



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 79<sup>th</sup> 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

Interim Modifications to the Prioritized List of Health Services

11/29/2018

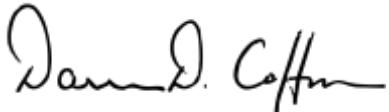
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In addition to these changes, the Commission made changes to practice guidelines and coding specifications associated with the Prioritized List. Attachment C shows five new guidelines, Attachment D includes revisions to 18 existing guidelines and Attachment 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~~ for October 1, 2018 by the Health Evidence Review Commission

Line: 1  
Condition: PREGNANCY  
Treatment: MATERNITY CARE

Add: 10140 Incision and drainage of hematoma, seroma or fluid collection  
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: 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  
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Delete: Z3A.25 25 weeks gestation of pregnancy  
Delete: Z3A.26 26 weeks gestation of pregnancy  
Delete: Z3A.27 27 weeks gestation of pregnancy  
Delete: Z3A.28 28 weeks gestation of pregnancy  
Delete: Z3A.29 29 weeks gestation of pregnancy  
Delete: Z3A.30 30 weeks gestation of pregnancy  
Delete: Z3A.31 31 weeks gestation of pregnancy  
Delete: Z3A.32 32 weeks gestation of pregnancy  
Delete: Z3A.33 33 weeks gestation of pregnancy  
Delete: Z3A.34 34 weeks gestation of pregnancy  
Delete: Z3A.35 35 weeks gestation of pregnancy  
Delete: Z3A.36 36 weeks gestation of pregnancy  
Delete: Z3A.37 37 weeks gestation of pregnancy  
Delete: Z3A.38 38 weeks gestation of pregnancy  
Delete: Z3A.39 39 weeks gestation of pregnancy  
Delete: Z3A.40 40 weeks gestation of pregnancy  
Delete: Z3A.41 41 weeks gestation of pregnancy  
Delete: Z3A.42 42 weeks gestation of pregnancy  
Delete: Z3A.49 Greater than 42 weeks gestation of pregnancy  
Add: C1880 Vena cava filter

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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

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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

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Line: 4  
Condition: SUBSTANCE USE DISORDER  
Treatment: MEDICAL/PSYCHOTHERAPY  
Add: H0023 Behavioral health outreach service (planned approach to reach a targeted population)

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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)~~

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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

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Line: 9  
Condition: ASTHMA  
Treatment: MEDICAL THERAPY  
Add: 95012 Nitric oxide expired gas determination

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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
<del>Delete:</del>	<del>P74.2 Disturbances of sodium balance of newborn</del>
Add:	P74.21 Hypernatremia of newborn
Add:	P74.22 Hyponatremia of newborn
<del>Delete:</del>	<del>P74.3 Disturbances of potassium balance of newborn</del>
Add:	P74.31 Hyperkalemia of newborn
Add:	P74.32 Hypokalemia of newborn
<del>Delete:</del>	<del>P74.4 Other transitory electrolyte disturbances of newborn</del>
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:	35
Condition:	<u>TERMINATION OF PREGNANCY</u>
Treatment:	<u>INDUCED ABORTION</u>
<del>Delete:</del>	<del>A34 Obstetrical tetanus</del>
<del>Delete:</del>	<del>003.87 Sepsis following complete or unspecified spontaneous abortion</del>
<del>Delete:</del>	<del>008.0 Genital tract and pelvic infection following ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.1 Delayed or excessive hemorrhage following ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.2 Embolism following ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.3 Shock following ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.4 Renal failure following ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.5 Metabolic disorders following an ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.6 Damage to pelvic organs and tissues following an ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.7 Other venous complications following an ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.81 Cardiac arrest following an ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.82 Sepsis following ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.83 Urinary tract infection following an ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.89 Other complications following an ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>008.9 Unspecified complication following an ectopic and molar pregnancy</del>
<del>Delete:</del>	<del>036.8120 Decreased fetal movements, second trimester, not applicable or unspecified</del>
<del>Delete:</del>	<del>036.8121 Decreased fetal movements, second trimester, fetus 1</del>
<del>Delete:</del>	<del>036.8122 Decreased fetal movements, second trimester, fetus 2</del>
<del>Delete:</del>	<del>036.8123 Decreased fetal movements, second trimester, fetus 3</del>
<del>Delete:</del>	<del>036.8124 Decreased fetal movements, second trimester, fetus 4</del>
<del>Delete:</del>	<del>036.8125 Decreased fetal movements, second trimester, fetus 5</del>
<del>Delete:</del>	<del>036.8129 Decreased fetal movements, second trimester, other fetus</del>
<del>Delete:</del>	<del>036.8130 Decreased fetal movements, third trimester, not applicable or unspecified</del>
<del>Delete:</del>	<del>036.8131 Decreased fetal movements, third trimester, fetus 1</del>

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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  
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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

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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

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

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: 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

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Line: 49

Condition: CONGENITAL HYDRONEPHROSIS

Treatment: NEPHRECTOMY/REPAIR

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

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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:	<del>K83.0    Cholangitis</del>
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
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:	62
Condition:	<u>SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS</u>
Treatment:	<u>MEDICAL/PSYCHOTHERAPY</u>
Add:	H0038    Self-help/peer services, per 15 minutes

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

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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:	003.87 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)

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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)

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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)

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Line: 7977

Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW

Treatment: LIGATION

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

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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

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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)

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Line: 87

Condition: CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM

Treatment: RECONSTRUCTION

Add: C1815 Prosthesis, urinary sphincter (implantable)

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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)

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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

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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)

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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)

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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

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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

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Line: <u>124118</u>	
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	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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 99238	Hospital discharge day management: 30 minutes or less
Add: 99239	Hospital discharge day management: more than 30 minutes
Add: 99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
Add: 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)
Add: 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.

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Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 99315	Nursing facility discharge day management: 30 minutes or less
Add: 99316	Nursing facility discharge day management: more than 30 minutes
Add: 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.
Add: 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.
Add: 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.
Add: 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.

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Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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.
Add: 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
Add: 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: 99379	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
Add: 99380	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

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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

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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

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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)

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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

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Line: 134

Condition: INTERRUPTED AORTIC ARCH

Treatment: TRANSVERSE ARCH GRAFT

Add: 33606 Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)  
Add: 75573 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)

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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

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Line: 148

Condition: ACQUIRED HEMOLYTIC ANEMIAS

Treatment: MEDICAL THERAPY

Add: C1752 Catheter, hemodialysis/peritoneal, short-term  
Add: C1881 Dialysis access system (implantable)

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Line: 157

Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS

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

Add: 44202 Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis  
Add: 44203 Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)  
Add: 44950 Appendectomy;  
Add: 44955 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)

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

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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)

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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

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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

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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)

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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
<u>Delete:</u>	<u>61863</u> 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
<u>Delete:</u>	<u>61864</u> 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)
<u>Delete:</u>	<u>61867</u> 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
<u>Delete:</u>	<u>61868</u> 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)
<u>Delete:</u>	<u>61880</u> Revision or removal of intracranial neurostimulator electrodes
<u>Delete:</u>	<u>61886</u> Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
<u>Add:</u>	<u>64553</u> Percutaneous implantation of neurostimulator electrode array; cranial nerve
<u>Delete:</u>	<u>78608</u> Brain imaging, positron emission tomography (PET); metabolic evaluation
<u>Delete:</u>	<u>78609</u> Brain imaging, positron emission tomography (PET); perfusion evaluation
<u>Delete:</u>	<u>78811</u> Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
<u>Delete:</u>	<u>78814</u> Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
<u>Add:</u>	<u>C1767</u> Generator, neurostimulator (implantable), non-rechargeable
<u>Add:</u>	<u>C1778</u> Lead, neurostimulator (implantable)
<u>Add:</u>	<u>C1816</u> Receiver and/or transmitter, neurostimulator (implantable)
<u>Add:</u>	<u>C1820</u> Generator, neurostimulator (implantable), with rechargeable battery and charging system
<u>Add:</u>	<u>C1822</u> Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
<u>Add:</u>	<u>C1897</u> Lead, neurostimulator test kit (implantable)

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Line:	177
Condition:	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE
Treatment:	MEDICAL THERAPY
<u>Delete:</u>	<u>E72.8</u> Other specified disorders of amino-acid metabolism
<u>Add:</u>	<u>E72.81</u> Disorders of gamma aminobutyric acid metabolism

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Line:	180
Condition:	URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment:	MEDICAL AND SURGICAL TREATMENT
<u>Add:</u>	<u>50590</u> Lithotripsy, extracorporeal shock wave

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Line:	181
Condition:	CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (E.G., LIGHTNING STRIKE, HEATSTROKE)
Treatment:	MEDICAL THERAPY, BURN TREATMENT
<u>Add:</u>	<u>C5271</u> 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
<u>Add:</u>	<u>C5272</u> 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)
<u>Add:</u>	<u>C5273</u> 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
<u>Add:</u>	<u>C5274</u> 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)
<u>Add:</u>	<u>C5275</u> 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)

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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

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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
<del>Add:</del>	<del>97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</del>
<del>Add:</del>	<del>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)</del>
<del>Add:</del>	<del>97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</del>
<del>Add:</del>	<del>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)</del>
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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## ATTACHMENT A

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

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

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.

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Line: 206

Condition: SUPERFICIAL ABSCESSSES 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 Supralevator abscess

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Line: 208

Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 11740 Evacuation of subungual hematoma

## ATTACHMENT A

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

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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
<del>Delete:</del>	<del>E78.4 Other hyperlipidemia</del>
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
<del>Delete:</del>	<del>C43.11 Malignant melanoma of right eyelid, including canthus</del>
Add:	C43.111 Malignant melanoma of right upper eyelid, including canthus
Add:	C43.112 Malignant melanoma of right lower eyelid, including canthus
<del>Delete:</del>	<del>C43.12 Malignant melanoma of left eyelid, including canthus</del>
Add:	C43.121 Malignant melanoma of left upper eyelid, including canthus
Add:	C43.122 Malignant melanoma of left lower eyelid, including canthus
<del>Delete:</del>	<del>D03.11 Melanoma in situ of right eyelid, including canthus</del>
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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### Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services Approved ~~on March 8, 2018 through August 9~~ for October 1, 2018 by the Health Evidence Review Commission

~~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

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Line: 237

Condition: **TETANUS**

Treatment: **MEDICAL THERAPY**

Add: A34 **Obstetrical tetanus**

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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

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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

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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 neuromodulator (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)**

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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)

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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

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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

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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)

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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

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

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

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Line: 280  
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS  
Treatment: THROMBECTOMY/LIGATION

Add: C1880 Vena cava filter

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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)

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

Add:	66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
Add:	68200	Subconjunctival injection
Add:	69602	Revision mastoidectomy; resulting in modified radical mastoidectomy
Add:	92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
Add:	086.00	Infection of obstetric surgical wound, unspecified
Add:	086.01	Infection of obstetric surgical wound, superficial incisional site
Add:	086.02	Infection of obstetric surgical wound, deep incisional site
Add:	086.03	Infection of obstetric surgical wound, organ and space site
Add:	086.09	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:	T81.42XA	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
<del>Delete:</del>	<del>T81.4XXA</del>	<del>Infection following a procedure, initial encounter</del>
<del>Delete:</del>	<del>T81.4XXD</del>	<del>Infection following a procedure, subsequent encounter</del>
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 transcathester 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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### Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services Approved ~~on March 8, 2018 through August 9~~ for October 1, 2018 by the Health Evidence Review Commission

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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:	<u>11640</u> <u>Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less</u>
Add:	<u>11641</u> <u>Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm</u>
Add:	<u>11642</u> <u>Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm</u>
Add:	<u>11643</u> <u>Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm</u>
Add:	<u>11644</u> <u>Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm</u>
Add:	<u>11646</u> <u>Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm</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)
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)
<del>Delete:</del>	<del>E72.8</del> <del>Other specified disorders of amino-acid metabolism</del>
Add:	E72.81 Disorders of gamma aminobutyric acid metabolism
Add:	E75.26 Sulfatase deficiency
Add:	F88 Other disorders of psychological development
<del>Delete:</del>	<del>G71.0</del> <del>Muscular dystrophy</del>
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~~Add: I63.881 Other cerebral infarction due to occlusion or stenosis of small artery  
~~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:~~ P25.4 ~~Congenital Zika virus disease~~  
~~Delete:~~ Q93.5 ~~Add: I63.89 Other deletions of part of a chromosome~~ ~~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  
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)

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

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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

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

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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)

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

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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
<del>Delete:</del>	<del>I63.8 Other cerebral infarction</del>
<del>Delete:</del>	<del>37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day</del>
<del>Delete:</del>	<del>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;</del>
<del>Delete:</del>	<del>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</del>
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
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
<del>Delete:</del>	<del>N35.8 Other urethral stricture</del>
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 Spermatocele of epididymis, unspecified  
Delete: N43.41 Spermatocele of epididymis, single  
Delete: N43.42 Spermatocele 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

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Line: 332

Condition: CONDITIONS REQUIRING HYPERBARIC OXYGEN THERAPY

Treatment: HYPERBARIC OXYGEN

~~Delete: 008.0 Genital tract and pelvic infection following ectopic and molar pregnancy~~

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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)

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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:	349
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
<u>Delete:</u>	<u>N93.8 Other specified abnormal uterine and vaginal bleeding</u>
Line:	358
Condition:	BODY INFESTATIONS (E.G., LICE, SCABIES)
Treatment:	MEDICAL THERAPY
<u>Delete:</u>	<u>96900 Actinotherapy (ultraviolet light)</u>
<u>Delete:</u>	<u>96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B</u>
<u>Delete:</u>	<u>96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)</u>
<u>Delete:</u>	<u>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)</u>

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Line:	361
Condition:	SCOLIOSIS
Treatment:	MEDICAL AND SURGICAL THERAPY
Delete:	<u>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:	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 ( <u>SEVERE CYSTIC AND</u> 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 excoriée
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:	<u>E72.8</u> <u>Other specified disorders of amino-acid metabolism</u>
Add:	E72.81 Disorders of gamma aminobutyric acid metabolism
Add:	E75.26 Sulfatase deficiency
Add:	F88 Other disorders of psychological development
Delete:	<u>G71.0</u> <u>Muscular dystrophy</u>
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:	<u>I63.8</u> <u>Other cerebral infarction</u>
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:	<u>Q93.5</u> <u>Other deletions of part of a chromosome</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
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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## ATTACHMENT A

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

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)

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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.

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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)

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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)

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

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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

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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)

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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)

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Line: 444443  
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)

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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)

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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

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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: 99238 Hospital discharge day management; 30 minutes or less

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

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Line: 454  
Condition: DISORDERS OF PLASMA PROTEIN METABOLISM  
Treatment: MEDICAL THERAPY

Add: E88.02 Plasminogen deficiency

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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)

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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

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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

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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)

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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
<del>Delete:</del>	<del>G51.3 Clonic hemifacial spasm</del>
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
<del>Delete:</del>	<del>D22.11 Melanocytic nevi of right eyelid, including canthus</del>
Add:	D22.111 Melanocytic nevi of right upper eyelid, including canthus
Add:	D22.112 Melanocytic nevi of right lower eyelid, including canthus
<del>Delete:</del>	<del>D22.12 Melanocytic nevi of left eyelid, including canthus</del>
Add:	D22.121 Melanocytic nevi of left upper eyelid, including canthus
Add:	D22.122 Melanocytic nevi of left lower eyelid, including canthus
<del>Delete:</del>	<del>D23.11 Other benign neoplasm of skin of right eyelid, including canthus</del>
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
<del>Delete:</del>	<del>D23.12 Other benign neoplasm of skin of left eyelid, including canthus</del>
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
Add:	<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 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:	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: 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

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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

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

<u>Delete: 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: 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)

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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)

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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

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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

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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

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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)

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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

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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

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Line:	578
Condition:	CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment:	SURGICAL TREATMENT
<del>Delete:</del>	<del>Q51.2 Other doubling of uterus</del>
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

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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

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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](#)

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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

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

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

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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
<del>Delete:</del>	<del>H57.8 Other specified disorders of eye and adnexa</del>
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:	<u>37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day</u>
Add:	<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>
Add:	<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>
<del>Delete:</del>	<u>52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant</u>
<del>Delete:</del>	<u>52442 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)</u>
Add:	<u>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</u>
Add:	<u>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)</u>
Add:	<u>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</u>
Add:	<u>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)</u>
Add:	<u>61880 Revision or removal of intracranial neurostimulator electrodes</u>
Add:	<u>61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays</u>

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## ATTACHMENT A

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

Add: 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: 64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Add: 81479	Unlisted molecular pathology procedure
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
Delete: 95012	Nitric oxide expired gas determination
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 intracavitory 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

## ATTACHMENT C

### New Guidelines Effective October 1, 2018

#### 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)  $\leq 0.30$ . Patients must not have:
  - 1) New York Heart Association (NYHC) classification IV heart failure; or
  - 2) Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or
  - 3) Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary intervention (PCI) with angioplasty and/or stenting, within past 3 months; or
  - 4) Had a myocardial infarction in the past 40 days; or
  - 5) Clinical symptoms or findings that would make them a candidate for coronary revascularization
- C) Patients who have severe ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF)  $\leq 35\%$ . 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.

## ATTACHMENT D

### Revisions To Existing Guideline Notes Effective October 1, 2018

#### 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. 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~~<sup>first</sup>-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<sup>included on this line</sup> for binaocular 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) Hypermature cataract causing inflammation and glaucoma OR
- B) To see the back of the eye to treat posterior segment conditions that could not be monitored due to the poor view and very dense lens opacity (i.e. diabetic retinopathy, glaucoma) OR
- C) Significant anisometropia causing aniseikonia.

#### **GUIDELINE NOTE 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:
  - a) Markedly abnormal reflexes
  - b) Segmental muscle weakness
  - c) Segmental sensory loss
  - d) EMG or NCV evidence of nerve root impingement
  - e) Cauda equina syndrome
  - f) Neurogenic bowel or bladder
  - g) Long tract abnormalities

Foraminal or central spinal stenosis causing only radiating pain (e.g. radiculopathic pain) is included only on Line 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:
  - 1) spinal stenosis in the cervical spine (with or without spondylolisthesis) which results in objective neurologic impairment as defined above OR
  - 2) spinal stenosis in the thoracic or lumbar spine caused by spondylolisthesis resulting in signs and symptoms of neurogenic claudication and which correlate with xray flexion/extension films showing at least a 5 mm translation OR
  - 3) pre-existing or expected post-surgical spinal instability (e.g. degenerative scoliosis >10 deg, >50% of facet joints per level expected to be resected)

For all other indications, spine surgery is included on Line 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*

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

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

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

#### GUIDELINE NOTE 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](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/DMAVpactable.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 ~~are 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 ~~Mammestrat~~ 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]*

<u>11981</u> <u>G0516, G0518</u> <u>S2900</u>	<u>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> <u>Surgical techniques requiring use of robotic surgical system</u>	<u>Not</u> <u>More</u> <u>cost-effective compared to equally efficacious alternative formulations</u> <u>treatments are available</u>	<u>May, 2018</u>
<u>79445</u>  <u>C2616</u>  <u>S2095</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>Brachytherapy source, non-stranded, yttrium-90, per source, for use in treating primary liver cancer or metastatic cancer to the liver</u>  <u>Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres,</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>

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	<a href="#">for use in treating primary liver cancer or metastatic cancer to the liver</a>		
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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]*

<a href="#">C9733</a>	<a href="#">Non-ophthalmic fluorescent vascular angiography</a>	<a href="#">Unproven therapy</a>	<a href="#">December 2012</a>
<a href="#">C9745</a>	<a href="#">Nasal endoscopy, surgical; balloon dilation of Eustachian tube</a>	<a href="#">Insufficient evidence of effectiveness</a>	<a href="#">August 2018</a>
<a href="#">C9746</a>	<a href="#">Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed</a>	<a href="#">Harms outweigh benefits</a>	<a href="#">May, 2018</a>
<a href="#">C9747</a>	<a href="#">Ablation of prostate, transrectal, high-intensity focused ultrasound (hifu), including imaging guidance</a>	<a href="#">Insufficient evidence of effectiveness</a>	<a href="#">May, 2018</a>
<a href="#">C9749</a>	<a href="#">Repair of Nasal vestibular lateral wall stenosis with implant(s)</a>	<a href="#">Unproven treatment</a>	<a href="#">August, 2018</a>
<a href="#">G0252</a>	<a href="#">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)</a>	<a href="#">Not a recommended test for axillary staging</a>	<a href="#">March, 2018</a>
<a href="#">S8930</a>	<a href="#">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]</a>	<a href="#">No evidence of effectiveness</a>	<a href="#">March, 2018</a>
<a href="#">11981</a> <a href="#">G0516, G0518</a>	<a href="#">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</a>	<a href="#">Unproven treatment</a>	<a href="#">November, 2017</a>
<a href="#">15820-15821</a>	<a href="#">Blepharoplasty, lower eyelid</a>	<a href="#">No clinically important benefit</a>	<a href="#">May, 2018</a>
<a href="#">19294</a> <a href="#">C9726</a>	<a href="#">Intraoperative radiation therapy (IORT) concurrent with partial mastectomy</a> <a href="#">Placement and removal (if performed) of</a>	<a href="#">Unproven treatment</a>	<a href="#">November, 2017</a> <a href="#">May 2018</a>

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	<a href="#"><u>applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure</u></a>		
<a href="#"><u>20985</u></a>	<a href="#"><u>Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less</u></a>	<a href="#"><u>Insufficient evidence of effectiveness</u></a>	<a href="#"><u>August, 2018</u></a>
22867-22870	Insertion of interlaminar/ interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar	Insufficient evidence of effectiveness	<a href="#"><u>May, 2018</u></a>
<a href="#"><u>C1821</u></a>	<a href="#"><u>Interspinous process distraction device (implantable)</u></a>		
<a href="#"><u>52441-52442</u></a>	<a href="#"><u>Cystourethroscopy, with insertion of permanent adjustable transprostatic implant</u></a>	<a href="#"><u>No evidence of effectiveness</u></a>	<a href="#"><u>March, 2015</u></a> <a href="#"><u>Coverage Guidance</u></a>
<a href="#"><u>64568</u></a>	<a href="#"><u>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</u></a>	<a href="#"><u>Insufficient evidence of effectiveness and evidence of harm</u></a>	<a href="#"><u>May, 2018</u></a>
<a href="#"><u>79445</u></a>	<a href="#"><u>Radiopharmaceutical therapy, by intra-arterial particulate administration for use in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver</u></a>	<a href="#"><u>No evidence of effectiveness</u></a>	<a href="#"><u>March, 2018</u></a>
<a href="#"><u>C2616</u></a>	<a href="#"><u>Brachytherapy source, non-stranded, yttrium-90, per source in treating cancers other than primary hepatocellular carcinoma or colorectal cancer metastatic to the liver.</u></a>		
<a href="#"><u>S2095</u></a>	<a href="#"><u>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</u></a>		
<a href="#"><u>Breast Cancer Gene Expression tests billed with nonspecific</u></a>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Mammostrat</u></a></li> <li>• <a href="#"><u>Oncotype DX Breast DCIS Score</u></a></li> </ul>	<a href="#"><u>Unproven intervention</u></a>	<a href="#"><u>May 2018</u></a> <a href="#"><u>Coverage Guidance</u></a>

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<u>codes (e.g. 81479, 81599, 84999, S3854)</u>	<ul style="list-style-type: none"> <li>• <a href="#">Breast Cancer Index</a></li> <li>• <a href="#">IHC4</a></li> </ul>		<a href="#">Blog</a>
<u>Prostate Cancer Gene Expression tests billed with nonspecific codes (e.g. 81479, 81599, 84999)</u>	<ul style="list-style-type: none"> <li>• <a href="#">Oncotype DX Genomic Prostate Score</a></li> <li>• <a href="#">Decipher RP for prostate cancer</a></li> </ul>	<a href="#">Unproven Intervention</a>	<a href="#">January 2018</a>  <a href="#">Coverage Guidance Blog</a>
81504	<p><b>Biomarker tests for tumor tissue:</b></p> <ul style="list-style-type: none"> <li>• Mammaprint, Mammostrat and ImmunoHistoChemistry 4 (IHC4) for breast cancer</li> <li>• Microsatellite instability (MSI) for colorectal cancer</li> <li>• <a href="#">Oncology (tissue of origin), microarray gene expression profiling of &gt; 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores</a> <a href="#">Urovysion for bladder cancer</a></li> <li>• Prolaris for prostate cancer</li> </ul> <p>Multiple molecular testing to select targeted cancer therapy</p>	Insufficient evidence of effectiveness. More costly than equally effective therapies for this condition <a href="#">Unproven intervention</a>	<a href="#">August, 2015</a> <a href="#">2018</a>  <a href="#">Coverage Guidance Blog</a>
<a href="#">81521</a> <a href="#">81525</a>	<p><b>Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes</b> <a href="#">Oncotype DX for colon cancer</a></p>	<a href="#">Unproven intervention</a> <a href="#">Insufficient evidence of effectiveness</a>	<a href="#">August</a> <a href="#">November, 2015</a>
96119	<p><b>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test)</b></p>	No evidence of effectiveness	<a href="#">January, 2014</a>
96120	<p><b>Neuropsychological testing (eg, Wisconsin Card Sorting Test)</b></p>		
81520	<p><b>Gene expression profiling algorithm for breast cancer mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping),</b></p>	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](#).