



HEALTH POLICY & ANALYTICS DIVISION
Health Evidence Review Commission

Kate Brown, Governor



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November 30, 2018

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

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

Dear Senator Courtney and Representative Kotek:

The Health Evidence Review Commission of the Oregon Health Authority's Health Policy & Analytics Division respectfully reports to you that, in accordance with ORS 414.690(7), several interim modifications have been made to the Prioritized List of Health Services appearing in the Health Evidence Review Commission's June 2017 Report to the Governor and 79th Oregon Legislative Assembly. Therefore, in accordance with ORS 414.690 (8), the Health Evidence Review Commission is reporting these interim modifications, effective October 1, 2018.

The changes ~~are quantified in the table below~~ and listed in detail in Attachments A and B. [\(The table of code counts in the original notice has been omitted to more efficiently use staff resources\).](#)

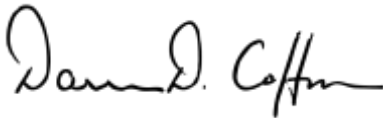
Change Type	Code Type	Unique codes	Added Pairings	Deleted Pairings
Add new code	CPT	1	1	0
Add new code	HCPCS	5	5	4
Add new code	ICD-10-CM	256	313	256
Add omitted code	CPT	5	5	5
Add appropriate pair	CPT	66	90	0
Add omitted code	HCPCS	70	321	69
Add appropriate pair	HCPCS	4	4	0
Add omitted code	ICD-10-CM	4	8	4
Add appropriate pair	ICD-10-CM	6	6	0
Move code to different line	CPT	4	10	4
Move code to different line	ICD-10-CM	8	8	8
Remove obsolete code	ICD-10-CM	47	0	0
Remove inappropriate pairing	CPT	136	0	256
Remove inappropriate pairing	ICD-10-CM	11	0	11
Remove code; add to HSD file	CPT	9	9	97

In addition to these change, the Commission made changes to practice guidelines and coding specifications associated with the Prioritized List. Attachment C shows five new guidelines, Attachment D includes revisions to 18 existing guidelines and Attachment E lists one deleted guideline. Attachment F lists five new coding specifications. One of the new guidelines and one of the revised guidelines involve changes to reflect recent coverage guidances completed by the Health Evidence Review Commission, developed using systematic reviews of the best evidence available from trusted sources on these topics. Attachment G shows a new statement of intent on the treatment of chronic pain, and Attachment H shows a revised statement of intent on palliative care. Finally, the changes and errata published since the publication of the April 1, 2018 Prioritized List appear in Attachment I.

The changes appearing in this letter are being forwarded to the Health Systems Division which, in consultation with the OHA Actuarial Services Unit, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of the Prioritized List, the HSD will determine the effective date for these changes, which will be no earlier than October 1, 2018. In the event any of these technical changes are determined to impact the funding level of the List as defined by HSD's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

The Health Evidence Review Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,



Darren D. Coffman
Director, Health Evidence Review Commission

cc: Health Evidence Review Commission
Patrick Allen, Director, Oregon Health Authority
Dawn Jagger, Chief of Staff, Oregon Health Authority
David Simnitt, Interim State Medicaid Director, Oregon Health Authority
Margie Stanton, MD, Director, Health Systems Division, Oregon Health Authority
Jeremy Vandehey, Director, Health Policy & Analytics Division, Oregon Health Authority
Dana Hargunani, MD Chief Medical Officer, Oregon Health Authority

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services Approved ~~on March 8, 2018 through August 9, 2018~~ for October 1, 2018 by the Health Evidence Review Commission

Line: 1
Condition: PREGNANCY
Treatment: MATERNITY CARE

Add:	<u>10140</u>	<u>Incision and drainage of hematoma, seroma or fluid collection</u>
Add:	O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
Add:	O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
Add:	O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
Add:	O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
Add:	O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
Add:	O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
Add:	O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
Add:	O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
Add:	O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
Add:	O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
Add:	O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
Add:	O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
Delete:	<u>Z3A.00</u>	<u>Weeks of gestation of pregnancy not specified</u>
Delete:	<u>Z3A.01</u>	<u>Less than 8 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.08</u>	<u>8 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.09</u>	<u>9 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.10</u>	<u>10 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.11</u>	<u>11 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.12</u>	<u>12 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.13</u>	<u>13 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.14</u>	<u>14 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.15</u>	<u>15 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.16</u>	<u>16 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.17</u>	<u>17 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.18</u>	<u>18 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.19</u>	<u>19 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.20</u>	<u>20 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.21</u>	<u>21 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.22</u>	<u>22 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.23</u>	<u>23 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.24</u>	<u>24 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.25</u>	<u>25 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.26</u>	<u>26 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.27</u>	<u>27 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.28</u>	<u>28 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.29</u>	<u>29 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.30</u>	<u>30 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.31</u>	<u>31 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.32</u>	<u>32 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.33</u>	<u>33 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.34</u>	<u>34 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.35</u>	<u>35 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.36</u>	<u>36 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.37</u>	<u>37 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.38</u>	<u>38 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.39</u>	<u>39 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.40</u>	<u>40 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.41</u>	<u>41 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.42</u>	<u>42 weeks gestation of pregnancy</u>
Delete:	<u>Z3A.49</u>	<u>Greater than 42 weeks gestation of pregnancy</u>
Add:	C1880	Vena cava filter

Line: 2
Condition: BIRTH OF INFANT
Treatment: NEWBORN CARE

~~Delete: P02.7 Newborn affected by chorioamnionitis~~

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Add: P02.70 Newborn affected by fetal inflammatory response syndrome
Add: P02.78 Newborn affected by other conditions from chorioamnionitis
~~Delete: P04.1 Newborn affected by other maternal medication~~
Add: P04.11 Newborn affected by maternal antineoplastic chemotherapy
Add: P04.12 Newborn affected by maternal cytotoxic drugs
Add: P04.13 Newborn affected by maternal use of anticonvulsants
Add: P04.14 Newborn affected by maternal use of opiates
Add: P04.15 Newborn affected by maternal use of antidepressants
Add: P04.16 Newborn affected by maternal use of amphetamines
Add: P04.17 Newborn affected by maternal use of sedative-hypnotics
Add: P04.18 Newborn affected by other maternal medication
Add: P04.19 Newborn affected by maternal use of unspecified medication
Add: P04.1A Newborn affected by maternal use of anxiolytics
Add: P04.40 Newborn affected by maternal use of unspecified drugs of addiction
Add: P04.42 Newborn affected by maternal use of hallucinogens
~~Delete: P04.8 Newborn affected by other maternal noxious substances~~
Add: P04.81 Newborn affected by maternal use of cannabis
Add: P04.89 Newborn affected by other maternal noxious substances

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

Add: 90675 Rabies vaccine, for intramuscular use
Add: 90676 Rabies vaccine, for intradermal use
Add: Z13.31 Encounter for screening for depression
Add: Z13.32 Encounter for screening for maternal depression
Add: Z13.39 Encounter for screening examination for other mental health and behavioral disorders
~~Delete: Z13.4 Encounter for screening for certain developmental disorders in childhood~~
Add: Z13.41 Encounter for autism screening
Add: Z13.42 Encounter for screening for global developmental delays (milestones)
Add: Z13.49 Encounter for screening for other developmental delays
Add: Z20.821 Contact with and (suspected) exposure to Zika virus

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

Add: H0023 Behavioral health outreach service (planned approach to reach a targeted population)

~~Line: 6
Condition: REPRODUCTIVE SERVICES
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
Add: 58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)~~

~~Line: 7
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE
Treatment: MEDICAL/PSYCHOTHERAPY
Add: 90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management
Add: F53.0 Postpartum depression~~

Line: 9
Condition: ASTHMA
Treatment: MEDICAL THERAPY

Add: 95012 Nitric oxide expired gas determination

Line: 15
Condition: CONGENITAL INFECTIOUS DISEASES
Treatment: MEDICAL THERAPY

Add: P35.4 Congenital Zika virus disease

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Line:	21	
Condition:	VESICoureteral Reflux	
Treatment:	MEDICAL Therapy, SURGERY	
Add:	50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
Add:	50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
Add:	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
Add:	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

Line:	24	
Condition:	Endocrine and Metabolic Disturbances Specific to the Fetus and Newborn	
Treatment:	MEDICAL Therapy	
Delete:	P74.2	Disturbances of sodium balance of newborn
Add:	P74.21	Hypernatremia of newborn
Add:	P74.22	Hyponatremia of newborn
Delete:	P74.3	Disturbances of potassium balance of newborn
Add:	P74.31	Hyperkalemia of newborn
Add:	P74.32	Hypokalemia of newborn
Delete:	P74.4	Other transitory electrolyte disturbances of newborn
Add:	P74.41	Alkalosis of newborn
Add:	P74.421	Hyperchloremia of newborn
Add:	P74.422	Hypochloremia of newborn
Add:	P74.49	Other transitory electrolyte disturbance of newborn

Line:	25	
Condition:	Dysplasia of Cervix and Cervical Carcinoma in Situ, Cervical Condyloma	
Treatment:	MEDICAL and SURGICAL Treatment	
Add:	57420	Colposcopy of the entire vagina, with cervix if present;
Add:	57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix

Line:	<u>35</u>	
Condition:	<u>TERMINATION OF PREGNANCY</u>	
Treatment:	<u>INDUCED ABORTION</u>	
Delete:	A34	Obstetrical tetanus
Delete:	O03.87	Sepsis following complete or unspecified spontaneous abortion
Delete:	O08.0	Genital tract and pelvic infection following ectopic and molar pregnancy
Delete:	O08.1	Delayed or excessive hemorrhage following ectopic and molar pregnancy
Delete:	O08.2	Embolism following ectopic and molar pregnancy
Delete:	O08.3	Shock following ectopic and molar pregnancy
Delete:	O08.4	Renal failure following ectopic and molar pregnancy
Delete:	O08.5	Metabolic disorders following an ectopic and molar pregnancy
Delete:	O08.6	Damage to pelvic organs and tissues following an ectopic and molar pregnancy
Delete:	O08.7	Other venous complications following an ectopic and molar pregnancy
Delete:	O08.81	Cardiac arrest following an ectopic and molar pregnancy
Delete:	O08.82	Sepsis following ectopic and molar pregnancy
Delete:	O08.83	Urinary tract infection following an ectopic and molar pregnancy
Delete:	O08.89	Other complications following an ectopic and molar pregnancy
Delete:	O08.9	Unspecified complication following an ectopic and molar pregnancy
Delete:	O36.8120	Decreased fetal movements, second trimester, not applicable or unspecified
Delete:	O36.8121	Decreased fetal movements, second trimester, fetus 1
Delete:	O36.8122	Decreased fetal movements, second trimester, fetus 2
Delete:	O36.8123	Decreased fetal movements, second trimester, fetus 3
Delete:	O36.8124	Decreased fetal movements, second trimester, fetus 4
Delete:	O36.8125	Decreased fetal movements, second trimester, fetus 5
Delete:	O36.8129	Decreased fetal movements, second trimester, other fetus
Delete:	O36.8130	Decreased fetal movements, third trimester, not applicable or unspecified
Delete:	O36.8131	Decreased fetal movements, third trimester, fetus 1

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[Delete: O36.8132 Decreased fetal movements, third trimester, fetus 2](#)
[Delete: O36.8133 Decreased fetal movements, third trimester, fetus 3](#)
[Delete: O36.8134 Decreased fetal movements, third trimester, fetus 4](#)
[Delete: O36.8135 Decreased fetal movements, third trimester, fetus 5](#)
[Delete: O36.8139 Decreased fetal movements, third trimester, other fetus](#)
[Delete: O36.8190 Decreased fetal movements, unspecified trimester, not applicable or unspecified](#)
[Delete: O36.8191 Decreased fetal movements, unspecified trimester, fetus 1](#)
[Delete: O36.8192 Decreased fetal movements, unspecified trimester, fetus 2](#)
[Delete: O36.8193 Decreased fetal movements, unspecified trimester, fetus 3](#)
[Delete: O36.8194 Decreased fetal movements, unspecified trimester, fetus 4](#)
[Delete: O36.8195 Decreased fetal movements, unspecified trimester, fetus 5](#)
[Delete: O36.8199 Decreased fetal movements, unspecified trimester, other fetus](#)
[Delete: Z3A.00 Weeks of gestation of pregnancy not specified](#)
[Delete: Z3A.01 Less than 8 weeks gestation of pregnancy](#)
[Delete: Z3A.08 8 weeks gestation of pregnancy](#)
[Delete: Z3A.09 9 weeks gestation of pregnancy](#)
[Delete: Z3A.10 10 weeks gestation of pregnancy](#)
[Delete: Z3A.11 11 weeks gestation of pregnancy](#)
[Delete: Z3A.12 12 weeks gestation of pregnancy](#)
[Delete: Z3A.13 13 weeks gestation of pregnancy](#)
[Delete: Z3A.14 14 weeks gestation of pregnancy](#)
[Delete: Z3A.15 15 weeks gestation of pregnancy](#)
[Delete: Z3A.16 16 weeks gestation of pregnancy](#)
[Delete: Z3A.17 17 weeks gestation of pregnancy](#)
[Delete: Z3A.18 18 weeks gestation of pregnancy](#)
[Delete: Z3A.19 19 weeks gestation of pregnancy](#)
[Delete: Z3A.20 20 weeks gestation of pregnancy](#)
[Delete: Z3A.21 21 weeks gestation of pregnancy](#)
[Delete: Z3A.22 22 weeks gestation of pregnancy](#)

Line: 37

Condition: [ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA](#)

Treatment: [MEDICAL AND SURGICAL TREATMENT](#)

[Add: O08.0 Genital tract and pelvic infection following ectopic and molar pregnancy](#)
[Add: O08.1 Delayed or excessive hemorrhage following ectopic and molar pregnancy](#)
[Add: O08.2 Embolism following ectopic and molar pregnancy](#)
[Add: O08.3 Shock following ectopic and molar pregnancy](#)
[Add: O08.4 Renal failure following ectopic and molar pregnancy](#)
[Add: O08.5 Metabolic disorders following an ectopic and molar pregnancy](#)
[Add: O08.6 Damage to pelvic organs and tissues following an ectopic and molar pregnancy](#)
[Add: O08.7 Other venous complications following an ectopic and molar pregnancy](#)
[Add: O08.81 Cardiac arrest following an ectopic and molar pregnancy](#)
[Add: O08.82 Sepsis following ectopic and molar pregnancy](#)
[Add: O08.83 Urinary tract infection following an ectopic and molar pregnancy](#)
[Add: O08.89 Other complications following an ectopic and molar pregnancy](#)
[Add: O08.9 Unspecified complication following an ectopic and molar pregnancy](#)

Line: 45

Condition: [CORONARY ARTERY ANOMALY](#)

Treatment: [REIMPLANTATION OF CORONARY ARTERY](#)

[Add: C9600 Percutaneous transcatheter placement of drug eluting intracoronary stent\(s\), with coronary angioplasty when performed; single major coronary artery or branch](#)
[Add: C9601 Percutaneous transcatheter placement of drug-eluting intracoronary stent\(s\), with coronary angioplasty when performed; each additional branch of a major coronary artery \(list separately in addition to code for primary procedure\)](#)
[Add: C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch](#)
[Add: C9603 Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery \(list separately in addition to code for primary procedure\)](#)
[Add: C9604 Percutaneous transluminal revascularization of or through coronary artery bypass graft \(internal mammary, free arterial, venous\), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel](#)

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- Add: C9605 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
- Add: C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
- Add: C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
- Add: C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

Line: 47
Condition: DEEP ABSCESES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT

- Add: 11004 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
- Add: 11006 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
- Add: 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
- Add: 13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
- Add: 13132 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
- Add: 13133 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
- Add: 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
- Add: 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
- ~~Delete: 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day~~
- Add: 55150 Resection of scrotum
- ~~Delete: K35.2 Acute appendicitis with generalized peritonitis~~
- Add: K35.20 Acute appendicitis with generalized peritonitis, without abscess
- Add: K35.21 Acute appendicitis with generalized peritonitis, with abscess
- ~~Delete: K35.3 Acute appendicitis with localized peritonitis~~
- Add: K35.30 Acute appendicitis with localized peritonitis, without perforation or gangrene
- Add: K35.31 Acute appendicitis with localized peritonitis and gangrene, without perforation
- Add: K35.32 Acute appendicitis with perforation and localized peritonitis, without abscess
- Add: K35.33 Acute appendicitis with perforation and localized peritonitis, with abscess
- ~~Delete: K35.89 Other acute appendicitis~~
- Add: K35.890 Other acute appendicitis without perforation or gangrene
- Add: K35.891 Other acute appendicitis without perforation, with gangrene

Line: 49
Condition: CONGENITAL HYDRONEPHROSIS
Treatment: NEPHRECTOMY/REPAIR

- Add: 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Line: 51
Condition: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT

- Add: 49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
- Add: 49322 Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
- Add: 49406 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous
- Add: 49407 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

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Line:	55
Condition:	COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	K82.A1 Gangrene of gallbladder in cholecystitis
Add:	K82.A2 Perforation of gallbladder in cholecystitis
Delete:	K83.0 Cholangitis
Add:	K83.01 Primary sclerosing cholangitis
Add:	K83.09 Other cholangitis

Line:	56
Condition:	ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	96900 Actinotherapy (ultraviolet light)
Delete:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line:	57
Condition:	BURN, FULL THICKNESS GREATER THAN 10% OF BODY SURFACE
Treatment:	FREE SKIN GRAFT, MEDICAL THERAPY
Add:	C5271 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Add:	C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line:	59
Condition:	END STAGE RENAL DISEASE
Treatment:	MEDICAL THERAPY INCLUDING DIALYSIS
Add:	N18.5 Chronic kidney disease, stage 5
Add:	C1750 Catheter, hemodialysis/peritoneal, long-term
Add:	C1752 Catheter, hemodialysis/peritoneal, short-term
Add:	C1881 Dialysis access system (implantable)

Line:	<u>62</u>
Condition:	<u>SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS</u>
Treatment:	<u>MEDICAL/PSYCHOTHERAPY</u>
Add:	<u>H0038 Self-help/peer services, per 15 minutes</u>

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Line:	63
Condition:	SPONTANEOUS ABORTION; MISSED ABORTION
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	59425 Antepartum care only; 4-6 visits
Add:	59426 Antepartum care only; 7 or more visits
Add:	O03.87 Sepsis following complete or unspecified spontaneous abortion
Line:	64
Condition:	CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C9727 Insertion of implants into the soft palate; minimum of three implants
Line:	65
Condition:	SUBSTANCE-INDUCED DELIRIUM; SUBSTANCE INTOXICATION AND WITHDRAWAL
Treatment:	MEDICAL/PSYCHOTHERAPY
Add:	F12.23 Cannabis dependence with withdrawal
Add:	F12.93 Cannabis use, unspecified with withdrawal
Line:	66
Condition:	LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS
Treatment:	INCISION/EXCISION/ENDOSCOPY
Add:	C1878 Material for vocal cord medialization, synthetic (implantable)
Line:	69
Condition:	ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C1721 Cardioverter-defibrillator, dual chamber (implantable)
Add:	C1722 Cardioverter-defibrillator, single chamber (implantable)
Add:	C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add:	C1779 Lead, pacemaker, transvenous vdd single pass
Add:	C1785 Pacemaker, dual chamber, rate-responsive (implantable)
Add:	C1786 Pacemaker, single chamber, rate-responsive (implantable)
Add:	C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add:	C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add:	C1898 Lead, pacemaker, other than transvenous vdd single pass
Add:	C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Add:	C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
Add:	C2620 Pacemaker, single chamber, non rate-responsive (implantable)
Add:	C2621 Pacemaker, other than single or dual chamber (implantable)
Add:	C9600 Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9601 Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9603 Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9604 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Add:	C9605 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Add:	C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel

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- Add: C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
- Add: C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

- Line: 71
Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
- ~~Delete: E72.8 — Other specified disorders of amino-acid metabolism~~
- Add: 96150 [Health and behavior assessment \(eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires\), each 15 minutes face-to-face with the patient; initial assessment](#)
- Add: 96151 [Health and behavior assessment \(eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires\), each 15 minutes face-to-face with the patient; re-assessment](#)
- Add: 96152 [Health and behavior intervention, each 15 minutes, face-to-face; individual](#)
- Add: 96153 [Health and behavior intervention, each 15 minutes, face-to-face; group \(2 or more patients\)](#)
- Add: 96154 [Health and behavior intervention, each 15 minutes, face-to-face; family \(with the patient present\)](#)
- Add: 96155 [Health and behavior intervention, each 15 minutes, face-to-face; family \(without the patient present\)](#)
- Add: 97802 [Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes](#)
- Add: 97803 [Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes](#)
- Add: E72.81 Disorders of gamma aminobutyric acid metabolism
- Add: E72.89 Other specified disorders of amino-acid metabolism
- Add: E75.26 Sulfatase deficiency
- ~~Delete: G71.0 — Muscular dystrophy~~
- Add: G71.00 Muscular dystrophy, unspecified
- Add: G71.01 Duchenne or Becker muscular dystrophy
- Add: G71.02 Facioscapulohumeral muscular dystrophy
- Add: G71.09 Other specified muscular dystrophies
- Add: I63.81 [Other cerebral infarction due to occlusion or stenosis of small artery](#)
- Add: I63.89 [Other cerebral infarction](#)
- Add: I67.850 [Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy](#)
- Add: I67.858 [Other hereditary cerebrovascular disease](#)
- Add: P35.4 [Congenital Zika virus disease](#)
- ~~Delete: I63.8 — Other cerebral infarction~~
- ~~Add: I63.81 — Other cerebral infarction due to occlusion or stenosis of small artery~~
- ~~Add: I63.89 — Other cerebral infarction~~
- ~~Add: I67.850 — Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy~~
- ~~Add: I67.858 — Other hereditary cerebrovascular disease~~
- ~~Add: P35.4 — Congenital Zika virus disease~~
- ~~Delete: Q93.5 — Other deletions of part of a chromosome~~
- Add: Q93.51 Angelman syndrome
- Add: Q93.59 Other deletions of part of a chromosome
- Add: Q93.82 Williams syndrome
- Add: C1815 Prosthesis, urinary sphincter (implantable)

- Line: 72
Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS, LESS THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
- Add: C5271 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- Add: C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

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- Add: C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- Add: C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- Add: C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line: ~~79~~77

Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW

Treatment: LIGATION

Add: 33750 Shunt: subclavian to pulmonary artery (Blalock-Taussig type operation)

Line: 79

Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP

Treatment: MEDICAL THERAPY

Delete: 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day

Delete: 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;

Delete: 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method

Add: C1880 Vena cava filter

Line: 81

Condition: FRACTURE OF HIP

Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 11012 Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone

Add: 27122 Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)

Line: 87

Condition: CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM

Treatment: RECONSTRUCTION

Add: C1815 Prosthesis, urinary sphincter (implantable)

Line: 92

Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH PERSISTENT SYMPTOMS

Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

Add: 96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

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Line:	98
Condition:	HEART FAILURE
Treatment:	MEDICAL THERAPY

Add:	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
Add:	33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
Add:	33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
Add:	33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
Add:	33221	Insertion of pacemaker pulse generator only; with existing multiple leads
Add:	33222	Relocation of skin pocket for pacemaker
Add:	33223	Relocation of skin pocket for implantable defibrillator
Add:	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
Add:	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
Add:	33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
Add:	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
Add:	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
Add:	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
Add:	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads
Add:	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
Add:	33233	Removal of permanent pacemaker pulse generator only
Add:	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
Add:	33235	Removal of transvenous pacemaker electrode(s); dual lead system
Add:	33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
Add:	33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
Add:	33238	Removal of permanent transvenous electrode(s) by thoracotomy
Add:	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead
Add:	33241	Removal of implantable defibrillator pulse generator only
Add:	33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
Add:	33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
Add:	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
Add:	33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
Add:	33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
Add:	33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
Add:	33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
Add:	33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
Add:	33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
Add:	33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
Add:	33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
Add:	33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
Add:	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
Add:	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
Add:	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system

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Add: 33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
Add: 33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
Add: 33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
Add: 33271	Insertion of subcutaneous implantable defibrillator electrode
Add: 33272	Removal of subcutaneous implantable defibrillator electrode
Add: 33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
Add: 93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system
Add: 93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system
Add: 93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system
Add: 93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system
Add: 93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system
Add: 93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
Add: 93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
Add: 93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
Add: 93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
Add: 93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
Add: 93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
Add: 93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
Add: 93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
Add: 93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
Add: C1721	Cardioverter-defibrillator, dual chamber (implantable)
Add: C1722	Cardioverter-defibrillator, single chamber (implantable)
Add: C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add: C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add: C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add: C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)

Line: 99
Condition: CARDIOMYOPATHY
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: C1721 Cardioverter-defibrillator, dual chamber (implantable)

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Add:	C1722	Cardioverter-defibrillator, single chamber (implantable)
Add:	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add:	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add:	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add:	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)

Line:	102	
Condition:	HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE	
Treatment:	MEDICAL THERAPY	
Delete:	96900	Actinotherapy (ultraviolet light)
Add:	E0202	Phototherapy (bilirubin) light with photometer

Line:	103	
Condition:	POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS	
Treatment:	MEDICAL THERAPY	
Add:	T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
Add:	T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
Add:	T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
Add:	T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
Add:	T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
Add:	T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
Add:	T43.643A	Poisoning by ecstasy, assault, initial encounter
Add:	T43.643D	Poisoning by ecstasy, assault, subsequent encounter
Add:	T43.643S	Poisoning by ecstasy, assault, sequela
Add:	T43.644A	Poisoning by ecstasy, undetermined, initial encounter
Add:	T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
Add:	T43.644S	Poisoning by ecstasy, undetermined, sequela
Add:	C1752	Catheter, hemodialysis/peritoneal, short-term
Add:	C1881	Dialysis access system (implantable)

Line:	111	
Condition:	CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART	
Treatment:	MEDICAL THERAPY	
Add:	C1721	Cardioverter-defibrillator, dual chamber (implantable)
Add:	C1722	Cardioverter-defibrillator, single chamber (implantable)
Add:	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add:	C1779	Lead, pacemaker, transvenous vdd single pass
Add:	C1785	Pacemaker, dual chamber, rate-responsive (implantable)
Add:	C1786	Pacemaker, single chamber, rate-responsive (implantable)
Add:	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add:	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add:	C1898	Lead, pacemaker, other than transvenous vdd single pass
Add:	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Add:	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)
Add:	C2620	Pacemaker, single chamber, non rate-responsive (implantable)
Add:	C2621	Pacemaker, other than single or dual chamber (implantable)

Line:	113	
Condition:	CANCER OF EYE AND ORBIT	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line:	116	
Condition:	HODGKIN'S DISEASE	
Treatment:	BONE MARROW TRANSPLANT	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body

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Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line:	421 118
Condition:	<u>NUTRITIONAL DEFICIENCIES</u>
Treatment:	<u>MEDICAL THERAPY</u>

Add: 99217	<u>Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]</u>
Add: 99218	<u>Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99219	<u>Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99220	<u>Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99221	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99222	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99223	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99224	<u>Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>

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Add: 99225	<u>Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99226	<u>Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99231	<u>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99232	<u>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99233	<u>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99234	<u>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99235	<u>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99236	<u>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
Add: 99238	<u>Hospital discharge day management; 30 minutes or less</u>
Add: 99239	<u>Hospital discharge day management; more than 30 minutes</u>
Add: 99291	<u>Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes</u>
Add: 99292	<u>Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)</u>
Add: 99304	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

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Add: 99305	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99306	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99307	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99308	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99309	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99310	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99315	<u>Nursing facility discharge day management; 30 minutes or less</u>
Add: 99316	<u>Nursing facility discharge day management; more than 30 minutes</u>
Add: 99318	<u>Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99324	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99325	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99326	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.</u>

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Add: 99327	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99328	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99334	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99335	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99336	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99337	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99339	<u>Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes</u>
Add: 99340	<u>Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more</u>
Add: 99379	<u>Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes</u>
Add: 99380	<u>Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more</u>

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Add: 99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Add: 99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Add: 99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Add: 99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age

Line: 121

Condition: ABUSE AND NEGLECT

Treatment: MEDICAL/PSYCHOTHERAPY

Add: 96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
Add: 96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
Add: 96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
Add: 96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
Add: 96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
Add: 96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
Add: T74.51XA	Adult forced sexual exploitation, confirmed, initial encounter
Add: T74.51XD	Adult forced sexual exploitation, confirmed, subsequent encounter
Add: T74.51XS	Adult forced sexual exploitation, confirmed, sequela
Add: T74.52XA	Child sexual exploitation, confirmed, initial encounter
Add: T74.52XD	Child sexual exploitation, confirmed, subsequent encounter
Add: T74.52XS	Child sexual exploitation, confirmed, sequela
Add: T74.61XA	Adult forced labor exploitation, confirmed, initial encounter
Add: T74.61XD	Adult forced labor exploitation, confirmed, subsequent encounter
Add: T74.61XS	Adult forced labor exploitation, confirmed, sequela
Add: T74.62XA	Child forced labor exploitation, confirmed, initial encounter
Add: T74.62XD	Child forced labor exploitation, confirmed, subsequent encounter
Add: T74.62XS	Child forced labor exploitation, confirmed, sequela
Add: T76.51XA	Adult forced sexual exploitation, suspected, initial encounter
Add: T76.51XD	Adult forced sexual exploitation, suspected, subsequent encounter
Add: T76.51XS	Adult forced sexual exploitation, suspected, sequela
Add: T76.52XA	Child sexual exploitation, suspected, initial encounter
Add: T76.52XD	Child sexual exploitation, suspected, subsequent encounter
Add: T76.52XS	Child sexual exploitation, suspected, sequela
Add: T76.61XA	Adult forced labor exploitation, suspected, initial encounter
Add: T76.61XD	Adult forced labor exploitation, suspected, subsequent encounter
Add: T76.61XS	Adult forced labor exploitation, suspected, sequela
Add: T76.62XA	Child forced labor exploitation, suspected, initial encounter
Add: T76.62XD	Child forced labor exploitation, suspected, subsequent encounter
Add: T76.62XS	Child forced labor exploitation, suspected, sequela
Add: Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Add: Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Add: H2014	Skills training and development, per 15 minutes

Line: 126

Condition: [BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD](#)

Treatment: [MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY](#)

Add: 64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
Add: 64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve
Add: 64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
Add: 92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
Add: 92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
Add: 92250	Fundus photography with interpretation and report

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Line:	127	
Condition:	ACUTE KIDNEY INJURY	
Treatment:	MEDICAL THERAPY INCLUDING DIALYSIS	
Add:	C1752	Catheter, hemodialysis/peritoneal, short-term
Add:	C1881	Dialysis access system (implantable)
Line:	133	
Condition:	CANCER OF CERVIX	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	134	
Condition:	<u>INTERRUPTED AORTIC ARCH</u>	
Treatment:	<u>TRANSVERSE ARCH GRAFT</u>	
Add:	33606	<u>Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)</u>
Add:	75573	<u>Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)</u>
Line:	135	
Condition:	HODGKIN'S DISEASE	
Treatment:	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	148	
Condition:	ACQUIRED HEMOLYTIC ANEMIAS	
Treatment:	MEDICAL THERAPY	
Add:	C1752	Catheter, hemodialysis/peritoneal, short-term
Add:	C1881	Dialysis access system (implantable)
Line:	157	
Condition:	CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Add:	44202	<u>Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis</u>
Add:	44203	<u>Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)</u>
Add:	44950	<u>Appendectomy;</u>
Add:	44955	<u>Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)</u>
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

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Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

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

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete: 78813 Positron emission tomography (PET) imaging; whole body
Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Add: 96900 Actinotherapy (ultraviolet light)
Add: 96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Add: 96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Add: 96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line: 160
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Delete: 20910 Cartilage graft; costochondral

Line: 163
Condition: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete: 78813 Positron emission tomography (PET) imaging; whole body
Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line: 165
Condition: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT

Add: 11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
Add: 11056 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
Add: 11057 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
Delete: 28011 Tenotomy, percutaneous, toe; multiple tendons
Delete: 28100 Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
Delete: 28102 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
Delete: 28103 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
Delete: 28104 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
Delete: 28106 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
Delete: 28107 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
Delete: 28108 Excision or curettage of bone cyst or benign tumor, phalanges of foot
Delete: 28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
Delete: 28122 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus

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Delete:	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
Delete:	28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
Delete:	28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
Delete:	28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
Delete:	28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
Delete:	99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling
Delete:	99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
Delete:	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes
Delete:	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
Delete:	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
Delete:	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

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Delete:	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
Delete:	99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
Delete:	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
Delete:	99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
Delete:	99358	Prolonged evaluation and management service before and/or after direct patient care; first hour
Delete:	99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
Delete:	99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
Delete:	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
Delete:	99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
Delete:	99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Delete:	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Delete:	99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Delete:	99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Delete:	99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
Delete:	99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
Delete:	99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
Delete:	99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)

Line: 173
Condition: POSTTRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Add:	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
Add:	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Add:	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

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Line:	174
Condition:	GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
Treatment:	SINGLE FOCAL SURGERY
Delete:	61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
Delete:	61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Delete:	61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
Delete:	61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Delete:	61880 Revision or removal of intracranial neurostimulator electrodes
Delete:	61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
Add:	64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve
Delete:	78608 Brain imaging, positron emission tomography (PET); metabolic evaluation
Delete:	78609 Brain imaging, positron emission tomography (PET); perfusion evaluation
Delete:	78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Add:	C1767 Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778 Lead, neurostimulator (implantable)
Add:	C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add:	C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add:	C1897 Lead, neurostimulator test kit (implantable)
Line:	177
Condition:	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE
Treatment:	MEDICAL THERAPY
Delete:	E72.8 Other specified disorders of amino-acid metabolism
Add:	E72.81 Disorders of gamma aminobutyric acid metabolism
Line:	180
Condition:	URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	50590 Lithotripsy, extracorporeal shock wave
Line:	181
Condition:	CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (E.G., LIGHTNING STRIKE, HEATSTROKE)
Treatment:	MEDICAL THERAPY, BURN TREATMENT
Add:	C5271 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Add:	C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

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- Add: C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line: 182
Condition: SEPTICEMIA
Treatment: MEDICAL THERAPY

- Add: O86.04 Sepsis following an obstetrical procedure
- Add: T81.44XA Sepsis following a procedure, initial encounter
- Add: T81.44XD Sepsis following a procedure, subsequent encounter
- Add: T81.44XS Sepsis following a procedure, sequela

Line: 189
Condition: CHRONIC ISCHEMIC HEART DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT

- Add: C1721 Cardioverter-defibrillator, dual chamber (implantable)
- Add: C1722 Cardioverter-defibrillator, single chamber (implantable)
- Add: C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
- Add: C1779 Lead, pacemaker, transvenous vdd single pass
- Add: C1785 Pacemaker, dual chamber, rate-responsive (implantable)
- Add: C1786 Pacemaker, single chamber, rate-responsive (implantable)
- Add: C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
- Add: C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
- Add: C1898 Lead, pacemaker, other than transvenous vdd single pass
- Add: C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
- Add: C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
- Add: C2620 Pacemaker, single chamber, non rate-responsive (implantable)
- Add: C2621 Pacemaker, other than single or dual chamber (implantable)
- Add: C9600 Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
- Add: C9601 Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
- Add: C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
- Add: C9603 Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
- Add: C9604 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
- Add: C9605 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
- Add: C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
- Add: C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
- Add: C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

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Line:	191	
Condition:	CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION	
Add:	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Add:	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Add:	C1789	Prosthesis, breast (implantable)
Add:	S3854	Gene expression profiling panel for use in the management of breast cancer treatment
Line:	193	
Condition:	AUTISM SPECTRUM DISORDERS	
Treatment:	MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS	
Add:	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Add:	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
Line:	197	
Condition:	BURN, PARTIAL THICKNESS WITHOUT VITAL SITE REQUIRING GRAFTING, UP TO 30% OF BODY SURFACE	
Treatment:	FREE SKIN GRAFT, MEDICAL THERAPY	
Add:	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Add:	C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Line:	200	
Condition:	CANCER OF SOFT TISSUE	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

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Line:	201	
Condition:	CANCER OF BONES	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	202	
Condition:	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS	
Treatment:	MEDICAL THERAPY	
Add:	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Add:	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
Add:	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Add:	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Add:	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Add:	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Line:	204	
Condition:	DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE	
Treatment:	MEDICAL/PSYCHOTHERAPY	
Delete:	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Delete:	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Delete:	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Delete:	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Delete:	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes
Add:	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
Add:	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
Add:	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
Add:	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
Add:	99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

Line: 206
Condition: SUPERFICIAL ABSCESES AND CELLULITIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Delete:	96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
Delete:	96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
Delete:	96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
Delete:	K61.3	Ischiorectal abscess
Add:	K61.31	Horseshoe abscess
Add:	K61.39	Other ischiorectal abscess
Add:	K61.5	Suprlevator abscess

Line: 208
Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: 11740 Evacuation of subungual hematoma

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Line:	211	
Condition:	CANCER OF THYROID	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	213	
Condition:	BULLOUS DERMATOSES OF THE SKIN	
Treatment:	MEDICAL THERAPY	
Delete:	96900	Actinotherapy (ultraviolet light)
Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
Line:	214	
Condition:	ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	C1880	Vena cava filter
Line:	221	
Condition:	DYSLIPIDEMIAS	
Treatment:	MEDICAL THERAPY	
Delete:	E78.4	Other hyperlipidemia
Add:	E78.49	Other hyperlipidemia
Line:	222	
Condition:	DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE	
Treatment:	MEDICAL THERAPY, DIALYSIS	
Add:	C1752	Catheter, hemodialysis/peritoneal, short-term
Add:	C1881	Dialysis access system (implantable)
Line:	230	
Condition:	MALIGNANT MELANOMA OF SKIN	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Delete:	C43.11	Malignant melanoma of right eyelid, including canthus
Add:	C43.111	Malignant melanoma of right upper eyelid, including canthus
Add:	C43.112	Malignant melanoma of right lower eyelid, including canthus
Delete:	C43.12	Malignant melanoma of left eyelid, including canthus
Add:	C43.121	Malignant melanoma of left upper eyelid, including canthus
Add:	C43.122	Malignant melanoma of left lower eyelid, including canthus
Delete:	D03.11	Melanoma in situ of right eyelid, including canthus
Add:	D03.111	Melanoma in situ of right upper eyelid, including canthus
Add:	D03.112	Melanoma in situ of right lower eyelid, including canthus

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~~Delete: D03.12 Melanoma in situ of left eyelid, including canthus~~
Add: D03.121 Melanoma in situ of left upper eyelid, including canthus
Add: D03.122 Melanoma in situ of left lower eyelid, including canthus

Line: 237
Condition: TETANUS
Treatment: MEDICAL THERAPY
Add: A34 Obstetrical tetanus

Line: 242
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (E.G., MAPLE SYRUP URINE DISEASE, TYROSINEMIA)
Treatment: LIVER TRANSPLANT
~~Delete: E72.8 Other specified disorders of amino-acid metabolism~~
Add: E72.81 Disorders of gamma aminobutyric acid metabolism

Line: 243
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
~~Delete: D04.11 Carcinoma in situ of skin of right eyelid, including canthus~~
Add: D04.111 Carcinoma in situ of skin of right upper eyelid, including canthus
Add: D04.112 Carcinoma in situ of skin of right lower eyelid, including canthus
~~Delete: D04.12 Carcinoma in situ of skin of left eyelid, including canthus~~
Add: D04.121 Carcinoma in situ of skin of left upper eyelid, including canthus
Add: D04.122 Carcinoma in situ of skin of left lower eyelid, including canthus

Line: 250
Condition: PARKINSON'S DISEASE
Treatment: MEDICAL THERAPY
Add: 61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
Add: 61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Add: 61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
Add: 61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Add: 61880 Revision or removal of intracranial neurostimulator electrodes
Add: 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
Add: 61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
Add: Z45.42 Encounter for adjustment and management of neuropacemaker (brain) (peripheral nerve) (spinal cord)
Add: C1767 Generator, neurostimulator (implantable), non-rechargeable
Add: C1778 Lead, neurostimulator (implantable)
Add: C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add: C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add: C1897 Lead, neurostimulator test kit (implantable)

Line: 259
Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add: 38760 Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)

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Add: 38765 Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)

Line: 260
Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete: 78813 Positron emission tomography (PET) imaging; whole body
Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line: 263
Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete: 78813 Positron emission tomography (PET) imaging; whole body
Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line: 275
Condition: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY

Add: 50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
Add: 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Line: 276
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete: 78813 Positron emission tomography (PET) imaging; whole body
Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

~~Delete: C44.102 Unspecified malignant neoplasm of skin of right eyelid, including canthus~~
Add: C44.1021 Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
Add: C44.1022 Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
~~Delete: C44.109 Unspecified malignant neoplasm of skin of left eyelid, including canthus~~
Add: C44.1091 Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
Add: C44.1092 Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
~~Delete: C44.112 Basal cell carcinoma of skin of right eyelid, including canthus~~
Add: C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus
Add: C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus
~~Delete: C44.119 Basal cell carcinoma of skin of left eyelid, including canthus~~
Add: C44.1191 Basal cell carcinoma of skin of left upper eyelid, including canthus
Add: C44.1192 Basal cell carcinoma of skin of left lower eyelid, including canthus
~~Delete: C44.122 Squamous cell carcinoma of skin of right eyelid, including canthus~~

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Add: C44.1221 Squamous cell carcinoma of skin of right upper eyelid, including canthus
Add: C44.1222 Squamous cell carcinoma of skin of right lower eyelid, including canthus
~~Delete: C44.129 Squamous cell carcinoma of skin of left eyelid, including canthus~~
Add: C44.1291 Squamous cell carcinoma of skin of left upper eyelid, including canthus
Add: C44.1292 Squamous cell carcinoma of skin of left lower eyelid, including canthus
Add: C44.131 Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
Add: C44.1321 Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
Add: C44.1322 Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
Add: C44.1391 Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
Add: C44.1392 Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
~~Delete: C44.192 Other specified malignant neoplasm of skin of right eyelid, including canthus~~
Add: C44.1921 Other specified malignant neoplasm of skin of right upper eyelid, including canthus
Add: C44.1922 Other specified malignant neoplasm of skin of right lower eyelid, including canthus
~~Delete: C44.199 Other specified malignant neoplasm of skin of left eyelid, including canthus~~
Add: C44.1991 Other specified malignant neoplasm of skin of left upper eyelid, including canthus
Add: C44.1992 Other specified malignant neoplasm of skin of left lower eyelid, including canthus
~~Delete: C4A.11 Merkel cell carcinoma of right eyelid, including canthus~~
Add: C4A.111 Merkel cell carcinoma of right upper eyelid, including canthus
Add: C4A.112 Merkel cell carcinoma of right lower eyelid, including canthus
~~Delete: C4A.12 Merkel cell carcinoma of left eyelid, including canthus~~
Add: C4A.121 Merkel cell carcinoma of left upper eyelid, including canthus
Add: C4A.122 Merkel cell carcinoma of left lower eyelid, including canthus

Line: 277
Condition: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

~~Delete: F53 Puerperal psychosis~~
Add: F53.1 Puerperal psychosis

Line: 280
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment: THROMBECTOMY/LIGATION
Add: C1880 Vena cava filter

Line: 281
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: C1721 Cardioverter-defibrillator, dual chamber (implantable)
Add: C1722 Cardioverter-defibrillator, single chamber (implantable)
Add: C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add: C1779 Lead, pacemaker, transvenous vdd single pass
Add: C1785 Pacemaker, dual chamber, rate-responsive (implantable)
Add: C1786 Pacemaker, single chamber, rate-responsive (implantable)
Add: C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add: C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add: C1898 Lead, pacemaker, other than transvenous vdd single pass
Add: C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Add: C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
Add: C2620 Pacemaker, single chamber, non rate-responsive (implantable)
Add: C2621 Pacemaker, other than single or dual chamber (implantable)

Line: 285
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

~~Delete: O86.0 Infection of obstetric surgical wound~~
Add: 11005 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
Add: 44180 Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
Add: 61020 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
Add: 62142 Removal of bone flap or prosthetic plate of skull
Add: 66020 Injection, anterior chamber of eye (separate procedure); air or liquid

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Add:	66250	<u>Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure</u>
Add:	68200	<u>Subconjunctival injection</u>
Add:	69602	<u>Revision mastoidectomy; resulting in modified radical mastoidectomy</u>
Add:	92025	<u>Computerized corneal topography, unilateral or bilateral, with interpretation and report</u>
Add:	O86.00	Infection of obstetric surgical wound, unspecified
Add:	O86.01	Infection of obstetric surgical wound, superficial incisional site
Add:	O86.02	Infection of obstetric surgical wound, deep incisional site
Add:	O86.03	Infection of obstetric surgical wound, organ and space site
Add:	O86.09	Infection of obstetric surgical wound, other surgical site
Add:	T81.40XA	Infection following a procedure, unspecified, initial encounter
Add:	T81.40XD	Infection following a procedure, unspecified, subsequent encounter
Add:	T81.40XS	Infection following a procedure, unspecified, sequela
Add:	T81.41XA	Infection following a procedure, superficial incisional surgical site, initial encounter
Add:	T81.41XD	Infection following a procedure, superficial incisional surgical site, subsequent encounter
Add:	T81.41XS	Infection following a procedure, superficial incisional surgical site, sequela
Add:	T81.43XA	Infection following a procedure, deep incisional surgical site, initial encounter
Add:	T81.42XD	Infection following a procedure, deep incisional surgical site, subsequent encounter
Add:	T81.42XS	Infection following a procedure, deep incisional surgical site, sequela
Add:	T81.43XA	Infection following a procedure, organ and space surgical site, initial encounter
Add:	T81.43XD	Infection following a procedure, organ and space surgical site, subsequent encounter
Add:	T81.43XS	Infection following a procedure, organ and space surgical site, sequela
Add:	T81.49XA	Infection following a procedure, other surgical site, initial encounter
Add:	T81.49XD	Infection following a procedure, other surgical site, subsequent encounter
Add:	T81.49XS	Infection following a procedure, other surgical site, sequela
Delete:	T81.4XXA	Infection following a procedure, initial encounter
Delete:	T81.4XXD	Infection following a procedure, subsequent encounter
Add:	C1779	Lead, pacemaker, transvenous vdd single pass
Add:	C1785	Pacemaker, dual chamber, rate-responsive (implantable)
Add:	C1786	Pacemaker, single chamber, rate-responsive (implantable)
Add:	C1898	Lead, pacemaker, other than transvenous vdd single pass
Add:	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)
Add:	C2620	Pacemaker, single chamber, non rate-responsive (implantable)
Add:	C2621	Pacemaker, other than single or dual chamber (implantable)
Add:	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Add:	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Add:	C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
Add:	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Add:	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

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Line:	287	
Condition:	CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Add:	11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
Add:	11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
Add:	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
Add:	11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
Add:	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
Add:	11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Add:	C9727	Insertion of implants into the soft palate; minimum of three implants
Line:	290	
Condition:	ACUTE STRESS DISORDER	
Treatment:	MEDICAL/PSYCHOTHERAPY	
Add:	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
Add:	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
Add:	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
Add:	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
Add:	99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
Line:	292	
Condition:	NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS	
Treatment:	MEDICAL AND SURGICAL TREATMENT (E.G., DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)	
Delete:	E72.8	Other specified disorders of amino-acid metabolism
Add:	E72.81	Disorders of gamma aminobutyric acid metabolism
Add:	E75.26	Sulfatase deficiency
Add:	F88	Other disorders of psychological development
Delete:	G71.0	Muscular dystrophy
Add:	G71.00	Muscular dystrophy, unspecified
Add:	G71.01	Duchenne or Becker muscular dystrophy

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Add:	G71.02	Facioscapulohumeral muscular dystrophy
Add:	G71.09	Other specified muscular dystrophies
Delete <u>Add:</u>	I63.81 <u>I63.81</u>	Other cerebral infarction due to occlusion or stenosis of small artery <u>Other cerebral infarction due to occlusion or stenosis of small artery</u>
Add:	I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
Add:	I63.80	Other cerebral infarction
Add:	I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
Add:	I67.858	Other hereditary cerebrovascular disease
Add:	P35.4	Congenital Zika virus disease
Delete <u>Add:</u>	Q93.5 <u>I63.89</u>	Other deletions of part of a chromosome <u>Other cerebral infarction</u>
<u>Add:</u>	<u>I67.850</u>	<u>Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy</u>
<u>Add:</u>	<u>I67.858</u>	<u>Other hereditary cerebrovascular disease</u>
<u>Add:</u>	<u>P35.4</u>	<u>Congenital Zika virus disease</u>
Add:	Q93.51	Angelman syndrome
Add:	Q93.59	Other deletions of part of a chromosome
Add:	Q93.82	Williams syndrome
Add:	R62.0	Delayed milestone in childhood
Add:	C1767	Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778	Lead, neurostimulator (implantable)
Add:	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add:	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add:	C1897	Lead, neurostimulator test kit (implantable)

Line:	296	
Condition:	CATARACT	
Treatment:	EXTRACTION OF CATARACT	
Add:	C1818	Integrated keratoprosthesis

Line:	300	
Condition:	CLEFT PALATE AND/OR CLEFT LIP	
Treatment:	EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS	
Add:	C9727	Insertion of implants into the soft palate; minimum of three implants

Line:	<u>310</u>	
Condition:	<u>CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA</u>	
Treatment:	<u>KERATOPLASTY</u>	
<u>Add:</u>	<u>65435</u>	<u>Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)</u>

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

Line:	312	
Condition:	GENDER DYSPHORIA/TRANSEXUALISM	
Treatment:	MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY	
Add:	C1789	Prosthesis, breast (implantable)
<u>Add:</u>	<u>H0038</u>	<u>Self-help/peer services, per 15 minutes</u>

Line:	313	
Condition:	DISORDERS INVOLVING THE IMMUNE SYSTEM	
Treatment:	MEDICAL THERAPY	
Add:	96900	Actinotherapy (ultraviolet light)
Add:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Add:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Add:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

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Line:	314	
Condition:	CANCER OF ESOPHAGUS; BARRETT'S ESOPHAGUS WITH DYSPLASIA	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	317	
Condition:	STROKE	
Treatment:	MEDICAL THERAPY	
Delete:	163.8	Other cerebral infarction
Delete:	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
Delete:	37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;
Delete:	37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method
Add:	163.81	Other cerebral infarction due to occlusion or stenosis of small artery
Add:	163.89	Other cerebral infarction
Add:	167.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
Add:	167.858	Other hereditary cerebrovascular disease
Line:	320	
Condition:	OBESITY IN ADULTS AND CHILDREN; OVERWEIGHT STATUS IN ADULTS WITH CARDIOVASCULAR RISK FACTORS	
Treatment:	BEHAVIORAL INTERVENTIONS INCLUDING INTENSIVE NUTRITIONAL AND PHYSICAL ACTIVITY COUNSELING; BARIATRIC SURGERY	
Add:	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes
Add:	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
Line:	321	
Condition:	DERMATOLOGIC HEMANGIOMAS, COMPLICATED	
Treatment:	MEDICAL THERAPY	
Add:	C9727	Insertion of implants into the soft palate; minimum of three implants
Line:	327	
Condition:	FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
Add:	52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
Add:	N35.016	Post-traumatic urethral stricture, male, overlapping sites
Add:	N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
Delete:	N35.8	Other urethral stricture
Add:	N35.811	Other urethral stricture, male, meatal
Add:	N35.812	Other urethral bulbous stricture, male

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Add: N35.813 Other membranous urethral stricture, male
Add: N35.814 Other anterior urethral stricture, male, anterior
Add: N35.816 Other urethral stricture, male, overlapping sites
Add: N35.819 Other urethral stricture, male, unspecified site
Add: N35.82 Other urethral stricture, female
~~Delete: N35.9 Urethral stricture, unspecified~~
Add: N35.911 Unspecified urethral stricture, male, meatal
Add: N35.912 Unspecified bulbous urethral stricture, male
Add: N35.913 Unspecified membranous urethral stricture, male
Add: N35.914 Unspecified anterior urethral stricture, male
Add: N35.916 Unspecified urethral stricture, male, overlapping sites
Add: N35.919 Unspecified urethral stricture, male, unspecified site
Add: N35.92 Unspecified urethral stricture, female
Delete: N43.40 Spermatocoele of epididymis, unspecified
Delete: N43.41 Spermatocoele of epididymis, single
Delete: N43.42 Spermatocoele of epididymis, multiple
Add: N99.116 Postprocedural urethral stricture, male, overlapping sites
Add: C1815 Prosthesis, urinary sphincter (implantable)
Add: C9739 Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
Add: C9740 Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants
Add: C9748 Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy

Line: 332

Condition: CONDITIONS REQUIRING HYPERBARIC OXYGEN THERAPY

Treatment: HYPERBARIC OXYGEN

~~Delete: O08.0 Genital tract and pelvic infection following ectopic and molar pregnancy~~

Line: 339

Condition: CHRONIC KIDNEY DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Delete: N18.5 Chronic kidney disease, stage 5
Add: C1750 Catheter, hemodialysis/peritoneal, long-term
Add: C1752 Catheter, hemodialysis/peritoneal, short-term
Add: C1881 Dialysis access system (implantable)

Line: 345

Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

~~Delete: E72.8 Other specified disorders of amino-acid metabolism~~
Add: E72.81 Disorders of gamma aminobutyric acid metabolism
Add: E75.26 Sulfatase deficiency
Add: F80.9 Developmental disorder of speech and language, unspecified
Add: F88 Other disorders of psychological development
~~Delete: G71.0 Muscular dystrophy~~
Add: G71.00 Muscular dystrophy, unspecified
Add: G71.01 Duchenne or Becker muscular dystrophy
Add: G71.02 Facioscapulohumeral muscular dystrophy
Add: G71.09 Other specified muscular dystrophies
~~Delete: I63.8 Other cerebral infarction~~
Add: I63.81 Other cerebral infarction due to occlusion or stenosis of small artery
Add: I63.89 Other cerebral infarction
Add: I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
Add: I67.858 Other hereditary cerebrovascular disease
Add: P35.4 Congenital Zika virus disease
~~Delete: Q93.5 Other deletions of part of a chromosome~~
Add: Q93.51 Angelman syndrome
Add: Q93.59 Other deletions of part of a chromosome
Add: Q93.82 Williams syndrome
Add: R62.0 Delayed milestone in childhood

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Line:	346
Condition:	CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS
Treatment:	SURGICAL THERAPY
<u>Delete:</u>	<u>62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar</u>
Add:	C1767 Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778 Lead, neurostimulator (implantable)
Add:	C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add:	C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add:	C1897 Lead, neurostimulator test kit (implantable)

Line:	347
Condition:	CARDIAC ARRHYTHMIAS
Treatment:	MEDICAL THERAPY, PACEMAKER
Add:	C1721 Cardioverter-defibrillator, dual chamber (implantable)
Add:	C1722 Cardioverter-defibrillator, single chamber (implantable)
Add:	C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add:	C1779 Lead, pacemaker, transvenous vdd single pass
Add:	C1785 Pacemaker, dual chamber, rate-responsive (implantable)
Add:	C1786 Pacemaker, single chamber, rate-responsive (implantable)
Add:	C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add:	C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add:	C1898 Lead, pacemaker, other than transvenous vdd single pass
Add:	C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Add:	C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
Add:	C2620 Pacemaker, single chamber, non rate-responsive (implantable)
Add:	C2621 Pacemaker, other than single or dual chamber (implantable)

Line:	<u>349</u>
Condition:	<u>NON-LIMB THREATENING PERIPHERAL VASCULAR DISEASE</u>
Treatment:	<u>SURGICAL TREATMENT</u>
<u>Delete:</u>	<u>37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day</u>
<u>Delete:</u>	<u>37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;</u>
<u>Delete:</u>	<u>37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method</u>

Line:	353
Condition:	STRUCTURAL CAUSES OF AMENORRHEA
Treatment:	SURGICAL TREATMENT
Delete:	N93.8 Other specified abnormal uterine and vaginal bleeding

Line:	358
Condition:	BODY INFESTATIONS (E.G., LICE, SCABIES)
Treatment:	MEDICAL THERAPY
Delete:	96900 Actinotherapy (ultraviolet light)
Delete:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photosensitive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

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Line:	361	
Condition:	SCOLIOSIS	
Treatment:	MEDICAL AND SURGICAL THERAPY	
Delete:	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Add:	C1767	Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778	Lead, neurostimulator (implantable)
Add:	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add:	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add:	C1897	Lead, neurostimulator test kit (implantable)

Line:	373	
Condition:	ACNE CONGLOBATA (SEVERE CYSTIC AND ACNE) <u>FULMINANS</u>	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Delete:	96900	Actinotherapy (ultraviolet light)
Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
Delete:	L70.0	Acne vulgaris
Delete:	L70.2	Acne varioliformis
Delete:	L70.3	Acne tropica
Delete:	L70.4	Infantile acne
Delete:	L70.5	Acne excoriee
Delete:	L70.8	Other acne
Delete:	L70.9	Acne, unspecified

Line:	377	
Condition:	DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION	
Treatment:	MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)	
Delete:	E72.8	Other specified disorders of amino-acid metabolism
Add:	E72.81	Disorders of gamma aminobutyric acid metabolism
Add:	E75.26	Sulfatase deficiency
Add:	F88	Other disorders of psychological development
Delete:	G71.0	Muscular dystrophy
Add:	G71.00	Muscular dystrophy, unspecified
Add:	G71.01	Duchenne or Becker muscular dystrophy
Add:	G71.02	Facioscapulohumeral muscular dystrophy
Add:	G71.09	Other specified muscular dystrophies
Delete:	I63.8	Other cerebral infarction
Add:	I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
Add:	I63.89	Other cerebral infarction
Add:	I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
Add:	I67.858	Other hereditary cerebrovascular disease
Add:	P35.4	Congenital Zika virus disease
Delete:	Q93.5	Other deletions of part of a chromosome
Add:	Q93.51	Angelman syndrome
Add:	Q93.59	Other deletions of part of a chromosome
Add:	Q93.82	Williams syndrome
Add:	R62.0	Delayed milestone in childhood

Line:	379	
Condition:	CHRONIC ULCER OF SKIN	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
Add:	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

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- Add: C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- Add: C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- Add: C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line: 391
Condition: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY

- Add: 99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
- Add: 99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
- Add: 99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
- Add: 99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
- Add: 99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

Line: 404
Condition: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: MEDICAL AND SURGICAL THERAPY

- Add: 66682 Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)

Line: 407
Condition: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY

- Delete: 96900 Actinotherapy (ultraviolet light)

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Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line:	420
Condition:	MENSTRUAL BLEEDING DISORDERS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	N93.8 Other specified abnormal uterine and vaginal bleeding

Line:	424
Condition:	SEVERE INFLAMMATORY SKIN DISEASE
Treatment:	MEDICAL THERAPY
Add:	A4633 Replacement bulb/lamp for ultraviolet light therapy system, each
Add:	E0691 Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
Add:	E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
Add:	E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
Add:	E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

Line:	436
Condition:	STEREOTYPED MOVEMENT DISORDER WITH SELF-INJURIOUS BEHAVIOR DUE TO NEURODEVELOPMENTAL DISORDER
Treatment:	CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
Delete:	99217 Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
Delete:	99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

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- Delete: 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99224 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99225 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99226 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes
Delete:	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99315	Nursing facility discharge day management; 30 minutes or less
Delete:	99316	Nursing facility discharge day management; more than 30 minutes
Delete:	99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.

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Delete:	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.
Delete:	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.
Delete:	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
Delete:	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.
Delete:	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.
Delete:	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.
Delete:	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.
Delete:	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.
Delete:	99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
Delete:	99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
Delete:	99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

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Delete: 99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

Line: 440
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Add: C1767 Generator, neurostimulator (implantable), non-rechargeable
Add: C1778 Lead, neurostimulator (implantable)
Add: C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add: C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add: C1897 Lead, neurostimulator test kit (implantable)

Line: ~~444~~443
Condition: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Add: 96150 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
Add: 96151 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
Add: 96152 Health and behavior intervention, each 15 minutes, face-to-face; individual
Add: 96153 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
Add: 96154 Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
Add: 96155 Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

Line: 444
Condition: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
Add: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

Line: 446
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT

Delete: 37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
Delete: 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;
Delete: 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method

Line: 448
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY

Delete: 99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
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Delete:	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
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Delete:	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
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Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes

Line: 454
 Condition: DISORDERS OF PLASMA PROTEIN METABOLISM
 Treatment: MEDICAL THERAPY
 Add: E88.02 Plasminogen deficiency

Line: [467](#)
 Condition: [GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT](#)
 Treatment: [OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY](#)
 Add: 96150 [Health and behavior assessment \(eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires\), each 15 minutes face-to-face with the patient; initial assessment](#)
 Add: 96151 [Health and behavior assessment \(eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires\), each 15 minutes face-to-face with the patient; re-assessment](#)
 Add: 96152 [Health and behavior intervention, each 15 minutes, face-to-face; individual](#)
 Add: 96153 [Health and behavior intervention, each 15 minutes, face-to-face; group \(2 or more patients\)](#)
 Add: 96154 [Health and behavior intervention, each 15 minutes, face-to-face; family \(with the patient present\)](#)
 Add: 96155 [Health and behavior intervention, each 15 minutes, face-to-face; family \(without the patient present\)](#)

Line: [468](#)
 Condition: [ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION](#)
 Treatment: [MEDICAL/PSYCHOTHERAPY](#)

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Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes

Line: 469
Condition: ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR

Add: H02.20A Unspecified lagophthalmos right eye, upper and lower eyelids
Add: H02.20B Unspecified lagophthalmos left eye, upper and lower eyelids
Add: H02.20C Unspecified lagophthalmos, bilateral, upper and lower eyelids
Add: H02.21A Cicatricial lagophthalmos right eye, upper and lower eyelids
Add: H02.21B Cicatricial lagophthalmos left eye, upper and lower eyelids
Add: H02.21C Cicatricial lagophthalmos, bilateral, upper and lower eyelids
Add: H02.22A Mechanical lagophthalmos right eye, upper and lower eyelids
Add: H02.22B Mechanical lagophthalmos left eye, upper and lower eyelids
Add: H02.22C Mechanical lagophthalmos, bilateral, upper and lower eyelids
Add: H02.23A Paralytic lagophthalmos right eye, upper and lower eyelids
Add: H02.23B Paralytic lagophthalmos left eye, upper and lower eyelids
Add: H02.23C Paralytic lagophthalmos, bilateral, upper and lower eyelids
Add: H02.831 Dermatochalasis of right upper eyelid
Add: H02.832 Dermatochalasis of right lower eyelid
Add: H02.833 Dermatochalasis of right eye, unspecified eyelid
Add: H02.834 Dermatochalasis of left upper eyelid
Add: H02.835 Dermatochalasis of left lower eyelid
Add: H02.836 Dermatochalasis of left eye, unspecified eyelid
Add: H02.839 Dermatochalasis of unspecified eye, unspecified eyelid

Line: 473
Condition: CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY

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

Line: 476
Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT NEUROLOGIC INJURY OR STRUCTURAL INSTABILITY
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: C1754 Catheter, intradiscal

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Line:	483
Condition:	BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment:	TARSORRHAPHY
Delete:	G51.3 Clonic hemifacial spasm
Add:	G51.31 Clonic hemifacial spasm, right
Add:	G51.32 Clonic hemifacial spasm, left
Add:	G51.33 Clonic hemifacial spasm, bilateral
Add:	G51.39 Clonic hemifacial spasm, unspecified

Line:	493
Condition:	ECTROPION AND BENIGN NEOPLASM OF EYE
Treatment:	ECTROPION REPAIR
Delete:	D22.11 Melanocytic nevi of right eyelid, including canthus
Add:	D22.111 Melanocytic nevi of right upper eyelid, including canthus
Add:	D22.112 Melanocytic nevi of right lower eyelid, including canthus
Delete:	D22.12 Melanocytic nevi of left eyelid, including canthus
Add:	D22.121 Melanocytic nevi of left upper eyelid, including canthus
Add:	D22.122 Melanocytic nevi of left lower eyelid, including canthus
Delete:	D23.11 Other benign neoplasm of skin of right eyelid, including canthus
Add:	D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus
Add:	D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus
Delete:	D23.12 Other benign neoplasm of skin of left eyelid, including canthus
Add:	D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus
Add:	D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus
Add:	H02.151 Paralytic ectropion of right upper eyelid
Add:	H02.152 Paralytic ectropion of right lower eyelid
Add:	H02.153 Paralytic ectropion of right eye, unspecified eyelid
Add:	H02.154 Paralytic ectropion of left upper eyelid
Add:	H02.155 Paralytic ectropion of left lower eyelid
Add:	H02.156 Paralytic ectropion of left eye, unspecified eyelid
Add:	H02.159 Paralytic ectropion of unspecified eye, unspecified eyelid

Line:	499
Condition:	CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS
Treatment:	MEDICAL THERAPY
Add:	H10.821 Rosacea conjunctivitis, right eye
Add:	H10.822 Rosacea conjunctivitis, left eye
Add:	H10.823 Rosacea conjunctivitis, bilateral
Add:	H10.829 Rosacea conjunctivitis, unspecified eye

Line:	500
Condition:	CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS
Treatment:	SPECIFIED INTERVENTIONS
<u>Add:</u>	<u>C2616 Brachytherapy source, non-stranded, yttrium-90, per source</u>
Add:	S2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
Add:	S2900 Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

Line:	506
Condition:	CIRCUMSCRIBED SCLERODERMA
Treatment:	MEDICAL THERAPY
Add:	96900 Actinotherapy (ultraviolet light)
Add:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Add:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Add:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photosensitive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

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Line:	508	
Condition:	DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	H02.881	Meibomian gland dysfunction right upper eyelid
Add:	H02.882	Meibomian gland dysfunction right lower eyelid
Add:	H02.883	Meibomian gland dysfunction of right eye, unspecified eyelid
Add:	H02.884	Meibomian gland dysfunction left upper eyelid
Add:	H02.885	Meibomian gland dysfunction left lower eyelid
Add:	H02.886	Meibomian gland dysfunction of left eye, unspecified eyelid
Add:	H02.889	Meibomian gland dysfunction of unspecified eye, unspecified eyelid
Add:	H02.88A	Meibomian gland dysfunction right eye, upper and lower eyelids
Add:	H02.88B	Meibomian gland dysfunction left eye, upper and lower eyelids
Line:	516	
Condition:	PARALYSIS OF VOCAL CORDS OR LARYNX	
Treatment:	INCISION/EXCISION/ENDOSCOPY	
Add:	C1878	Material for vocal cord medialization, synthetic (implantable)
Line:	520	
Condition:	ROSACEA; ACNE	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Delete:	96900	Actinotherapy (ultraviolet light)
Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
Line:	521	
Condition:	SEXUAL DYSFUNCTION	
Treatment:	PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT	
Delete:	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
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Delete:	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes
Delete:	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
Delete:	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
Delete:	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
Delete:	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
Delete:	99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
Delete:	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
Delete:	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
Delete:	99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Delete:	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Delete:	99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Delete:	99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Add:	C1813	Prosthesis, penile, inflatable
Add:	C2622	Prosthesis, penile, non-inflatable

Line:	522
Condition:	UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA)
Treatment:	REPAIR
Add:	K43.0 Incisional hernia with obstruction, without gangrene
Add:	K43.3 Parastomal hernia with obstruction, without gangrene
Add:	K43.6 Other and unspecified ventral hernia with obstruction, without gangrene
Add:	K46.0 Unspecified abdominal hernia with obstruction, without gangrene

Line:	527
Condition:	CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS
Treatment:	SURGICAL THERAPY

Delete:	62287	<u>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar</u>
Add:	C1767	Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778	Lead, neurostimulator (implantable)
Add:	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system

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Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add: C1897 Lead, neurostimulator test kit (implantable)

Line: 530
Condition: MILD ECZEMA
Treatment: MEDICAL THERAPY

Delete: 96900 Actinotherapy (ultraviolet light)
Delete: 96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete: 96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete: 96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line: 531
Condition: CONTACT DERMATITIS AND NON-INFECTIOUS OTITIS EXTERNA
Treatment: MEDICAL THERAPY

Add: A4633 Replacement bulb/lamp for ultraviolet light therapy system, each
Add: E0691 Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
Add: E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
Add: E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
Add: E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

Line: 539
Condition: MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY
Treatment: MEDICAL THERAPY

Add: A4633 Replacement bulb/lamp for ultraviolet light therapy system, each
Add: E0691 Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
Add: E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
Add: E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
Add: E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

Line: 541
Condition: FOREIGN BODY GRANULOMA OF MUSCLE, SKIN AND SUBCUTANEOUS TISSUE
Treatment: REMOVAL OF GRANULOMA

Add: 11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
Add: 11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
Add: 11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
Add: 11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
Add: 11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
Add: 11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
Add: 11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
Add: 11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
Add: 11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
Add: 11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
Add: 11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
Add: 11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
Add: 11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

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Add:	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
Add:	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
Add:	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
Add:	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
Add:	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

Line: 543
Condition: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY

Delete:	96900	Actinotherapy (ultraviolet light)
Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line: 549
Condition: SOMATIC SYMPTOMS AND RELATED DISORDERS
Treatment: CONSULTATION

Delete:	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.
Delete:	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.
Delete:	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.
Delete:	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
Delete:	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.

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Delete:	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.
Delete:	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.
Delete:	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.
Delete:	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.
Delete:	99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
Delete:	99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
Add:	F68.A	Factitious disorder imposed on another

Line: 567
Condition: BLEPHARITIS
Treatment: MEDICAL THERAPY

Add:	H01.00A	Unspecified blepharitis right eye, upper and lower eyelids
Add:	H01.00B	Unspecified blepharitis left eye, upper and lower eyelids
Add:	H01.01A	Ulcerative blepharitis right eye, upper and lower eyelids
Add:	H01.01B	Ulcerative blepharitis left eye, upper and lower eyelids
Add:	H01.02A	Squamous blepharitis right eye, upper and lower eyelids
Add:	H01.02B	Squamous blepharitis left eye, upper and lower eyelids
Delete:	H02.831	Dermatochalasis of right upper eyelid
Delete:	H02.832	Dermatochalasis of right lower eyelid
Delete:	H02.833	Dermatochalasis of right eye, unspecified eyelid
Delete:	H02.834	Dermatochalasis of left upper eyelid
Delete:	H02.835	Dermatochalasis of left lower eyelid
Delete:	H02.836	Dermatochalasis of left eye, unspecified eyelid
Delete:	H02.839	Dermatochalasis of unspecified eye, unspecified eyelid

Line: 578
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment: SURGICAL TREATMENT

Delete:	Q51.2	Other doubling of uterus
Add:	Q51.20	Other doubling of uterus, unspecified
Add:	Q51.21	Other complete doubling of uterus

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Add: Q51.22 Other partial doubling of uterus
Add: Q51.28 Other doubling of uterus, other specified

Line: 601
Condition: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY

~~Delete: M79.1 Myalgia~~
Add: M79.10 Myalgia, unspecified site
Add: M79.11 Myalgia of mastication muscle
Add: M79.12 Myalgia of auxiliary muscles, head and neck
Add: M79.18 Myalgia, other site

Line: 605
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR
Treatment: MEDICAL THERAPY

Add: 27006 Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
Add: 27305 Fasciotomy, iliotibial (tenotomy), open
~~Delete: 27590 Amputation, thigh, through femur, any level;~~
Add: 98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
~~Add: M76.30 Iliotibial band syndrome, unspecified leg~~
~~Add: M76.31 Iliotibial band syndrome, right leg~~
~~Add: M76.32 Iliotibial band syndrome, left leg~~

Line: 625
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES
Treatment: MEDICAL THERAPY

~~Delete: D22.11 Melanocytic nevi of right eyelid, including canthus~~
Add: D22.111 Melanocytic nevi of right upper eyelid, including canthus
Add: D22.112 Melanocytic nevi of right lower eyelid, including canthus
~~Delete: D22.12 Melanocytic nevi of left eyelid, including canthus~~
Add: D22.121 Melanocytic nevi of left upper eyelid, including canthus
Add: D22.122 Melanocytic nevi of left lower eyelid, including canthus
~~Delete: D23.11 Other benign neoplasm of skin of right eyelid, including canthus~~
Add: D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus
Add: D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus
~~Delete: D23.12 Other benign neoplasm of skin of left eyelid, including canthus~~
Add: D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus
Add: D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus
Add: C9727 Insertion of implants into the soft palate; minimum of three implants

Line: 634
Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: C1789 Prosthesis, breast (implantable)

Line: 641
Condition: TMJ DISORDERS
Treatment: TMJ SURGERY
Delete: 20910 Cartilage graft; costochondral

Line: 650
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Add: E78.41 Elevated Lipoprotein(a)

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Line:	652	
Condition:	SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	
Treatment:	EVALUATION	
	Delete: H57.8	Other specified disorders of eye and adnexa
	Add: H57.89	Other specified disorders of eye and adnexa
Line:	654	
Condition:	DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	
Treatment:	EVALUATION	
	Add: 96900	Actinotherapy (ultraviolet light)
	Add: 96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
	Add: 96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
	Add: 96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
Line:	659	
Condition:	MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	
Treatment:	EVALUATION	
	Add: F82	Specific developmental disorder of motor function
Line:	660	
Condition:	CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS	
Treatment:	SPECIFIED INTERVENTIONS	
	Add: 15820	Blepharoplasty, lower eyelid;
	Add: 15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
	Add: 20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
	Add: 37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
	Add: 37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;
	Add: 37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method
	Delete: 52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
	Delete: 52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
	Add: 61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
	Add: 61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
	Add: 61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
	Add: 61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
	Add: 61880	Revision or removal of intracranial neurostimulator electrodes
	Add: 61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays

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<u>Add: 62287</u>	<u>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar</u>
Add: 64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
<u>Add: 81479</u>	<u>Unlisted molecular pathology procedure</u>
Delete: 81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Delete: 81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Add: 81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
Add: 84999	Unlisted chemistry procedure
Add: 88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
Add: 88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology
<u>Delete: 95012</u>	<u>Nitric oxide expired gas determination</u>
Delete: 96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Delete: 96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
Add: C1767	Generator, neurostimulator (implantable), non-rechargeable
Add: C1778	Lead, neurostimulator (implantable)
Add: C1816	Receiver and/or transmitter, neurostimulator (implantable)
Add: C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add: C1821	Interspinous process distraction device (implantable)
Add: C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add: C1897	Lead, neurostimulator test kit (implantable)
Add: C2614	Probe, percutaneous lumbar discectomy
Add: C2616	Brachytherapy source, non-stranded, yttrium-90, per source
Add: C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure
Add: C9733	Non-ophthalmic fluorescent vascular angiography
Add: C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube
Add: C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
Add: C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (hifu), including imaging guidance
Add: C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)
Add: 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)
Add: G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
Add: G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed

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Add: G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
Add: S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
Add: S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
Add: S3854	Gene expression profiling panel for use in the management of breast cancer treatment
Add: S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient

ATTACHMENT B

Interim Modifications Affecting Numerous Lines

Add code C9725 (Placement of endorectal intracavitary applicator for high intensity brachytherapy) to the following lines:

93,112,113,115,125,126,129,133,135,157,158,191,200,201,209,211,215,216,230,235,238,239,259,260,262,263,271,276,286,287,
294,314-316,329,342,372,396,397,400,418,433,440,458,556

Add code 79445 (Radiopharmaceutical therapy, by intra-arterial particulate administration) to the following lines:

[500](#),660

Remove code 79445 (Radiopharmaceutical therapy, by intra-arterial particulate administration) from the following lines:

125,126,156-158,161,191,201,211,235,239,259,262,271,276,286,287,294,314,316,329,342,372,400,433,458,556,589,600

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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/CSI-HERC/Pages/Evidence-based-Reports.aspx>.

GUIDELINE NOTE 19, NEUROPSYCHOLOGICAL TESTING FOR PTSD

Line 173

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

GUIDELINE NOTE 95, IMPLANTABLE CARDIAC DEFIBRILLATORS

Lines 98,99,111,281,285

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 (NYHA) classification IV heart failure; or
 - 2) Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or
 - 3) Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary intervention (PCI) with angioplasty and/or stenting, within past 3 months; or
 - 4) Had a myocardial infarction in the past 40 days; or
 - 5) Clinical symptoms or findings that would make them a candidate for coronary revascularization
- C) Patients who have severe ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF) $\leq 35\%$. 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

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III heart failure, left ventricular ejection fraction (LVEF) $\leq 35\%$, 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 tachyarrhythmias (sustained ventricular tachycardia or ventricular fibrillation), to include, but not limited to, long QT syndrome or hypertrophic cardiomyopathy.
- F) Patients with an existing ICD may receive an ICD replacement if it is required due to the end of battery life, elective replacement indicator (ERI) or device/lead malfunction.

For these patients identified in A-E, a formal shared decision making encounter must occur between the patient and a physician or qualified non-physician practitioner using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

All indications above in A-F must meet the following criteria:

- A) Patients must be clinically stable (e.g., not in shock, from any etiology);
- B) Left ventricular ejection fraction (LVEF) must be measured by echocardiography, radionuclide (nuclear medicine) imaging, or catheter angiography;
- C) Patients must not have:
 - 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 177, DEEP BRAIN STIMULATION FOR PARKINSON'S DISEASE

Line 250

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.
 - 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.

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- 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 178, VITAL SITE DEFINITION FOR BURN LINES

Lines 72,197

A burn to a "vital site" is defined as a burn involving the face, eyes, ears, hands, feet, or perineum that may result in functional impairment.

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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. ~~Reproductive (i.e. Procedures for contraceptive/sterilization purposes), procedures targeted to active cancers (i.e. when a delay in the procedure could lead to cancer-related progression)~~ and diagnostic procedures are ~~excluded from~~ 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.

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

~~Type I PSG~~ In adults with clinical signs and symptoms consistent with obstructive sleep apnea (OSA), a home sleep study is covered the first-line diagnostic test for most patients, when used 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 aid the 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 in patients who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility is confirmed in the first portion of the night.
~~OHP clients should have access to least one of the alternatives listed below:~~

- ~~1) For portable devices, Type II or Type III sleep testing devices when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.~~
 - ~~2) are included on this line. Type IV sleep testing devices measuring must measure three or more channels, one of which is airflow, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.~~
- to be included on this line. Sleep testing devices measuring that are not Type I-IV and measure three or more channels that include actigraphy, oximetry, and peripheral arterial tone, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility are included on this line.
~~CPAP titration should be performed as part of the diagnostic study, if possible.~~

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

DIAGNOSTIC GUIDELINE NOTE 19 D22, PET SCAN GUIDELINES

Lines 113, 116, 133, 135, 157, 158, 163, 174, 200, 201, 211, 230, 260, 263, 276, 287, 314

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

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- Esophageal cancer
- Solitary pulmonary nodule
- Non-small cell lung cancer
- Lymphoma
- Melanoma

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

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

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

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

GUIDELINE NOTE 12, ~~TREATMENT~~PATIENT-CENTERED CARE OF ~~ADVANCED~~ CANCER WITH LITTLE OR NO BENEFIT

Lines 93,112-116,125,129,133,135,157,158,163,179,191,200,201,209,211,215,216,218,230,235,238,239,259-263,271,276,286,287,294,314-316,329,372,396,397,418,433,589,600

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

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

- 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. 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).
- B) Surgical decompression for malignant bowel obstruction.
- C) Medication therapy such as chemotherapy with low toxicity/low side effect agents with the goal to decrease pain from bulky disease or other identified complications. Cost of chemotherapy and alternative medication(s) should also be considered.

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/CSI-HERC/Pages/Evidence-based-Reports.aspx>.

GUIDELINE NOTE 21, SEVERE INFLAMMATORY SKIN DISEASE

Lines 424,480,502,530,539,654

Inflammatory skin conditions included in this guideline are:

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

The conditions above are included on Line 424 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 480, 502, 530, 539 and 654.

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~~ first-line agents include topical moderate- to high- potency corticosteroids, and narrowband UVB, cyclosporine, methotrexate, and azathioprine. Second line agents include topical calcineurin inhibitors (e.g. pimecrolimus and topical 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 ~~first and second line agents~~ 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 24, COMPLICATED HERNIAS

Lines 168,522

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 hernias) are included on Line 522, because the chronic incarceration of large ventral hernias does not place the patient at risk for impending strangulation. ICD-10-CM K43.0, K43.3, K43.6 and K46.0 are included on Line 522 when used to designate incarcerated abdominal incisional hernias without intestinal obstruction or gangrene.

GUIDELINE NOTE 32, CATARACT

Line 296

Cataract extraction is ~~covered~~ included on this line for ~~binoocular cataracts causing symptomatic (i.e. causing the patient to seek medical attention) impairment of visual acuity of 20/50 or worse OR monocular visual acuity of 20/50 or worse function not correctable with the recent development of symptoms related to poor vision that affect 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) Hyperature 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 37, SURGICAL INTERVENTIONS FOR CONDITIONS OF THE BACK AND SPINE OTHER THAN SCOLIOSIS

Lines 346,527

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

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- 3) Has objective neurologic impairment consistent with the MRI findings. Neurologic impairment is defined as objective evidence of one or more of the following:
- Markedly abnormal reflexes
 - Segmental muscle weakness
 - Segmental sensory loss
 - EMG or NCV evidence of nerve root impingement
 - Cauda equina syndrome
 - Neurogenic bowel or bladder
 - Long tract abnormalities

Foraminal or central spinal stenosis causing only radiating pain (e.g. radiculopathic pain) is included only on Line 527.

- 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:
- spinal stenosis in the cervical spine (with or without spondylolisthesis) which results in objective neurologic impairment as defined above OR
 - 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
 - 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 527.

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:

prolotherapy
local injections ([including ozone therapy injections](#))
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 527.

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](#) and [Low Back Pain: Corticosteroid Injections](#), and [Low Back Pain: Minimally Invasive and Non-Corticosteroid Percutaneous Interventions](#). See <https://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Evidence-based-Reports.aspx>.

GUIDELINE NOTE 42, CHEMODENERVATION FOR CHRONIC MIGRAINE

Line 409

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

- have chronic migraine defined as headaches on at least 15 days per month of which at least 8 days are with migraine
- has not responded to or have contraindications to at least three prior pharmacological prophylaxis therapies ([e.g. beta-blocker, calcium-channel blocker](#), anticonvulsant or tricyclic antidepressant)
- [their condition has been appropriately managed for medication overuse](#)
- ~~G~~[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 78, HEPATIC METASTASES

Line 315

ICD-10-CM C78.7 Hepatic metastases are included on this line only when:

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- A) Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12 ~~TREATMENT~~PATIENT-CENTERED CARE OF ADVANCED CANCER ~~WITH LITTLE OR NO BENEFIT~~;
- 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. Revision of previous reconstruction 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.). Revisions are not covered solely for cosmetic issues.

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

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

Lines 376, 430, 605

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 430; for both medical and surgical interventions non-significant injuries are included on Line 605.

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 605.

GUIDELINE NOTE 106, PREVENTIVE SERVICES

Lines 3, 619

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, 2017.
 - 1) <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
 - 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%20Schedule_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 retrieved from <http://www.hrsa.gov/womensguidelines/> on 1/1/2017.
- ~~D)~~ Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP):
~~E) D)~~ <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.

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

GUIDELINE NOTE 108, CONTINUOUS GLUCOSE MONITORING

Line 8

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

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

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

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, ~~coverage of surgical procedures is recommended~~ [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)
- ~~Prostatic urethral lifts~~
- 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/CSI-HERC/Pages/Evidence-based-Reports.aspx>.

GUIDELINE NOTE 148, BIOMARKER TESTS OF CANCER TISSUE

Lines 157, 184, 191, 230, 263, 271, 329

The use of ~~multiple molecular~~ [tissue of origin](#) testing ~~to select targeted cancer therapy ((e.g. CPT 81504) is included on the Services recommended for non-coverage table~~ [Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.](#)

For ~~breast cancer, Oncotype Dx testing (CPT 81519, HCPCS S3854) is included on Line 191 only for~~ early stage breast cancer, [the following breast cancer genome profile tests are included on Line 191 when used to guide 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](#)

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adjuvant chemotherapy ~~treatment decisions for women who are~~. 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 ~~Oncotype Dx is~~, or lymph node positive with 1-3 involved nodes.
- EndoPredict (using CPT 81599) 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 this line Line 191 for lymph node-positive early stage breast cancer. MammaPrint, ImmunoHistoChemistry 4- (with involved axillary lymph nodes. Oncotype DX Breast Recurrence Score is not included on Line 191 IHC4), and Mammostrat for breast cancer are included on the Services recommended for noncoverage table involving four or more axillary lymph nodes or more extensive metastatic disease.

Oncotype DX Breast DCIS Score (CPT 81479) and Breast Cancer Index (may use CPT 81479, 81599, 84999, S3854) are included on Line 660 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 230.

For lung cancer, epidermal growth factor receptor (EGFR) gene mutation testing (CPT 81235) is included on Line 263 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 ~~Services recommended for noncoverage table~~ Line 660.

For bladder cancer, Urovysion testing is included on ~~Services recommended for noncoverage table~~ Line 660.

For prostate cancer, Oncotype DX ~~is not~~ Genomic Prostate Score, Prolaris Score Assay, and Decipher Prostate RP are included on Line ~~329 and Prolaris is included on the Services recommended for noncoverage table~~ 660.

The development of this guideline note was informed by a HERC coverage guidance on coverage guidance 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/CSI-HERC/Pages/Evidence-based-Reports.aspx>.

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

Line 500

The following interventions are prioritized on Line 500 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS:

[Note: Only new or revised entries to the table are shown here]

11981 G0516, G0518 S2900	Implantable buprenorphine for opioid use disorder for patients who are clinically stable on 8 mg daily or less of buprenorphine or equivalent for at least 6 months <u>Surgical techniques requiring use of robotic surgical system</u>	Not <u>More</u> cost-effective compared to equally efficacious alternative formulations <u>treatments are available</u>	<u>May, 2018</u>
<u>79445</u>	<u>Radiopharmaceutical therapy, by intra-arterial particulate administration for use in treating primary hepatocellular carcinoma or colorectal cancer metastatic to the liver</u>	<u>Low cost-effectiveness compared to equally effective but less expensive standard chemotherapies; concern for possible harms compared to standard chemotherapy</u>	<u>May, 2018</u>
<u>C2616</u>	<u>Brachytherapy source, non-stranded, yttrium-90, per source, for use in treating primary liver cancer or metastatic cancer to the liver</u>		
<u>S2095</u>	<u>Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres,</u>		

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	for use in treating primary liver cancer or metastatic cancer to the liver		
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GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 660

The following Interventions are prioritized on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

[Note: Only new, deleted or revised entries to the table are shown here]

C9733	Non-ophthalmic fluorescent vascular angiography	Unproven therapy	December 2012
C9745	Nasal endoscopy, surgical; balloon dilation of Eustachian tube	Insufficient evidence of effectiveness	August 2018
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	Harms outweigh benefits	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
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
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
11981 G0516, G0518	Implantable buprenorphine for opioid-use disorder for patients other than those who are clinically stable on 8 mg daily or less of buprenorphine or equivalent for at least 6 months	Unproven treatment	November, 2017
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	Unproven treatment	November, 2017 May 2018

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	applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure		
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less	Insufficient evidence of effectiveness	August, 2018
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	May, 2018
52441-52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant	No evidence of effectiveness	March, 2015 Coverage Guidance
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator for hypoglossal nerve stimulation for treatment of obstructive sleep apnea	Insufficient evidence of effectiveness and evidence of harm	May, 2018
79445 C2616 S2095	Radiopharmaceutical therapy, by intra-arterial particulate administration for use in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver Brachytherapy source, non-stranded, yttrium-90, per source in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver. Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres, in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver	No evidence of effectiveness	March, 2018
Breast Cancer Gene Expression tests billed with nonspecific	<ul style="list-style-type: none"> Mammostrat Oncotype DX Breast DCIS Score 	Unproven intervention	May 2018 Coverage Guidance

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codes (e.g. 81479, 81599, 84999, S3854)	<ul style="list-style-type: none"> Breast Cancer Index IHC4 		Blog
Prostate Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999)	<ul style="list-style-type: none"> Oncotype DX Genomic Prostate Score Decipher RP for prostate cancer 	Unproven Intervention	January 2018 Coverage Guidance Blog
81504	<p>Biomarker tests for tumor tissue:</p> <ul style="list-style-type: none"> • Mammprint, Mammostrat and ImmunoHistoChemistry 4 (IHC4) for breast cancer • Microsatellite instability (MSI) for colorectal cancer • Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores • Urovision for bladder cancer • Prolaris for prostate cancer <p>Multiple molecular testing to select targeted cancer therapy</p>	Insufficient evidence of effectiveness. More costly than equally effective therapies for this condition Unproven intervention	August, 20152018 Coverage Guidance Blog
8152181525	<p>Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes Oncotype DX for colon cancer</p>	Unproven intervention Insufficient evidence of effectiveness	August November , 2015
96119	<p>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test)</p>	No evidence of effectiveness	January, 2014
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test)		
81520	Gene expression profiling algorithm for breast cancer mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping);	Under review by HTAS	N/A

ATTACHMENT E

Deleted Guideline Notes Effective October 1, 2018

~~GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY~~

~~Lines 147,660~~

~~Enzyme replacement therapy for infantile Pompe's disease is included on Line 147. All other enzyme replacement therapies for inborn errors of metabolism are included on Line 660.~~

ATTACHMENT F

Changes To Coding Specifications Effective October 1, 2018

The following coding specifications were added.

- Line: 174**
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See [Guideline Note 19 Coding Specification Below](#))
Treatment: SINGLE FOCAL SURGERY
- [CPT 61885 is included on this line only for vagal nerve stimulation. It is not included on this line for deep brain stimulation.](#)
- Line: 280**
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS ([See Coding Specification Below](#)) (See Guideline Notes 64,65,77,147)
Treatment: THROMBECTOMY/LIGATION
- [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: 292**
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,65,170)
Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
- Spinal cord stimulation (63655-63688) 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 659.](#)
- Line: 345**
Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS ([See Coding Specification Below](#)) (See Guideline Notes 6,64,65,90)
Treatment: MEDICAL THERAPY
- [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 659.](#)
- 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 6,38,64,65,90)
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
- [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 659.](#)

ATTACHMENT G

New Statements of Intent Effective October 1, 2018

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: <http://www.oregon.gov/oha/HPA/CSI-PMC/Pages/module.aspx>.

ATTACHMENT H

Revised Statements of Intent Effective October 1, 2018

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 [\(for example, palliative radiation therapy\)](#) or therapeutic interventions 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 ~~TREATMENT~~[PATIENT-CENTERED CARE](#) OF [ADVANCED](#) CANCER ~~WITH LITTLE OR NO BENEFIT~~.