

Extracorporeal photopheresis (CPT 36522) is included on Line 158 for treatment of chronic T-cell lymphoma (ICD-10-CM C84.0 and C84.1) which is:

A) stage III or IVA
B) erythrodermic
C) not responsive to other therapy

Extracorporeal photopheresis (CPT 36522) is included on Line 313 for treatment of chronic graft-versus-host disease (ICD-10-CM T86.0) which

A) is steroid refractory, steroid dependent or the patient is unable to tolerate corticosteroid therapy
B) primarily affects skin or mucosal membranes (mouth and/or eye disease)

GUIDELINE NOTE 116, INTRAOCULAR STEROID TREATMENTS

Lines 95,360,440

Intraocular steroid treatments (CPT 67027, 67028) are included on Line 360 for pairing with uveitis (ICD-10-CM H30.0, H30.1, H30.89, H30.9, H44.11) when the following conditions are met: uveitis is chronic, non-infectious, and there has been appropriate trial and failure, or intolerance of therapy, with local and systemic corticosteroids and/or immunosuppressive agents.

Intraocular steroid treatments (CPT 67027, 67028) are included on Line 95 for treating chronic diabetic macular edema (ICD-10-CM E11.311) only when there has been insufficient response to anti-VEGF therapies, and only when FDA approved treatments are utilized.

Intraocular steroid treatments (CPT 67027, 67028) are only included on Line 440 for treatment of macular edema due to:
A) Central retinal vein occlusion (ICD-10-CM H34.81) in those individuals who have failed anti-VEGF therapy.
B) Branch retinal vein occlusion (ICD-10-CM H34.83) when treatment with laser photocoagulation has not been beneficial, or treatment with laser photocoagulation is not considered suitable because of the extent of macular hemorrhage in those individuals who have failed anti-VEGF therapy.

GUIDELINE NOTE 117, REMOVAL OF TORI AND EXCISION OF HYPERPLASTIC TISSUE

Line 453

D7472 and D7473, and D7970 are included on this line only when used in conjunction with making a prosthesis.

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.

GUIDELINE NOTE 118, OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN (CONT'D)

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

GUIDELINE NOTE 119, CAROTID ENDARTERECTOMY

Line 415

Carotid endarterectomy is included on Line 415 for patients in the following groups:

- Symptomatic[1] with 70-99% carotid artery stenosis but without near occlusion.
- Symptomatic with 50 – 69% stenosis despite optimal medical management
- Asymptomatic with at least 60% stenosis only for those who do not tolerate (or have contraindications to) best current medical therapy

Carotid endarterectomy is not included on Line 415 for patients in the following groups:

- Patients with near occlusion
- Symptomatic[1] patients with less than 50% carotid stenosis

[1]Symptomatic patients are those who have had a recent transient ischemic attack or ischemic stroke.

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

GUIDELINE NOTE 120, PEDIATRIC TRIGGER THUMB

Line 376

ICD-10-CM M65.31 is included on Line 376 for treatment of pediatric trigger thumb only. Surgical treatment should be reserved for trigger thumb that does not spontaneously resolve within 48 months of diagnosis. Immediate surgery may be considered for bilateral trigger thumb or trigger thumb with locking symptoms.

GUIDELINE NOTE 121, CONCUSSION AND POST-CONCUSSION SYNDROME

Lines 91,201,612

ICD-10-CM S06.0X0, S06.2X0 and S06.300 are included on Line 91 only for concussions with symptoms that persist for more than 7 days but less than 3 months; otherwise, these diagnoses are included on Line 612. When concussion symptoms last for more than 3 months, the diagnosis of post-concussive syndrome (ICD-10-CM F07.81) should be used, which is included on Line 201.

GUIDELINE NOTE 122, ORAL HEALTH RISK ASSESSMENT IN MEDICAL SETTINGS

Line 3

D0191 is limited to children under age 6 and requires an additional specific oral health risk assessment using a standardized tool, such as AAP Bright Futures, and should be performed by a provider who has successfully completed an approved training program (such as First Tooth or Smiles for Life).

GUIDELINE NOTE 123, DENTAL FILLINGS FOR POSTERIOR TEETH

Line 343

For dental fillings in posterior teeth, amalgam is preferred for extensive restorations. If amalgam is unavailable or contraindicated, composite is acceptable.

GUIDELINE NOTE 124, ALCOHOL SEPTAL ABLATION

Line 98

Alcohol septal ablation (CPT 93583) is included on Line 98 only for adult patients with hypertrophic cardiomyopathy when all of the following conditions are met:

A) Severe heart failure symptoms (New York Heart Association [NYHA] class III or IV)
B) Severe symptoms refractory to optimal medical management
C) LVOT obstruction is present
D) Surgery is contraindicated or has unacceptable risk due to serious comorbidities or advanced age.
E) No concomitant disease is present that independently warrants surgical correction in whom surgical myectomy can be performed as part of the operation.
F) The ablation is performed at an experienced center

GUIDELINE NOTE 125, CAROTID ARTERY STENTING

Lines 317,415

Carotid artery stenting (CPT 37215-37217) is included on Lines 317 and 415 for patients who have not had a disabling stroke (modified Rankin scale ≥ 3) AND

A) who are at high risk for complications during carotid endarterectomy (CEA) due to significant comorbidities and/or anatomic risk factors (i.e., recurrent stenosis and/or previous radical neck dissection) and who also have symptomatic (recent transient ischemic attack or ischemic stroke) carotid artery stenosis >50% OR
B) who are at high risk for complications during CEA due to significant comorbidities and/or anatomic risk factors and have asymptomatic carotid artery stenosis ≥80% only if best current medical therapy is not tolerated or contraindicated.

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.
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.

GUIDELINE NOTE 127, GENDER DYSPHORIA (CONT'D)

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

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

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

GUIDELINE NOTE 128, FOREIGN BODIES IN THE GI TRACT

Lines 41,500

ICD-10-CM T18.2XXD, T18.3XXD, T18.4XXD, T18.5XXD, T18.8XXD, T18.9XXD) are included on Line 41 only when hazardous objects are involved that are likely to cause perforation (e.g. sharp objects >2 inches, neodinium magnets, button batteries) or obstruction.

GUIDELINE NOTE 129, FECAL INCONTINENCE

Lines 71,528

ICD-10-CM R15.9 (Full incontinence of feces) is included on Line 71 only for supportive equipment (e.g. diapers, gloves). Surgical treatment for fecal incontinence is included on Line 528 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS

Sacral nerve stimulation is included on Line 528 only for fecal incontinence and only when all of the following criteria are met:

1. Documented failure or intolerance to conventional therapy (e.g., dietary modification, the addition of bulking and pharmacologic treatment); AND
2. A successful percutaneous test stimulation, defined as at least 50% sustained (more than one week) improvement in symptoms; AND
3. Condition is not related to anorectal malformation and/or chronic inflammatory bowel disease; AND
4. Incontinence is not related to another neurologic condition such as peripheral neuropathy or complete spinal cord injury.

GUIDELINE NOTE 130, BLEPHAROPLASTY

Line 471

Blepharoplasty is covered when 1) a minimum of 30 degrees of visual field loss exists with upper lid skin/margin in repose, 2) upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket, OR 3) essential blepharospasm or hemifacial spasm is present.

GUIDELINE NOTE 131, HYPOTONY

Lines 285,654

ICD-10-CM H44.40-H44.439 (hypotony of the eye) are only included on Line 285 when resulting from a complication of a procedure. Non-procedure related cases are included on Line 654.

GUIDELINE NOTE 132, ACNE CONGLOBATA AND ACNE FULMINANS

Lines 373,452

Acne conglobata is only included on Line 373 if it involves recurrent abscesses or communicating sinuses. ICD-10 L70.0 is included on Line 373 only for acne fulminans.

GUIDELINE NOTE 133, ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY

Lines 207,509,536

Repair of acute (<6 months) peripheral nerve injuries are included on Line 207. Non-surgical medical care of these injuries are included on Line 509. Surgical repair of chronic nerve injuries are included on Line 536.

GUIDELINE NOTE 134, NEONATAL NASOLACRIMAL DUCT OBSTRUCTION

Lines 393,510

Probing of nasolacrimal duct (CPT 68810-68840) is included on Line 393 only for children 12 months of age and older who have failed conservative management (e.g. topical antibiotics, Crigler massage) and for children younger than 12 months of age with multiple episodes of purulent infections.

GUIDELINE NOTE 135, FIBROMYALGIA

Line 530

Fibromyalgia (ICD-10-CM M79.7) treatment should consist of a multi-modal approach, which should include two of more of the following:

A) medications other than opioids
B) exercise advice/programs
C) cognitive behavioral therapy.

Care should be provided in the primary care setting. Referrals to specialists are generally not required. Use of opioids should be avoided due to evidence of harm in this condition.

GUIDELINE NOTE 136, COLLAPSED VERTEBRA

Lines 150,478

Diagnosis codes appearing on this line for collapsed vertebra (in the ICD-10-CM M48.5 series) are included on Line 150 for a fracture that qualified for trauma system entry or a fracture with spinal cord injury.

GUIDELINE NOTE 137, BENIGN BONE AND JOINT TUMORS

Lines 401,558

Treatment of benign conditions of joints are included on Line 401 for those conditions only when there are significant functional problems of the joint due to size, location, or progressiveness of the disease. Treatment of all other benign joint conditions are included on Line 558.

Treatment of benign tumors of bones are included on Line 401 for those neoplasms associated with pathologic fractures, at high risk of fracture, or which cause function problems including impeding joint function due to size, causing nerve compression, have malignant potential or are considered precancerous. Treatment of all other benign bone tumors are included on Line 558

GUIDELINE NOTE 138, OBSTRUCTIVE AND REFLUX UROPATHY

Line 21

ICD-10-CM N13.9 (Obstructive and reflux uropathy unspecified) appears on this line for pediatric populations only.

GUIDELINE NOTE 139, FRENOTOMY FOR TONGUE TIE IN NEWBORNS

Lines 18,596

Ankyloglossia (ICD-10-CM Q38.1 is included on Line 18 for pairing with frenotomy (CPT 41010, CDT D7960) only when it interferes with breastfeeding. Otherwise, Q38.1 and CPT 41010 are included on Line 596.

GUIDELINE NOTE 140, BREASTFEEDING SUPPORT AND SUPPLIES

Line 3

Breast pumps and supplies are covered for postpartum women when a pump is necessary to establish or maintain milk production in order to maximize availability of breast milk to the baby.

For cases in which there is a medical indication for breast pumps, the pumps should be supplied whenever possible within 24 hours to allow for continued milk production.

Lactation support services (including education and counseling by trained providers) are covered for pregnant and postpartum women (for six months postpartum).

GUIDELINE NOTE 141, LARYNGEAL STENOSIS OR PARALYSIS; DYSPHONIA

Lines 66,518

Laryngeal and vocal cord paralysis (ICD-10-CM J38.01 and J38.02) are included on Line 66 if associated with recurrent aspiration pneumonia (unilateral or bilateral) or airway obstruction (bilateral). Vocal cord paralysis is included on Line 66 for children 18 and under with dysphonia or dysphagia persisting for at least twelve months. Treatment of hoarseness and dysphonia in adults are included only on Line 518. Laryngeal stenosis (ICD-10-CM J38.6) is included on Line 66 only if it causes airway obstruction; otherwise it is included on Line 518.

GUIDELINE NOTE 142, STEREOTACTIC BODY RADIATION THERAPY

Line 262

Stereotactic body radiation therapy (CPT 32701, 77373, 77435) is included on Line 262 only for early stage non-small cell lung cancer in medically inoperable patients.

GUIDELINE NOTE 143, TREATMENT OF UNILATERAL HEARING LOSS

Lines 311,445

Unilateral hearing loss treatment is Included on these lines only for children aged 20 and younger with the following conditions:

1. For mild to moderate sensorineural unilateral hearing loss (defined as 26-70 dB hearing loss at 500, 1000 and 2000 Hz), first line intervention should be a conventional hearing aid, with second line therapy being contralateral routing of signal (CROS) system
2. For severe to profound unilateral sensorineural hearing loss (defined as 71 dB hearing loss or greater at 500, 1000 and 2000 Hz), first line therapy should be a contralateral routing of signal (CROS) system with second line therapy being a bone anchored hearing aid (BAHA). BAHA SoftBand therapy may be first line therapy for children under age 5 or patients with severe ear deformities (e.g. microstia, severe canal atresia).

Cochlear implants are not included on these lines for unilateral hearing loss per Guideline Note 31 COCHLEAR IMPLANTATION.

GUIDELINE NOTE 144, PROTON PUMP INHIBITOR THERAPY FOR GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Lines 314,380,513

Short term treatment (up to 8 weeks) of GERD without Barrett's (ICD-10-CM K20.8, K20.9, K21.0, K21.9) with proton pump inhibitor therapy is included on Line 380.

Long term proton pump inhibitor therapy is included on Line 380 for Barrett's esophagus (ICD-10-CM K22.70). Long term treatment is included on Line 513 and on Line 314 for Barrett's esophagus with dysplasia (ICD-10-CM K22.71).

GUIDELINE NOTE 145, TREATMENTS FOR BENIGN PROSTATE ENLARGEMENT WITH LOWER URINARY TRACT SYMPTOMS

Line 327

For men with lower urinary tract symptoms (LUTS) due to benign prostate enlargement, surgical procedures are included on these lines only if symptoms are severe, and if drug treatment and conservative management options have been unsuccessful or are not appropriate.

Prostatic urethral lift procedures (CPT 52441, 52442, HCPCS C9739, C9740) are included on Line 327 when the following criteria are met:

- Age 50 or older
- Estimated prostate volume < 80 cc
- International Prostate Symptom Score (IPSS) ≥ 13
- No obstructive median lobe of the prostate identified on cystoscopy at the time of the procedure

The following interventions for benign prostate enlargement are not included on Line 327 due to lack of evidence of effectiveness:

- Botulinum toxin
- HIFU (High Intensity Focused Ultrasound)
- TEAP (Transurethral Ethanol Ablation of the Prostate)
- Laser coagulation (for example, VLAP/ILC)
- Prostatic artery embolization

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

GUIDELINE NOTE 146, ABLATION PROCEDURES FOR ATRIAL FIBRILLATION

Line 347

AV nodal ablation (CPT 33250, 33251,33261,93650) pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) only for patients with inadequate ventricular rate control resulting in symptoms, left ventricular systolic dysfunction or substantial risk of left ventricular systolic dysfunction, when pharmacological therapy for rate control is ineffective or not tolerated

Transcatheter pulmonary vein isolation (93656-93657) pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) only for patients who remain symptomatic from atrial fibrillation despite rate control medications and antiarrhythmic medications.

Surgical ablation (pulmonary vein isolation or Maze procedure) (CPT 33254-33259, 33265, 33266) only pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) at the time of other cardiac surgery for patients who remain symptomatic despite rate control medications.

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

GUIDELINE NOTE 147, IVC FILTERS FOR ACTIVE PULMONARY EMBOLISM (PE)/DEEP VEIN THROMBOSIS (DVT)

Lines 1,78,213,280,285

Inferior vena cava (IVC) filter placement (CPT 37191) is included on these lines for patients with active deep vein thrombosis/pulmonary embolism (DVT/PE) for which anticoagulation is contraindicated. IVC filter placement is not included on these lines for patients with DVT who are candidates for anticoagulation.

Retrieval of removable IVC filters (CPT 37193) is included on these lines when the benefits of removal outweigh the harms.

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

- 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.

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.

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, and Decipher Prostate RP (CPT 81542) are 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 149, SCLEROTHERAPY OF FLUID COLLECTIONS

Lines 168,224,293,423,424,480,544,556,566,593,604,630

Sclerotherapy for fluid collections (CPT 49185) is included on these lines only for the treatment of cysts, seromas or lymphoceles which are causing bleeding, infection, severe pain, organ torsion, or organ dysfunction.

GUIDELINE NOTE 150, FETAL MRI

Line 1

Fetal MRI (CPT 74712-74713) is included on this line only when all of the following conditions are met:

A) Abnormalities are found on fetal ultrasound performed by an experienced sonologist which cannot be adequately further evaluated by 2D or 3D ultrasound
B) The information obtained by fetal MRI is necessary for decisions about fetal or neonatal therapy, delivery planning, or to advise a family about prognosis
C) The fetus is 18 weeks gestational age or older

GUIDELINE NOTE 150, FETAL MRI (CONT'D)

D) The MRI is performed and interpreted at a center with technicians and radiologists who are either trained or highly experienced in fetal MRI and which has appropriate MRI equipment, with a minimum of a 1.5 Tesla magnet.

GUIDELINE NOTE 151, CARDIAC TRANSPLANT GENETIC TESTING FOR TRANSPLANT REJECTION

Lines 240,264

Genetic testing for cardiac transplant rejection (CPT 81595) is included on these lines only for patients at least 1 year post transplant who are without clinical signs of rejection.

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 153, PLANNED OUT-OF-HOSPITAL BIRTH

Lines 1,2

Planned out-of-hospital birth is included on these lines when appropriate risk assessments are performed, and the consultation and transfer criteria are followed, and no high risk coverage exclusion criteria exist. Risk assessment should be done initially when planning the location of birth, and updated throughout pregnancy, labor, and delivery to determine if out-of-hospital birth is still appropriate.

The clinical and/or diagnostic assessment of each criterion, with the exception of those marked with an asterisk, is necessary for planned out-of-hospital birth to be included on these lines. (Criteria marked with an asterisks may not be known or not be pertinent if there is no clinical indication for concern and additional diagnostic testing is not indicated.)

An ultrasound is required to rule out certain risk criteria (e.g. multiple gestation, placenta previa, and life threatening congenital anomalies). Certain risk criteria require serial measurements such as fundal height and blood pressure.

If a woman refuses a required clinical or diagnostic assessment, then ascertainment of her risk status is unknowable and she does not meet criteria for coverage for an out-of-hospital birth.

Documentation of continuing appropriate risk assessment and routine prenatal care is required.

I. High-risk coverage exclusion criteria:
   A. Complications in a previous pregnancy:
      1. Maternal surgical history
         a) Cesarean section or other hysterotomy
         b) Uterine rupture
         c) Retained placenta requiring surgical removal
         d) Fourth-degree laceration without satisfactory functional recovery

      2. Maternal medical history
         a) Pre-eclampsia requiring preterm birth
         b) Eclampsia
         c) HELLP syndrome

      3. Fetal and placental
         a) Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
         b) Baby with neonatal encephalopathy
         c) Placental abruption with adverse outcome

   B. Complications of current pregnancy:

      1. Maternal
         a) Induction of labor
         b) Prelabor rupture of membranes > 24 hours
         c) Pre-existing chronic hypertension; Pregnancy-induced hypertension with diastolic blood pressure greater than or equal to 90 mmHg or systolic blood pressure greater than or equal to 140 mmHg on two consecutive readings taken at least 30 minutes apart
         d) Unknown group B strep carrier state
         e) Lack of informed consent on group B strep prophylaxis, if mother is Group B strep positive.
         f) Eclampsia or pre-eclampsia
         g) Anemia – hemoglobin less than 8.5 g/dL
         h) Thrombocytopenia (platelets <100,000)
         i) Thrombosis/thromboembolism or other maternal bleeding disorder*
         j) Maternal mental illness requiring inpatient care*
         k) Drug or alcohol use with high risk for adverse effects to fetal or maternal health

GUIDELINE NOTE 153, PLANNED OUT-OF-HOSPITAL BIRTH (CONT'D)

l) Unknown, or positive, syphilis, HIV, or Hepatitis B status
m) Current active infection of varicella at the time of labor; rubella infection anytime during pregnancy; active infection (outbreak) of genital herpes at the time of labor*
n) Refractory hyperemesis gravidarum*
o) Diabetes, type I or II, uncontrolled gestational diabetes, or gestational diabetes controlled with medication

2. Placental
   a) Low lying placenta within 2 cm or less of cervical os at term; placenta previa, vasa previa
   b) Placental abruption/abnormal bleeding
   c) Recurrent antepartum hemorrhage
   d) Uteroplacental insufficiency*

3. Fetal
   a) Gestational age - preterm or postdates (defined as gestational age < 37 weeks + 0 days or > 41 weeks + 6 days)
   b) Multiple gestation
   c) Non-cephalic fetal presentation
   d) IUGR (defined as fetal weight less than fifth percentile using ethnically-appropriate growth tables, or concerning reduced growth velocity on ultrasound)*
   e) Oligohydramnios or polyhydramnios*
   f) Abnormal fetal heart rate/Doppler/surveillance studies
   g) Blood group incompatibility with atypical antibodies, or Rh sensitization
   h) Molar pregnancy

II. Transfer criteria:

A. If out-of-hospital birth is planned, certain intrapartum and postpartum complications may necessitate transfer to a hospital to meet coverage criteria. For these indications, an attempt should be made to transfer the mother and/or her newborn; however, imminent fetal delivery may delay or preclude actual transfer prior to birth.

1. Maternal
   a) Temperature ≥ 38.0 C
   b) Maternal infection requiring hospital treatment (e.g. endometritis or wound infection)
   c) Hemorrhage (hypovolemia, shock, need for transfusion)
   d) Retained placenta > 60 minutes
   e) Laceration requiring hospital repair (e.g., extensive vaginal, cervical or third- or fourth-degree trauma)
   f) Enlarging hematoma
   g) Bladder or rectal dysfunction
2. Fetal and uterine
   a) Repetitive or persistent abnormal fetal heart rate pattern
   b) Thick meconium staining of amniotic fluid
   c) Prolapsed umbilical cord
   d) Failure to progress (as defined by the American Congress of Obstetricians and Gynecologists, March 2014, found at http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery)/failure of head to engage in active labor
   e) Chorioamnionitis or other serious infection (including toxoplasmosis, rubella, CMV, HIV, etc.)
   f) Uterine rupture, inversion or prolapse

B. If the infant is delivered out-of-hospital, the following complications require transfer to a hospital for the out-of-hospital birth to meet coverage criteria:

1. Low Apgar score (< 5 at 5 minutes, < 7 at 10 minutes)
2. Weight less than 5th percentile for gestational age
3. Unexpected significant or life-threatening congenital anomalies
4. Respiratory or cardiac irregularities, cyanosis, pallor
5. Temperature instability, fever, suspected infection or dehydration
6. Hyperglycemia/hypoglycemia unresponsive to treatment
7. Hypotonia, tremors, seizures, hyperirritability
8. Excessive bruising, enlarging cephalohematoma, significant birth trauma
9. Vomiting/diarrhea

III. Consultation criteria:

Certain high-risk conditions require consultation (by a provider of maternity care who is credentialed to admit and manage pregnancies in a hospital) for coverage of a planned out-of-hospital birth to be recommended. These complications include (but are not limited to) patients with:

A. Complications in a previous pregnancy:
   1. Maternal
      a) More than three first trimester spontaneous abortions, or more than one second trimester spontaneous abortion
      b) More than one preterm birth, or preterm birth less than 34 weeks 0 days in most recent pregnancy
      c) Pre-eclampsia, not requiring preterm birth

GUIDELINE NOTE 153, PLANNED OUT-OF-HOSPITAL BIRTH (CONT'D)

d) Cervical insufficiency/prior cerclage
e) Third degree laceration; fourth-degree laceration with satisfactory functional recovery
f) Life-threatening congenital anomalies (unless fatal anomalies with nonresuscitation planned)
g) Postpartum hemorrhage requiring additional pharmacologic treatment or blood transfusion
h) Retained placenta requiring manual removal

2. Fetal
   a) Child with congenital and/or hereditary disorder
   b) Baby > 4.5 kg or 9 lbs 14 oz
   c) Shoulder dystocia, with or without fetal clavicular fracture
   d) Unexplained stillbirth/neonatal death or previous death unrelated to intrapartum difficulty
   e) Unresolved intrauterine growth restriction (IUGR) or small for gestational age (defined as fetal or birth weight less than fifth percentile using ethnically-appropriate growth tables)
   f) Blood group incompatibility, and/or Rh sensitization

B. Complications of current pregnancy:

1. Maternal
   a) Inadequate prenatal care (defined as less than five prenatal visits or care began in the third trimester)
   b) Body mass index at first prenatal visit of greater than 35 kg/m2
   c) History of maternal seizure disorder (excluding eclampsia)
   d) Gestational diabetes, diet-controlled
   e) Maternal mental illness with suspicion for psychosis or potential harm to self or infant under outpatient psychiatric care
   f) Maternal anemia with hemoglobin < 10.5 g/dL, unresponsive to treatment
   g) Third-degree laceration not requiring hospital repair
   h) Laparotomy during pregnancy
2. Fetal
   a) Fetal macrosomia (estimated weight >4.5 kg or 9 lbs 14 oz)
   b) Confirmed intrauterine death
   c) Family history of genetic/heritable disorders that would impact labor, delivery or newborn care

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

GUIDELINE NOTE 154, EAR DRUM REPAIR

Lines 311,445,475

Repair of open wounds or perforations of the ear drum (codes included on these lines from ICD-10-CM H72, S09.2) are only included on Lines 311 and 445 when there is documented conductive hearing loss greater than or equal to 25dB persistent for more than three months. Otherwise, such repairs are included on Line 475 CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM.

GUIDELINE NOTE 155, ELECTRIC TUMOR TREATMENT FIELDS FOR GLIOBLASTOMA

Line 294

Electric tumor treatment fields (codes HCPCS A4555 and E0766) are included on this line only when

A) Used for the initial treatment of supratentorial glioblastoma
B) Used in combination with temozolomide

Electric tumor treatment fields are not included on this line for recurrent glioblastoma or any other indication.

GUIDELINE NOTE 156, ENCOUNTER FOR DESENSITIZATION TO ALLERGENS

Lines 9,102,123,222,313,532,533,552,561,568

ICD-10-CM Z51.6 (Encounter for desensitization to allergens) is only included on these lines when used to treat a diagnosis appearing on a line above the current funding line (i.e. Lines 9, 102, 123, 222 and 313).

GUIDELINE NOTE 157, WIGS

Line 424

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

GUIDELINE NOTE 158, HALLUX RIGIDUS

Lines 356,542

Surgical treatment of hallux rigidus is included on Line 356 only for

GUIDELINE NOTE 158, HALLUX RIGIDUS (CONT'D)

- Stage 3 and 4 disease when paired with arthroplasty (CPT 28750), the Keller procedure (CPT 28292), or cheilectomy with implant (CPT 28291)
- Stage 2 disease when paired with cheilectomy (CPT 28289) and there is documentation that conservative therapy (e.g. injection, physical therapy, orthotics) has been tried and failed to adequately control symptoms.

Otherwise surgical treatment of this diagnosis is included on Line 542.

GUIDELINE NOTE 159, SMOKING AND SURGICAL TREATMENT OF ERECTILE DYSFUNCTION

Line 523

Surgical treatment of erectile dysfunction is only included on this line when patients are non-smoking and abstinent from all nicotine products for 6 months prior to surgery, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date.

GUIDELINE NOTE 160, CONGENITAL MUSCULAR TORTICOLLIS

Line 402

Congenital muscular torticollis (ICD-10-CM Q68.0 Congenital deformity of sternocleidomastoid muscle) is paired with physical therapy on this line only in the following circumstances:

1) The patient is a child aged 2 years or younger
2) For patients with deficits of passive rotation of the neck of < 10 degrees, one therapy visit is included for instructing caregivers on home treatment.
3) For patients with deficits of passive rotation of the neck of > 10 degree or with deficits of passive rotation of the neck of < 10 degrees who have had no improvement after 4 weeks of home treatment, physical therapy is included on this line according to Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

GUIDELINE NOTE 161, SACROILIAC JOINT INJECTIONS AND SACROILIAC JOINT FUSION

Lines 398,529

Sacroiliac joint (SIJ) injection (CPT 20610 and 27096, and HCPCS G0260) is included on these lines for diagnostic sacroiliac injections with anesthetic only, but not for therapeutic injections or corticosteroid injections. Injections are only covered for patients for whom SIJ fusion surgery is being considered.

SIJ fusion (CPT 27279) is included on Line 398 for patients who have all of the following:

A) Baseline score of at least 30% on the Oswestry Disability Index (ODI)
B) Undergone and failed a minimum six months of intensive non-operative treatment that must include non-opioid medication optimization and active therapy. Active therapy is defined as activity modification, chiropractic/osteopathic manipulative therapy, bracing, and/or active therapeutic exercise targeted at the lumbar spine, pelvis, SIJ and hip including a home exercise program. Failure of conservative therapy is defined as less than a 50% improvement on the ODI.
C) Typically unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ pain.
D) Thorough physical examination demonstrating localized tenderness with palpation over the sacral sulcus (Fortin's point, i.e. at the insertion of the long dorsal ligament inferior to the posterior superior iliac spine or PSIS) in the absence of tenderness of similar severity elsewhere (e.g. greater trochanter, lumbar spine, coccyx) and that other obvious sources for their pain do not exist.
E) Positive response to at least three of six provocative tests (e.g. thigh thrust test, compression test, Gaenslen's test, distraction test, Patrick's sign, posterior provocation test).
F) Absence of generalized pain behavior (e.g. somatoform disorder) and generalized pain disorders (e.g. fibromyalgia).
G) Diagnostic imaging studies that include ALL of the following:
    1) Imaging (plain radiographs and a CT or MRI) of the SIJ that excludes the presence of destructive lesions (e.g. tumor, infection), fracture, traumatic sacroiliac joint instability, or inflammatory arthropathy that would not be properly addressed by percutaneous SIJ fusion
    2) Imaging of the pelvis (AP plain radiograph) to rule out concomitant hip pathology
    3) Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can be causing low back or buttock pain
    4) Imaging of the SIJ that indicates evidence of injury and/or degeneration
H) At least 75 percent reduction of pain for the expected duration of two anesthetics (on separate visits each with a different duration of action), and the ability to perform previously painful maneuvers, following an image-guided, contrast-enhanced intra-articular SIJ injection.

Otherwise, SIJ fusion is included on Line 529.

GUIDELINE NOTE 162, LONG-ACTING REVERSIBLE CONTRACEPTIVE (LARC) PLACEMENT

Line 6

Long-acting reversible contraceptives (implant or intrauterine device) are included on Line 6 in all settings, including (but not limited to) immediately postpartum and postabortion.

GUIDELINE NOTE 162, LONG-ACTING REVERSIBLE CONTRACEPTIVE (LARC) PLACEMENT (CONT'D)

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 163, SKIN SUBSTITUTES FOR CHRONIC SKIN ULCERS

Line 379

Skin substitutes for chronic venous leg ulcers and chronic diabetic foot ulcers are included on this line when all of the following criteria are met:

1) FDA indications and contraindications are followed, if applicable
2) Wound has adequate arterial flow (ABI > 0.7), no ongoing infection and a moist wound healing environment
3) For patients with diabetes, Hba1c level is < 12
4) Prior appropriate wound care therapy (including but not limited to appropriate offloading, multilayer compression dressings and smoking cessation counseling) has failed to result in significant improvement (defined as at least a 50 percent reduction in ulcer surface area) of the wound over at least 30 days
5) Ongoing coverage requires significant improvement of the ulcer with skin substitute application over the preceding 6 week time period
6) Patients is able to adhere to the treatment plan
7) The use of skin substitutes is not included on this line for chronic skin ulcers other than venous leg ulcers and diabetic foot ulcers (e.g., pressure ulcers)

Note: There is no evidence supporting superiority of one skin substitute versus another and new studies are constantly being published. Decisions for specific products could be made based on at least one supportive randomized controlled trial, and those that involve fewer applications, and are lower cost.

GUIDELINE NOTE 164, PERCUTANEOUS REPAIR OF PARAVALVULAR LEAKS

Line 285

Percutaneous transcatheter closure of paravalvular leak (CPT 93590-93592) is included on this line only for patients with

1) prosthetic heart valves with paravalvular leak AND
2) intractable hemolysis or NYHA class III/IV heart failure AND
3) who are at high risk for surgery and have anatomic features suitable for catheter-based therapy AND
4) when performed in centers with expertise in the procedure.

GUIDELINE NOTE 165, FECAL MICROBIOTA TRANSPLANT

Line 146

Fecal microbiota transplant (FMT); (CPT 44705, HCPCS G0455) is included on this line for treatment of recurrent C difficile infection only.

GUIDELINE NOTE 166, BREAST REDUCTION SURGERY FOR MACROMASTIA

Lines 402,560

Breast reduction surgery for macromastia is not covered as a treatment for neck or back pain resulting from the macromastia due to lack of high quality evidence of effectiveness.

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 cholecystegram or HIDA scan, or gallbladder ejection fraction of < 35%.

B) For biliary colic (i.e. documented clinical encounter for right upper quadrant or epigastric pain with gallstones seen on imaging during each episode) without evidence of cholecystitis or other complications is included on Line 55 only when
   1) Recurrent (i.e. 2 or more episodes in a one year period) OR
   2) A single episode in a patient at high risk for complications with emergent cholecystitis (e.g. immunocompromised patients, morbidly obese patients, diabetic patients) OR
   3) When any of the following are present: elevated pancreatic enzymes, elevated liver enzymes or dilated common bile duct on ultrasound.

   Otherwise, biliary colic is included on Line 641.

GUIDELINE NOTE 168, INTRASTROMAL CORNEAL RING SEGMENTS

Line 310

Insertion of intrastromal corneal ring segments (CPT 65785) is included on this line only for reduction or elimination of myopia or astigmatism in adults age 19 and older with keratoconus who are no longer able to achieve adequate functional vision to perform ADLs with best correction using contact lenses or spectacles, who have a corneal thickness of 450 microns or greater at proposed incision site, and for whom corneal transplant is the only remaining option to improve their functional vision.

GUIDELINE NOTE 169, ORTHODONTICS AND CRANIOFACIAL SURGERY FOR CRANIOFACIAL ANOMALIES

Line 256

Orthodontics and craniofacial surgery are included on this line only for pairing with craniofacial anomaly diagnoses when there is significant malocclusion expected to result in difficulty with mastication, speech, or other oral function. Advanced dental imaging is included on this line only when required for surgical planning for repair of craniofacial anomalies.

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).

GUIDELINE NOTE 171, LATTICE DEGENERATION, ASYMPTOMATIC RETINAL BREAKS AND ROUND HOLES

Lines 374,654

Lattice degeneration is included on Line 374 only for pairing with ophthalmologic visits and dilated eye exams, and only for patients at high risk of retinal detachment:

A) Patients under the age of 65 years with round holes and myopic vision, OR
B) Patients with a history of retinal detachment in the other eye OR,
C) Patients with biologic family member with history of retinal tear or retinal detachment

Otherwise, lattice degeneration is included on Line 654.

Retinal breaks and round holes are only included for pairing with treatment (other than ophthalmologic visits and dilated eye exams) on Line 374 when they are symptomatic, the result of trauma, or are horseshoe breaks. Otherwise, these diagnoses are included on Line 654.

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
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	More effective treatments are available	September, 2017
S2900	Surgical techniques requiring use of robotic surgical system	More cost-effective treatments are available	May, 2018
15777	Acellular dermal matrix for soft tissue reinforcement (eg, breast, trunk)	Unclear benefits versus other effective therapies; increased risk of adverse events	August 2019
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck surgical; with thermally-induced capsulorrhaphy	More effective treatments are available	August 2019
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Similar or worse outcomes than standard therapies	March 2016
64566	Posterior tibial neurostimulation	Minimally effective, no evidence of long-term effectiveness	December, 2010
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Less effective than other therapies	August, 2015
74263, 81528, 81327	Screening CT Colonography, FIT-DNA (Cologuard), mSEPT9, Chromoscopy	Insufficient evidence for use in population screening	September, 2017
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Individual test not cost-effective; should only be done as part of a gene panel	November 2019
99454	Remote monitoring of physiologic parameters, 30 days	This code does not require medical decision making nor communication with a patient.	November 2019
94669	Mechanical chest wall oscillation	More costly than equally effective therapies	October, 2016
99174, 99177	Photoscreening	More costly than equally effective methods of screening	November, 2015

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
0398T	MRI guided focused ultrasound for the treatment of essential tremor	Insufficient evidence of effectiveness	October, 2018
C1824	Cardiac contractility modulation	Insufficient evidence of effectiveness	November, 2019
C1839	Iris prosthesis	Insufficient evidence of effectiveness	November, 2019
C2614	Probe, percutaneous lumbar discectomy	Insufficient evidence of effectiveness	May, 2018
C8937	Computer aided detection of breast MRI	Insufficient evidence of effectiveness	November, 2018
C9733	Non-ophthalmic fluorescent vascular angiography	Unproven therapy	December, 2012
C9745	Nasal endoscopy, surgical; balloon dilation of Eustachian tube	Insufficient evidence of effectiveness	May, 2018
C9747	Ablation of prostate, transrectal, high-intensity focused ultrasound (hifu), including imaging guidance	Insufficient evidence of effectiveness	May, 2018
C9749	Repair of Nasal vestibular lateral wall stenosis with implant(s)	Unproven treatment	August, 2018
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy	Insufficient evidence of effectiveness	November, 2018
C9754 C9755	Percutaneous arteriovenous fistula formation	Insufficient evidence of benefit	November, 2018
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s)	Insufficient evidence of effectiveness	November, 2019
C9757	Laminotomy with repair of annular defect with implantation of bone anchored annular closure device	Insufficient evidence of effectiveness	November, 2019
D0422-D0423	Collection and preparation of genetic sample material for laboratory analysis and report Genetic test for susceptibility to diseases – specimen analysis	Insufficient evidence of effectiveness	October, 2018

Procedure Code	Intervention Description	Rationale	Last Review
D9932-D9935	Cleaning and inspection of removable complete or partial denture, maxillary or mandibular	Insufficient evidence of effectiveness	October, 2015
E0650-E0673, E0676	Pneumatic compressors and associated appliances, including intermittent devices	Insufficient evidence of effectiveness	May, 2019
G0069	Subcutaneous immunotherapy in the home	Insufficient evidence of effectiveness; evidence of harm	November, 2018
G0106, G0120, G0122	Barium enema as a colorectal cancer screening modality	Not indicated as a CRC screening modality	November, 2017
G0252	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Not a recommended test for axillary staging	March, 2018
G0481, G0482, G0483	Urine drug testing, definitive for >7 drug classes	No clinical benefit	August, 2018 Coverage Guidance
M0076	Prolotherapy	Insufficient evidence of effectiveness	August, 2019
S2102	Islet cell tissue transplant from pancreas; allogeneic	Insufficient evidence of effectiveness	August 2019
S8930	Electrical stimulation of auricular acupuncture points by proprietary electrical stimulation devices, such as P-Stim and E-pulse [note: auricular electroacupuncture provided by a licensed provider in a clinical setting is covered under CPT 97813-97814]	No evidence of effectiveness	March, 2018
15773, 15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet	Insufficient evidence of effectiveness; utilization mainly for cosmetic purposes	November 2019
15820-15821	Blepharoplasty, lower eyelid	No clinically important benefit	May, 2018
19294 C9726	Intraoperative radiation therapy (IORT) concurrent with partial mastectomy Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	Unproven treatment	May, 2018
20560, 20561	Dry needling	Insufficient evidence of effectiveness	November 2019
20696-20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame)		
20939	Bone marrow aspiration for bone grafting, spine surgery	Unproven treatment	November, 2017
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)		
20982	Radiofrequency ablation therapy for reduction or eradication of 1 or more bone tumors	No evidence of effectiveness	2004
20983	Cryotherapy ablation therapy for reduction or eradication of 1 or more bone tumors	No evidence of effectiveness	November, 2014
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less	Insufficient evidence of effectiveness	August, 2018
21685	Hyoid myotomy and suspension		
22867-22870 C1821	Insertion of interlaminar/ interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar Interspinous process distraction device (implantable)	Insufficient evidence of effectiveness	November, 2016
27080	Coccygectomy, primary		
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Harms outweigh benefits, more efficacious procedures exist	May, 2011
28890	Extracorporeal shock wave, high energy involving the plantar fascia		

Procedure Code	Intervention Description	Rationale	Last Review
29866-29867	Arthroscopy, knee, surgical; osteochondral autograft(s)/allograft(s) (eg, mosaicplasty)		
29868	Arthroscopy, knee, surgical; meniscal transplantation		
31627	Computer assisted bronchoscopy	Insufficient evidence of effectiveness	December, 2009
31647-31649, 31651	Bronchial valve insertion/removal/replacement	Insufficient evidence of effectiveness	December, 2012
31660-31661	Bronchial thermoplasty	Insufficient evidence of effectiveness	January, 2014
32998	Radiofrequency ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s)		
33140-33141	Transmyocardial laser revascularization, by thoracotomy		
33274 33275	Leadless cardiac pacemakers	Insufficient evidence of effectiveness; evidence of harm	November, 2018
33289, 93264, C2624	CardioMEMS™ – Implantable wireless pulmonary artery pressure monitor for heart failure monitoring	Insufficient evidence of effectiveness	November, 2018 Coverage guidance
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant	Insufficient evidence of effectiveness	November, 2016
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)		
33927-33929	Total artificial heart	Unproven treatment	November, 2017
36455	Exchange transfusion, blood; other than newborn		
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	No evidence of effectiveness, evidence of possible harm	November, 2016
36482-36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate)	Unproven treatment	November, 2017
41512	Tongue base suspension	No clinically important benefit	January, 2014
41530	Submucosal ablation of the tongue base, radiofrequency		
41821	Operculectomy, excision pericoronal tissue		
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	No evidence of effectiveness	December, 2012
43252, 88375	Optical endomicroscopy	Insufficient evidence of effectiveness	December, 2012
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	No evidence of effectiveness	January, 2014
43284	Laproscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band)	Insufficient evidence of effectiveness	January, 2019
43647-43648 43881-43882	Laparoscopy, surgical; implantation or replacement or revision of gastric neurostimulator electrodes, antrum		
43770, 43842-43845, 43886-43888	Gastric restrictive procedures (gastric band, other)	No evidence of effectiveness	October, 2016
44133, 44136	Donor enterectomy and intestinal allotransplantation from living donor	Insufficient evidence of effectiveness	November 2019
45391-45392	Colonoscopy, flexible; with endoscopic ultrasound examination		
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant/implantation artificial sphincter	No evidence of effectiveness	May, 2013
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	No evidence of effectiveness for both hepatocellular carcinoma and metastatic disease	November, 2014

Procedure Code	Intervention Description	Rationale	Last Review
50380	Renal autotransplantation, reimplantation of kidney		
50592	Radiofrequency ablation, 1 or more renal tumor(s)		
50705	Ureteral embolization or occlusion	Insufficient evidence of effectiveness	November, 2015
52647	Laser coagulation of prostate	No evidence of effectiveness	March, 2015 Coverage guidance
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor	Insufficient evidence of effectiveness	November, 2018
53855	Temporary prostatic stents	Insufficient evidence of effectiveness	October, 2015
53860	Transurethral radiofrequency micro-remodeling of the bladder neck and urethra for stress incontinence	Insufficient evidence of effectiveness	December, 2010
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymogram		
55873	Cryosurgical ablation of the prostate		
55874	Absorbable perirectal spacer for use during prostate cancer radiation therapy	Unproven treatment	November, 2017
58674	Laparoscopy, surgical, ablation of uterine fibroid(s)	Insufficient evidence of effectiveness	November, 2016
61635	Transcather placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Results in significantly worse outcomes than medical management	March, 2016
61640-61642	Balloon dilation of intracranial vasospasm, percutaneous	Evidence of harm	March, 2016
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial	No evidence of effectiveness	November, 2015
61650-61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial	No evidence of effectiveness	November, 2015
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means		
62287, S2348	Percutaneous laser disc decompression Ozone therapy injections Radiofrequency denervation	Insufficient evidence of effectiveness	January, 2018 Coverage guidance
62290-62292 72285, 72295	Discography		
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc	Insufficient evidence of effectiveness	November, 2016
64451, 64625	Anesthetic or steroid injection and/or radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance	Insufficient evidence of effectiveness	November 2019
64454, 64624	Nerve blocks and/or destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Insufficient evidence of effectiveness	May, 2019
64479-64480	Transforaminal epidural steroid injections, cervical and thoracic spine	Insufficient evidence of benefit	March, 2015 Coverage guidance
64490-64492	Facet joint injections cervical and thoracic	Insufficient evidence of benefit	March, 2015 Coverage guidance
64617	Chemodenervation of muscle(s); larynx	No evidence of effectiveness	January, 2014
64633-64634	Radiofrequency ablation of the cervical and thoracic spine	Insufficient evidence of benefit	March, 2015 Coverage guidance
64635-64636 C9752, C9753	Radiofrequency ablation of the lumbar and sacral spine	Insufficient evidence of benefit	November, 2014 Coverage guidance
64912-64913	Nerve repair; with nerve allograft	Unproven treatment	November, 2017
66174-66175	Transluminal dilation of aqueous outflow canal	Insufficient evidence of effectiveness	December, 2010
69720-69725	Decompression facial nerve		
69740-69745	Suture facial nerve		
69955	Total facial nerve decompression and/or repair		
70554	Functional MRI		

Procedure Code	Intervention Description	Rationale	Last Review
74261-74262	Computed tomographic (CT) colonography		December, 2009
75571	CT coronary calcium scoring	Insufficient evidence of benefit, unclear harms of radiation exposure	August, 2013 Coverage guidance
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	Insufficient evidence of effectiveness	December, 2009
75574	Computed tomography, heart	Insufficient evidence of benefit, unclear harms of radiation exposure	August, 2013 Coverage guidance
76376-76377	3D rendering of imaging studies	No additional proven benefit beyond the standard study, therefore not reimbursed separately	November 2019
76978 76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac)	Insufficient evidence of effectiveness	November, 2018
77061-77063	Digital breast tomosynthesis	No evidence of effectiveness	November, 2014
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply		
77086	Vertebral fracture assessment using DXA	Insufficient evidence of effectiveness	October, 2015
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry	Insufficient evidence of effectiveness	October and November, 2015
77768	Skin surface brachytherapy	No evidence of effectiveness	November, 2015
78265-78266	Gastric emptying imaging study	No evidence of effectiveness	November, 2015
78429-78434, 78459, 78491-78492	Myocardial imaging, positron emission tomography (PET), metabolic evaluation and/or perfusion	Insufficient evidence of benefit, unclear harms of radiation exposure	January, 2015 Updated November 2019 Coverage Guidance
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Insufficient evidence of benefit, unclear harms of radiation exposure	January, 2015 Coverage guidance
81232	5-fluorouracil/5-FU and capecitabine drug metabolism	Insufficient evidence of effectiveness	November, 2017
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Insufficient evidence of effectiveness	November, 2018
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Insufficient evidence of effectiveness	November 2019
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Insufficient evidence of effectiveness	November, 2017
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	Insufficient evidence of effectiveness	January, 2014
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) gene analysis, common variants	Insufficient evidence of effectiveness	December, 2011
81301	Microsatellite instability (MSI) for colorectal cancer	Unproven intervention	August, 2015
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis	Insufficient evidence of effectiveness	November, 2018
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Insufficient evidence of effectiveness	November, 2018
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) gene analysis, common variant(s)	Insufficient evidence of effectiveness	November, 2017
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) gene analysis, common variants	Insufficient evidence of effectiveness	December, 2011
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis	Insufficient evidence of effectiveness	November, 2017

Procedure Code	Intervention Description	Rationale	Last Review
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Insufficient evidence of effectiveness	November, 2018
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Insufficient evidence of effectiveness	November, 2017
81350	UGT1A1 (UDP glucuronosyl-transferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants	Insufficient evidence of effectiveness	December, 2011
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants	Insufficient evidence of effectiveness	December, 2011
81417	Re-evaluation of whole exome sequencing	Insufficient evidence of effectiveness	December, 2011
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg. DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	Insufficient evidence of effectiveness	November, 2016
81425-81427	Genome sequence analysis	Insufficient evidence of effectiveness	November, 2014
81443	Expanded carrier screening	Insufficient evidence of effectiveness	November, 2018
81470, 81471	X-linked intellectual disability (XLID) genomic sequence panels	Insufficient evidence of effectiveness	November, 2014
Breast Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999, S3854)	• Mammostrat • Oncotype DX Breast DCIS Score • IHC4	Unproven intervention	May, 2018 Coverage guidance
Prostate Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999)	• Oncotype DX Genomic Prostate Score • Decipher RP for prostate cancer	Unproven Intervention	January, 2018 Coverage guidance
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm	No evidence of effectiveness	November, 2015
81493	Coronary artery disease, mRNA, gene expression profiling	Insufficient evidence of effectiveness	November, 2015
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	No evidence of effectiveness	December, 2012
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	No evidence of effectiveness	December, 2012
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores)	Unproven intervention	August, 2018
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	No evidence of effectiveness	December, 2012

Procedure Code	Intervention Description	Rationale	Last Review
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
81525	Oncotype DX for colon cancer	Insufficient evidence of effectiveness	November, 2015
81535-81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score	No evidence of effectiveness	November, 2015
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	No evidence of effectiveness	November, 2015
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2[hk2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Insufficient evidence of effectiveness	November, 2016
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported	No evidence of effectiveness	November, 2015
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping)	Unproven intervention	August, 2015
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Insufficient evidence of effectiveness	January 2018
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result	No evidence of effectiveness	November, 2015
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1)	Unproven intervention	November, 2017
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Insufficient evidence of effectiveness	November 2019
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP		
82610	Cystatin		
82757	Fructose, semen		
82777	Galectin-3	No evidence of effectiveness	November, 2015
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	No evidence of effectiveness	November, 2014
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home us3		
83631	Lactoferrin, fecal; quantitative		
83695	Lipoprotein (a)	No evidence of effectiveness	January, 2014
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)		
83700-87004	Lipoprotein, blood		
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	Insufficient evidence of effectiveness	November, 2018
83861	Tear osmolarity		

Procedure Code	Intervention Description	Rationale	Last Review
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)		
83987	pH; exhaled breath condensate	Insufficient evidence of effectiveness	December, 2009
84431	Thromboxane metabolite(s)	Insufficient evidence of effectiveness	December, 2009
86001	Allergen specific IgG testing	No clinically important benefit	November, 2017
86005	Allergen specific IgE qualitative, multiallergen screen	Harms outweigh benefits	November, 2017
86152-86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood)	No evidence of effectiveness	December, 2012
86305	Human epididymis protein 4 (HE4)	Insufficient evidence of effectiveness	December, 2009
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry		
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	No evidence of effectiveness	December, 2011
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)		
88120, 88121	Urovysion for bladder cancer	Insufficient evidene of effectiveness	November, 2015
88738	Hemoglobin (HGB), quantitative, transcutaneous	Insufficient evidence of effectiveness	December, 2009
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin		
88741	Hemoglobin, quantitative, transcutaneous, per day; methhemoglobin		
90845	Psychoanalysis	No longer utilized in clinical practice	
90880	Hypnotherapy	No clinically important benefit	August, 2015
91040	Esophageal balloon distension study		
91111	Capsule endoscopy, esophagus	No evidence of effectiveness	December, 2012
91112	Gastrointestinal transit and pressure measurement	Insufficient evidence of effectiveness	December, 2012
91117	Colon motility (manometric) study		
91120	Rectal sensation, tone, and compliance test		
92145	Corneal hysteresis determination	No evidence of effectiveness	November, 2014
92354-92355	Fitting of spectacle mounted low vision aid		
92548, 92549	Computerized dynamic posturography	Insufficient evidence of effectiveness	November 2019
92559	Audiometric testing of groups		
92620-92621	Evaluation of central auditory function		
92625	Assessment of tinnitus		
92640	Diagnostic analysis with programming of auditory brainstem implant		
93050	Arterial pressure waveform analysis for assessment of central arterial pressure	Insufficient evidence of effectiveness	November, 2015
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics	Insufficient evidence of effectiveness	November 2019
93571-93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement		
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention		
93702	Bioimpedance spectroscopy (BIS)	No evidence of effectiveness	November, 2014
93740	Temperature gradient studies	Insufficient evidence of effectiveness	October, 2015
93890-93893	Transcranial Doppler study of the intracranial arteries		
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation	No evidence of effectiveness	November, 2014
94452-94453	High altitude simulation test (HAST)		
95803	Actigraphy	No clinically important benefit	January, 2009
95928-95929	Central motor evoked potential study		
96931-96935	Reflectance confocal microscopy for non-melanoma skin lesions	Insufficient evidence of effectiveness	November, 2015
96936	Reflectance confocal microscopy (RCM) for cellular and subcellular imaging of skin.	Insufficient evidence of effectiveness	November, 2016
97014, 97032, 0278T, E0720, E0730, G0283	Transcutaneous electrical nerve stimulation (TENS); Scrambler therapy; Cranial electrical stimulation; all similar transcutaneous electrical neurostimulation therapies	No clinically important benefit (CES) or insufficient evidence of effectiveness (all other) for chronic pain; insufficient evidence of effectiveness for all other indications	September, 2017

Procedure Code	Intervention Description	Rationale	Last Review
97022	Application of a modality; whirlpool	Evidence of harm	May, 2016
97024	Application of a modality; diathermy (eg, microwave)	Insufficient evidence of effectiveness	May, 2016
97028	Application of a modality; ultraviolet	Insufficient evidence of effectiveness	May, 2016
97034	Application of a modality; contrast baths	Insufficient evidence of effectiveness	May, 2016
97035	Application of a modality to 1 or more areas; ultrasound		
97036	Application of a modality; Hubbard tank	Evidence of harm	May, 2016
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands		
97610	Low frequency, non-contact, non-thermal ultrasound	No clinically important benefit	October, 2013

GUIDELINE NOTE 174, CRYOABLATION OF PULMONARY TUMORS

Line 262

Cryoablation of pulmonary tumors is included on this line only for palliative treatment of an inoperable lung tumor with one of the following:

A) Symptomatic proximal endobronchial obstruction, OR
B) Presence of endobronchial lesion with associated lobar or greater parenchymal atelectasis, OR
C) Hemoptysis from endobronchial location of the tumor.

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 176, OPPORTUNISTIC SALPINGECTOMY

Lines 1,6,25,37,51,61,63,133,238,286,298,353,395,404,422,429,455,466,469,531,557,581

Opportunistic salpingectomy is defined as the prophylactic removal of the fallopian tubes for the primary prevention of ovarian cancer when a woman is undergoing pelvic surgery for another indication, or instead of a bilateral tubal ligation (BTL) for the purpose of sterilization. It is included on these lines when used for these purposes, however, no additional payment is intended beyond the cost of the indicated pelvic surgery (e.g. using reference-based pricing) or the cost of the BTL and as long as the addition of the opportunistic salpingectomy does not result in a change in setting (for example requiring a hospital setting versus ambulatory surgery center).

Opportunistic salpingectomy should be paired with Z40.03 (Encounter for prophylactic removal of fallopian tube(s)) or Z30.2 (Encounter for sterilization).

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 177, DEEP BRAIN STIMULATION FOR PARKINSON'S DISEASE

Line 249

Unilateral or bilateral deep brain stimulation (DBS) is included on this line only for treatment of intractable tremors due to Parkinson's disease (PD) when all of the following conditions are met:

A) For thalamic ventrointermediate nucleus (VIM) DBS, patients must meet all of the following criteria:
    1) A diagnosis of idiopathic PD (presence of at least 2 cardinal PD features (tremor, rigidity or bradykinesia)) which is of a tremor- dominant form
    2) Marked disabling tremor of at least level 3 or 4 on the Fahn-Tolosa-Marin Clinical Tremor Rating Scale (or equivalent scale) in the extremity intended for treatment, causing significant limitation in daily activities despite optimal medical therapy.

GUIDELINE NOTE 177, DEEP BRAIN STIMULATION FOR PARKINSON'S DISEASE (CONT'D)

3) Willingness and ability to cooperate during conscious operative procedure, as well as during postsurgical evaluations, adjustments of medications and stimulator settings.

B) For subthalamic nucleus (STN) or globus pallidus interna (GPi) DBS, patients must meet all of the following criteria:
   1) Diagnosis of PD based on the presence of at least 2 cardinal PD features (tremor, rigidity or bradykinesia).
   2) Advanced idiopathic PD as determined by the use of Hoehn and Yahr stage or Unified Parkinson's Disease Rating Scale (UPDRS) part III motor subscale.
   3) L-dopa responsive with clearly defined "on" periods.
   4) Persistent disabling Parkinson's symptoms or drug side effects (e.g., dyskinesias, motor fluctuations, or disabling "off" periods) despite optimal medical therapy.
   5) Willingness and ability to cooperate during conscious operative procedure, as well as during postsurgical evaluations, adjustments of medications and stimulator settings.

C) DBS is not included on this line for PD patients with any of the following:
   1) Non-idiopathic Parkinson's disease or "Parkinson's Plus" syndromes.
   2) Cognitive impairment, dementia or depression which would be worsened by or would interfere with the patient's ability to benefit from DBS
   3) Current psychosis, alcohol abuse or other drug abuse.
   4) Structural lesions such as basal ganglionic stroke, tumor or vascular malformation as etiology of the movement disorder.
   5) Previous movement disorder surgery within the affected basal ganglion.
   6) Significant medical, surgical, neurologic or orthopedic co-morbidities contraindicating DBS surgery or stimulation.

GUIDELINE NOTE 179, DIABETES PREVENTION PROGRAM

Line 3

Prediabetes (R73.03) and personal history of gestational diabetes (Z86.32) are included on this line only for the Diabetes Prevention Program (DPP). The only programs included are CDC-recognized lifestyle change programs for DPP.

To be eligible for referral to a CDC-recognized lifestyle change program, patients must meet ALL of the following requirements (A-E):

A) Be at least 18 years old
B) Be overweight (body mass index ≥25; ≥23 if Asian; BMI percentile ≥85th percentile for 18-19 years old)
C) Have no current diagnosis of type 1 or type 2 diabetes
D) Not have end-stage renal disease
E) Have a blood test result in the prediabetes range within the past year:
   1) Hemoglobin A1C: 5.7%–6.4% or
   2) Fasting plasma glucose: 100–125 mg/dL or
   3) Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL or
   4) Have a previous diagnosis of gestational diabetes

GUIDELINE NOTE 180, MEDICALLY INDICATED CIRCUMCISION

Lines 21,327,413

Circumcision (CPT 54150, 54160, 54161) is included on these lines only for patients with

A) Balanitis xerotica obliterans, or
B) Recurrent balanoposthitis (2 or more bouts, not balanitis), or
C) Severe foreskin scarring causing physiologic complications, or
D) Vesicoureteric reflux (grade 2 or higher) or other urologic abnormalities, or
E) Recurrent urinary tract infections (2 or more with documented positive urine cultures).

Balanitis (ICD-10 N48.1) does not pair with circumcision.

GUIDELINE NOTE 181, POSTPARTUM DEPRESSION SCREENING

Line 3

Postpartum depression screening using a validated instrument (e.g. Edinburgh Postpartum Severity Score, PHQ-9) is included on this line during the child's visit (CPT 96161) or during the mother's visit (CPT 96160, 96127) when there is a plan in place to address positive depression screens.

GUIDELINE NOTE 182, TESTOSTERONE REPLACEMENT FOR TESTICULAR HYPOFUNCTION

Line 469

Testosterone replacement therapy is included on this line for testicular hypofunction or dysfunction only when all of the following inclusion criteria are met and none of the exclusion criteria apply:
Inclusion criteria:

A) The patient is a male 18 years of age or older; AND
B) The patient has had TWO morning (between 8 a.m. to 10 a.m.) tests (at least 1 week apart) at baseline demonstrating low testosterone levels as defined by the following criteria:
   1) Total serum testosterone level less than 300ng/dL (10.4nmol/L); OR
   2) Total serum testosterone level less than 350ng/dL (12.1nmol/L) AND free serum testosterone level less than 50pg/mL (or 0.174nmol/L); AND

GUIDELINE NOTE 182, TESTOSTERONE REPLACEMENT FOR TESTICULAR HYPOFUNCTION (CONT'D)

C) Patient has received ONE of the following diagnoses:
   1) Primary Hypogonadism (congenital or acquired): as defined as testicular failure due to such conditions as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchidectomy, Klinefelter's syndrome, chemotherapy, trauma, or toxic damage from alcohol or heavy metals; OR
   2) Hypogonadotropic Hypogonadism (congenital or acquired): as defined by idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma or radiation

Exclusion criteria:

A) Patient has ANY of the following contraindications:
   1) Breast cancer or known or suspected prostate cancer
   2) Elevated hematocrit (>50%)
   3) Untreated severe obstructive sleep apnea
   4) Severe lower urinary tract symptoms
   5) Uncontrolled or poorly-controlled heart failure
B) Patient has experienced a major cardiovascular event (such as a myocardial infraction, stroke, acute coronary syndrome) in the past six months
C) Patient has uncontrolled or poorly-controlled benign prostate hyperplasia or is at a higher risk of prostate cancer, such as elevation of PSA after initiating testosterone replacement therapy

This guideline does not apply to testosterone replacement therapy for HIV-associated weight loss, delayed puberty, treatment of metastatic breast cancer, or transgender health.

GUIDELINE NOTE 183, DONOR BREAST MILK FOR HIGH-RISK INFANTS

Lines 16,34,87,100

Donor breast milk (HCPCS T2101) is included on these lines for infants up to 6 months of age (adjusted for gestational age) who meet all of the following criteria:

- Low birth weight (<1500g) or with severe underlying gastrointestinal disease
- Human donor milk was continued through neonatal hospital discharge for a clear medical indication
- Persistent outpatient medical need for human donor breast milk
- When maternal breast milk is not available, appropriate or sufficient to meet the infant's needs, despite lactation support for the mother.

Donor human milk may only be obtained through a milk bank with accreditation from the Human Milk Banking Association of North America (HMBANA).

GUIDELINE NOTE 184, ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE INSERTION

Line 139

Anterior segment aqueous drainage device (e.g. iStent©) insertion is only included on this line when done at the same time as cataract removal and when the two procedures are billed together as a bundled service.

GUIDELINE NOTE 185, YTTRIUM-90 THERAPY

Line 315

Yttrium 90 therapy is only included on this line for treatment of hepatocellular carcinoma (HCC) and only when recommended by a multidisciplinary tumor board or team in the following circumstances:

A) Downsizing tumors in patients who could become eligible for curative treatment (transplant, ablation, or resection), OR
B) Palliative treatment of incurable patients with unresectable or inoperable tumors that are not amenable to ablation therapy and
   1) who have good liver function (Child-Pugh class A or B) and
   2) good performance status (ECOG performance status 0-2), and
   3) who have intermediate stage disease with tumors > 5 cm OR advanced stage HCC with unilateral (not main) portal vein tumor thrombus

GUIDELINE NOTE 186, TRANSORAL INCISIONLESS FUNDOPLICATION FOR TREATMENT OF GERD

Line 380

Transoral incisionless fundoplication (TIF), CPT 43210, utilizing the EsophyX device only, is included on Line 380 for surgical treatment of GERD only when the patient meets ALL the following criteria (A-F):

A) 18 years of age or older;
B) Confirmed diagnosis of esophageal reflux by endoscopy, ambulatory pH, or barium swallow testing;
C) History of GERD symptoms for one year, occurring at least two to three times per week in the past month;
D) History of daily proton pump inhibitor therapy for the most recent six months;
E) Body mass index (BMI) ≤ 35,
F) Absence of ALL of the following conditions
   1. Hiatal hernia larger than 2 cm
   2. Severe esophagitis, for example LA grade of C or D
   3. Barrett's esophagus greater than 2 cm

GUIDELINE NOTE 186, TRANSORAL INCISIONLESS FUNDOPLICATION FOR TREATMENT OF GERD (CONT'D)

4. Achalasia
5. Esophageal ulcer
6. Esophageal motility disorder
7. Altered esophageal anatomy preventing insertion of the device
8. Previous failed anti-reflux surgery or procedure

Repeat TIF is not included on Line 380 for patients who have recurrent symptoms or fail the initial TIF procedure.

GUIDELINE NOTE 187, PULMONARY REHABILITATION

Lines 9,58,222,233,240,283

Pulmonary rehabilitation is included on these lines only for patients with ALL of the following (A-D):

A) Moderate to severe chronic pulmonary disease with dyspnea with exertion that reduces their ability to perform activities of daily living despite appropriate medical management,
B) Moderate to severe pulmonary disability defined as either
    1) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO2max) equal to or less than 20 ml/kg/min, or about 5 metabolic equivalents (METS); or
    2) Pulmonary function tests showing that either the forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1/FVC ratio, or diffusion capacity for carbon monoxide (Dlco) is less than 60% of that predicted;
C) Physically able, motivated and willing to participate in the pulmonary rehabilitation program and be a candidate for self-care post program;
D) No contraindications to pulmonary rehabilitation, including unstable cardiac disease, locomotor or neurological difficulties precluding exercise, significant cognitive or psychiatric impairment, or housebound due to the severity of disease.

Pulmonary rehabilitation is only covered for

A) A multidisciplinary program with includes supervised exercise therapy, patient education, and smoking cessation (if applicable).
B) Up to 36 total sessions.

Repeat pulmonary rehabilitation programs should be limited to those patients who have had a subsequent lung reduction surgery or lung transplantation.

GUIDELINE NOTE 188, SCREENING FOR OPHTHALMOLOGIC COMPLICATIONS OF HIGH-RISK MEDICATIONS

Lines 360,654

ICD-10-CM codes H36 (Retinal disorders in diseases classified elsewhere) and/or Z79.899 (Other long term (current) drug therapy) are included on Line 360 only for ophthalmogic examinations and testing to screen for complications of high-risk medications. ICD-10-CM H35 (Unspecified background retinopathy) is included on Line 654 for all other indications.

GUIDELINE NOTE 189, EMBOLIZATION OF ARTERIAL MALFORMATIONS

Line 305

Vascular embolization or occlusion of arterial or arteriovenous malformations is included on this line only for Schobinger Class 3 or 4 lesions.

GUIDELINE NOTE 190, SHOULDER DECOMPRESSION SURGERY

Lines 356,418,442

CPT 29826 is only included on these lines as a component of rotator cuff repair surgery. CPT 29826 is not included on this line for pairing with shoulder impingement syndrome or adhesive capsulitis of shoulder.

GUIDELINE NOTE 191, REPAIR OF VARICOCELES IN CHILDREN AND ADOLESCENTS

Lines 327,547

Varicocele repair is only included on Line 327 for children and adolescents (up through age 18) with:

A) Pain affecting activities of daily living from the varicocele; OR
B) Objective evidence of reduced ipsilateral testicular size of 20% of more compared to the contralateral testicle; OR
C) Varicocele in a patient with a solitary testicle.

All other varicocele repair is included on Line 547.

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.

GUIDELINE NOTE 193, ARTIFICIAL URINARY SPHINCTERS

Line 455

Artificial urinary sphincters are included on this line only for patients with intrinsic sphincter deficiency with any of the following indications:

A) Children with intractable urinary incontinence due to intrinsic sphincter deficiency who are refractory to behavioral or pharmacological therapies and are unsuitable candidates for other types of surgical procedures for correction of urinary incontinence; OR
B) Patients who are 6 or more months post-prostatectomy who have had no improvement in the severity of urinary incontinence despite trials of behavioral and pharmacological therapies; OR
C) Men with epispadias-exstrophy in whom bladder neck reconstruction has failed; OR
D) Women with intractable urinary incontinence who have failed behavioral, pharmacological, and other surgical treatments.

GUIDELINE NOTE 194, TOTAL PANCREATECTOMY WITH ISLET CELL AUTOTRANSPLANT

Line 599

Total pancreatectomy with islet cell autotransplant (TP IAT) is only included on this line when the patient meets ALL of the following criteria:

A) Has acquired intractable chronic pancreatitis
B) Has intractable abdominal pain despite optimal medical therapy
C) Has not responded to more conservative surgery including endoscopic pancreatic decompression or in whom such surgery is not clinically indicated
D) Has not responded to nerve block procedures or in whom these interventions are not clinically indicated
E) Has been assessed by the multidisciplinary team and determined to have pain of an organic nature and are thought likely to achieve significant pain reduction from TP IAT
F) Is an appropriate candidate for major surgery
G) Is able to adhere to the complex medical management required following TP IAT
H) Does not have type 1 diabetes, known pancreatic cancer or any other condition that would prevent isolation of islet cells for autotransplant
I) Does not have a condition (e.g. portal vein thrombosis or significant parenchymal liver disease such as cirrhosis of the liver) which increases the risks associated with islet cell transplant
J) Does not have any other contraindications such as active alcohol abuse

GUIDELINE NOTE 195, TEMPORARY PERCUTANEOUS MECHANICAL CIRCULATORY SUPPORT WITH IMPELLA DEVICES

Line 69

Temporary percutaneous mechanical circulatory support with Impella devices is included on Line 69 only in the two following circumstances:

1. During percutaneous coronary intervention (PCI) in patients with acute coronary syndrome (ACS) when all of the following conditions are met:
   - ACS without cardiogenic shock (STEMI, NSTEMI or unstable angina)
   - A heart team discussion determines the patient needs revascularization with coronary artery bypass graft (CABG) or PCI
   - A cardiothoracic surgeon is consulted and agrees the patient is inoperable (i.e., are not willing to perform CABG but agree revascularization is indicated)
   - Patient has complex left main or last remaining conduit disease
   - Ejection fraction (EF) < 30% or at high risk for hemodynamic collapse during intervention

2. In patients with cardiogenic shock who may be candidates for Left Ventricular Assist Device (LVAD) (destination therapy) or transplant (bridge to transplant), AND an advanced heart failure and transplant cardiologist agrees that Impella should be used as a bridge to decision for LVAD or transplant. Appropriate effort should be made to consult with a heart failure and transplant cardiologist, but coverage is recommended in circumstances where consultation cannot reasonably be obtained without endangering the patient's life and the treating physician believes the patient meets the criteria above.

Temporary percutaneous mechanical circulatory support with Impella devices is not included on this or any other line for elective high-risk PCI for patients with stable coronary artery disease.

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 197, COUNSELING FOR PREGNANT AND POSTPARTUM WOMEN

Lines 1,3,35,63

Counseling for the prevention of peripartum mood disorders for pregnant and postpartum women (including up to 1 year after birth or pregnancy loss) are included on these lines according to USPSTF recommendations https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/perinatal-depression-preventive-interventions and should be coded with health behavior assessment and intervention procedure codes.

GUIDELINE NOTE 198, HIDRADENITIS SUPPURATIVA

Lines 419,514

Hidradenitis suppurativa is included on Line 419 only for moderate to severe disease (e.g. Hurley Stage II or Hurley Stage III); otherwise this condition is included on Line 514.

Initial treatment with adalimumab is limited to adults whose disease has not responded to at least a 90-day trial of conventional therapy (e.g., oral antibiotics), unless such a trial is not tolerated or contraindicated. Treatment with adalimumab after 12 weeks is only included on Line 419 for patients with a clear evidence of response, defined as:

A) a reduction of 25% or more in the total abscess and inflammatory nodule count, AND
B) no increase in abscesses and draining fistulas.

GUIDELINE NOTE 199, INTESTINE TRANSPLANT

Line 239

Intestine transplant is included on this line only for patients with failure of total parenteral nutrition (TPN) as indicated by one of the following, and no contraindications to transplant:

A) Impending or overt liver failure due to TPN, indicated by elevated serum bilirubin and/or liver enzymes, splenomegaly, thrombocytopenia, gastro-esophageal varices, coagulopathy, peristomal bleeding, or hepatic fibrosis/cirrhosis;
B) Thrombosis of ≥ 2 central veins, including jugular, subclavian, and femoral veins;
C) Two or more episodes of systemic sepsis due to line infection, per year, or one episode of septic shock, acute respiratory distress syndrome, and/or line related fungemia;
D) Frequent episodes of dehydration despite IV fluid supplementation;
E) Other complications leading to loss of vascular access

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.