PRIORITIZATION OF HEALTH SERVICES

A Report to the Governor and the 77th Oregon Legislative Assembly

Health Evidence Review Commission
Office for Oregon Health Policy and Research
Oregon Health Authority
2013

Oregon Health Authority

This guideline note was erroneously omitted from chapter two of the 2013 Prioritization of Health Services report to the Governor and Legislature.

Complicated Hernias

Line 172

This guideline was edited to clarify which hernias are considered complicated. Ventral hernias do not have incarceration or other complications and were excluded from being high risk. Chronic incarceration was further clarified.

> Complicated hernias (excluding ventral hernias) are included on this line if they are incarcerated (defined as non-reducible by physical manipulation) or have symptoms of obstruction and/or strangulation. Chronic incarceration that does not place the patient at risk for impending strangulation (e.g. such as a large ventral hernia with loss of domain), is included on Line 530 UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA).

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Executive Summary

The 2013-15 biennium saw the Health Services Commission (HSC) cede oversight of the Prioritized List of Health Services after 22 years to the Health Evidence Review Commission (HERC) as of January 1, 2012. HERC continues to use the methodology for prioritization first established with the January 2008 list and the use of evidence of clinical effectiveness and cost-effectiveness in making changes to the list.

The 2014-15 Prioritized List of Health Services appearing in Appendix C shows the final line rankings approved by the HSC in August 2012. The most recent biennial review of Prioritized List encompassed the conversion of the 14,000+ ICD-9-CM diagnosis codes representing the placement of medical conditions on the list to the nearly 70,000 ICD-10-CM codes going into effect October 1, 2014. HSC staff met with representatives of about 40 provider specialty groups to receive input on the appropriate translation of the list to the new codeset. During these meetings, recommendations for other changes were also suggested by providers, which were taken the HSC for consideration and resulted in many additional changes.

HERC and it's staff continue the work on the conversion of the list to ICD-10-CM. The first version of the list showing each line's associated codes will be posted on the Commission's website during the summer of 2013 at http://www.oregon.gov/oha/OHPR/pages/herc/current-prioritized-list.aspx. The final version of the list will be made available in March 2014 once the April 1, 2014 interim modifications have been incorporated. That list will go into effect October 1, 2014 to coincide with implementation of ICD-10-CM, pending legislative funding and approval of the Centers for Medicare and Medicaid Services of the resulting benefit package.

Practice guidelines continue to be an increasingly important mechanism in striving to use the state's limited resources in the most effective manner. Twenty-six new guidelines were developed over the past two years and thirty-seven previously existing guidelines were modified. This includes the development of guidelines in the areas of ancillary and diagnostic services as well as incorporating the coverage guidances developed by the HERC involving a more in-depth look at the evidence of effectiveness for certain services.

In the process of maintaining the Prioritized List over the last two years, the HSC and HERC produced four sets of interim modifications that were forwarded to the President of the Senate and Speakers of the House. Over 8,500 individual changes were made as part of the interim maintenance of the list, many of which were necessitated by annual updates to the diagnosis and procedure codes used to define the condition-treatment pairs. None of the interim modifications made from October 2011 through April 2013 were determined by the Oregon Health Authority's Actuarial Services Unit to have a significant fiscal impact requiring presentation to the Oregon Legislative Emergency Board.

The Health Evidence Review Commission appreciates the opportunity to continue the pioneering work on healthcare prioritization begun by the Health Services Commission in providing the most beneficial services to Oregon's Medicaid population.

CHAPTER ONE:

PRIORITIZATION OF HEALTH SERVICES FOR 2014-15

Charge to the Health Evidence Review Commission

HB 2100 (2011)[1] created the Health Evidence Review Commission (HERC), combining two previously existing commissions, the Health Services Commission (HSC) and Health Resources Commission (HRC). HERC continues two decades of work, as both of the original commissions began their work in the early 1990's at the start of the Oregon Health Plan. The Health Evidence Review Commission was established, in part, to:

> "[D]evelop and maintain a list of health services ranked by priority, from the most important to the least important, representing the comparative benefits of each service to the population to be served. The commission shall report the prioritized list of services to the Oregon Health Authority for budget determinations by July 1 of each even-numbered year."[2]

The Commission is composed of thirteen members. There are five physicians, including one Doctor of Osteopathy and one hospital-based physician, two consumer representatives, a public health nurse, a behavioral health representative , a dentist, an alternative medicine provider, a pharmacy representative and a health insurance representative. The Commission relies heavily on the input from its subcommittees and ad hoc advisory panels. The HERC's Value-based Benefits Subcommittee (VbBS) reviews all potential changes to the Prioritized List and is comprised of both Commission members and other provider and stakeholder representatives. An Advisory Panel on Oral Health Care also provided recommendations on the placement of new dental procedure codes.[3]

The Commission's Prioritized List of Health Services is made up of condition-treatment pairs composed of diagnosis and treatment codes used to define the services being represented. The conditions on the list are represented by the coding nomenclature of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). Medical treatments are listed using codes from the American Medical Association's Current Procedural Terminology (CPT), the American Dental Association's Current Dental Terminology (CDT) and the Healthcare Common Procedure Coding System (HCPCS).

The Commission maintains the Prioritized List by making changes in one of two ways:

1. The <u>Biennial Review</u> of the Prioritized List of Health Services, which is completed prior to each legislative session according to the Commission's established methodology.
2. <u>Interim Modifications</u> to the Prioritized List that consist of:

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[1] See Appendix A for the sections of HB 2100 (2011) related to the Health Evidence Review Commission.
[2] Oregon Revised Statutes (ORS) 414.690(3) and 41.690(5).
[3] A list of the Commission and VbBS membership can be found in Appendix B.

a. Technical Changes due to errors, omissions, and changes in ICD-10-CM, CPT, CDT or HCPCS codes; and,

b. Advancements in Medical Technology that necessitate changes to the list prior to the next biennial review.

The list assumes that all diagnostic services necessary to determine a diagnosis are covered. Ancillary services necessary for the successful treatment of the condition are to be presumed to be a part of the line items. This means that codes for prescription drugs, durable medical equipment and supplies, laboratory services, and most imaging services are not included on the Prioritized List but are still intended to be reimbursed as long as the condition for which they are being used to treat appears in the funded region (currently lines 1-498 of the April 1, 2013 list).

The Prioritization Methodology

As of January 1, 2008, the Prioritized List reflects a ranking of health services based on a new methodology that places a higher emphasis on preventive services and chronic disease management The new methodology ensures a benefit package that provides the services necessary to best keep a population healthy rather than waiting until an individual gets sick before higher cost services are offered to try to restore good health.

The prioritization methodology first defines a rank ordered list of nine broad categories of health care to establish a basic framework for the list (see Figure 1.1). Next the methodology calls for each of the line items on the Prioritized List to be assigned to one of these health care categories. Once the line items have been assigned to one of the nine categories, a list of criteria is used to sort the line items within the categories (see Figure 1.2). These measures are felt to best capture the impacts on both the individual's health and the population health that the Commission believes is essential in determining the relative importance of a condition-treatment pair. The HERC Medical Director and HERC Director worked with individual HERC physician members and other volunteer physicians with OHP experience to establish ratings for each of these measures for each line item on the list.

Since not every service in Category 1 is more important than every service in Category 2 and so on, a weight is applied to each category that is then multiplied by the total criteria score for each condition-treatment pair. The category weights are shown in parentheses after the title for each category in Figure 1.1. A total score is then calculated for each line using the following formula to sort all line items, with the lowest net cost used to break any ties:

Category Weight	X	Impact on Healthy Life + Impact on Suffering + Population Effects + Vulnerable of Population Affected + Tertiary Prevention (categories 6 & 7 only)	X	Effectiveness	X	Need for Service

FIGURE 1.1
RANK ORDER OF HEALTH CARE CATEGORIES

1) Maternity & Newborn Care (100) - Obstetrical care for pregnancy. *Prenatal care; delivery services; postpartum care; newborn care for conditions intrinsic to the pregnancy.*

2) Primary Prevention and Secondary Prevention (95) - Effective preventive services used prior to the presence of disease and screenings for the detection of diseases at an early stage. *Immunizations; fluoride treatment in children; mammograms; pap smears; blood pressure screening; well child visits; routine dental exams.*

3) Chronic Disease Management (75) - Predominant role of treatment in the presence of an established disease is to prevent an exacerbation or a secondary illness. *Medical therapy for diabetes mellitus, asthma, and hypertension. Medical/psychotherapy for schizophrenia.*

4) Reproductive Services (70) - Excludes maternity and infertility services. *Contraceptive management; vasectomy; tubal occlusion; tubal ligation.*

5) Comfort Care (65) - Palliative therapy for conditions in which death is imminent. *Hospice care; pain management.*

6) Fatal Conditions, Where Treatment is Aimed at Disease Modification or Cure (40) - *Appendectomy for appendicitis; medical & surgical treatment for treatable cancers; dialysis for end-stage renal disease; medical therapy for stroke; medical/psychotherapy for single episode major depression.*

7) Nonfatal Conditions, Where Treatment is Aimed at Disease Modification or Cure (20) - *Treatment of closed fractures; medical/psychotherapy for obsessive-compulsive disorders; medical therapy for chronic sinusitis.*

8) Self-limiting conditions (5) - Treatment expedites recovery for conditions that will resolve on their own whether treated or not. *Medical therapy for diaper rash, acute conjunctivitis and acute pharyngitis.*

9) Inconsequential care (1) - Services that have little or no impact on health status due to the nature of the condition or the ineffectiveness of the treatment. *Repair fingertip avulsion that does not include fingernail; medical therapy for gallstones without cholecystitis, medical therapy for viral warts.*

FIGURE 1.2
POPULATION AND INDIVIDUAL IMPACT MEASURES

Impact on Healthy Life - What is the magnitude of the benefit to the patient from the treatment as compared to no treatment for the condition, after factoring in harms associated with the treatment. *Range of 0 (no impact) to 10 (high impact).*

Impact on Suffering - To what degree does the condition result in pain and suffering? Effect on family members (e.g. dealing with a loved one with Alzheimer's disease or needing to care for a person with a life-long disability) should also be factored in here. *Range of 0 (no impact) to 5 (high impact).*

Population Effects - The degree to which individuals other than the person with the illness will be affected. Examples include public health concerns due to the spread of untreated tuberculosis or public safety concerns resulting from untreated severe mental illness. *Range of 0 (no effects) to 5 (widespread effects).*

Vulnerability of Population Affected - To what degree does the condition affect vulnerable populations such as those of certain racial/ethnic descent or those afflicted by certain debilitating illnesses such as HIV disease or alcohol & drug dependence? *Range of 0 (no vulnerability) to 5 (high vulnerability).*

Tertiary Prevention - In considering the ranking of services within categories 6 and 7, to what degree does early treatment prevent complications of the disease (not including death)? *Range of 0 (doesn't prevent complications) to 5 (prevents severe complications).*

Effectiveness - To what degree does the treatment achieve its intended purpose? *Range of 0 (no effectiveness) to 5 (high effectiveness).*

Need for Medical Services - The percentage of time in which medical services would be required after the diagnosis has been established. *Percentage from 0 (services never required) to 1 (services always required).*

Net Cost - The cost of treatment for the typical case (including lifetime costs associated with chronic diseases) minus the expected costs if treatment is not provided -- including costs incurred through safety net providers (e.g., emergency departments) for urgent or emergent care related to the injury/illness or resulting complications. *Range of 0 (high net cost) to 5 (cost saving).*

Hand adjustments were applied by the Commission where the application of this methodology did not result in a ranking that reflected the importance of the service, which was the case in fewer than 5% of the line items (compared to over 70% of cases using the previous methodology).

The following two examples illustrate line items that were given a very high score and a very low score as a result of this process.

Schizophrenic Disorders	Grade I Sprains of Joints and Muscles
Category 3 Weight: 75	**Category 8 Weight: 5**
Impact on Healthy Life Years: 8	Impact on Healthy Life Years: 1
Impact on Suffering: 4	Impact on Suffering: 1
Effects on Population: 4	Effects on Population: 0
Vulnerability of Population Affected: 0	Vulnerability of Population Affected: 0
Effectiveness: 3	**Effectiveness: 2**
Need for Service: 1	**Need for Service: 0.1**
Net Cost: 5	*Net Cost: 4*
Total Score: 3600	Total Score: 2
75 x [(8+4+4+0) x 3 x 1] = 3600	5 x [(1+1+0+0) x 2 x 0.1] = 2

Services near the top of the list as a result of this methodology include maternity care and newborn services, preventive services found to be effective by the U.S. Preventive Services Task Force, and treatments for chronic diseases such as diabetes, major depression, asthma, and hypertension, where ongoing maintenance therapy can prevent exacerbations of the disease that lead to avoidable high-intensity service utilization, morbidity, and death.

Biennial Review of the Prioritized List

The Commission conducted its eleventh biennial review of the Prioritized List of Health Services in 2011-12. The focus of this biennial review was the conversion of the diagnosis codes on the list and in the guidelines from the 14,000+ ICD-9-CM codes to the nearly 70,000 ICD-10-CM codes.

Initially, HERC staff used the General Equivalence Mapping (GEM) provided by the Centers for Medicare and Medicaid Services (CMS) to perform a preliminary placement of the new ICD-10-CM codes on the list. Since the mapping of ICD-9-CM to ICD-10-CM could be anything from a one-to-one mapping to a many-to-many mapping, a hand review had to be performed for the initial code assignments to each line. To accomplish these hand reviews, all lines on the Prioritized List were grouped according to the specialty group who provide those services. The HERC Medical Director or HERC Associate Medical Director, along with the HERC Director, met with representatives from each specialty group to review the preliminary mapping of the ICD-10-CM codes to their lines. In the course of this review, in addition to recommending the reassignment of any ICD-10-CM to alternate line placements, the specialty group representatives

would often make suggestions for changes in prioritization beyond the scope of the diagnosis code conversions. These suggestions were then taken to VbBS for consideration and either recommended to HERC for adoption or not. Figures 1.3 through 1.7 show the major changes in the composition of line items as a result of this biennial review process, both as a result of the conversion of ICD-9-CM and ICD-10-CM and other suggestions by specialty providers.

Figure 1.3 shows lines that were previously separate on 80 lines of the 2012-13 list but are now merged into 37 single lines. Note there may be some instances where a relatively few ICD-10-CM codes preliminarily mapped to the orginal lines may have gone to an additional line or lines than the single merged line indicated here.

Figure 1.4 shows 23 lines from the 2012-13 list that have been split into 44 different lines on the 2014-15 list. Note again there may have been a few ICD-10-CM codes that preliminarily mapped to the orginal line that went to additional lines other than those indicated here.

Figure 1.5 shows a total of 26 lines whose priority ranking was altered during the biennial review, usually at the suggestion of the specialty provider representatives. Lines moved both up (17) and down (8) as a result of these changes.

Figure 1.6 shows 7 lines that were deleted and whose diagnosis codes were incorporated into other existing lines.

Figure 1.7 shows 5 new lines that were created to account for new ICD-10-CM codes representing diagnoses not accounted for by ICD-9-CM.

One line, Line 576, Shyness Disorder of Childhood or Adolescence, was deleted as it included only a single code that the HSC's Mental Health Care and Chemical Dependency Subcommittee felt represented a sign and symptom rather than a definitive diagnosis, which would still be covered as part of the diagnostic workup process.

FIGURE 1.3

NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
27	INTRACRANIAL HEMORRHAGES; CEREBRAL CONVULSIONS, DEPRESSION, COMA, AND OTHER	28	CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN
		29	CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN
30	TYPE II DIABETES MELLITUS	33	TYPE II DIABETES MELLITUS
		93	DISORDERS OF PANCREATIC ENDOCRINE SECRETION

FIGURE 1.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
41	ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA	43	ECTOPIC PREGNANCY
		59	HYDATIDIFORM MOLE
		159	CHORIOCARCINOMA
60	ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE	62	ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
		224	ESOPHAGEAL VARICES
67	SPONTANEOUS ABORTION; MISSED ABORTION	69	SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION
		394	SPONTANEOUS ABORTION
84	INJURY TO INTERNAL ORGANS	88	INJURY TO INTERNAL ORGANS
		177	RUPTURED SPLEEN
		294	RUPTURE OF BLADDER, NONTRAUMATIC
86	MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS	90	MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS
		302	CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS
118	APLASTIC ANEMIAS; AGRANULOCYTOSIS	79	AGRANULOCYTOSIS
		131	OTHER SPECIFIED APLASTIC ANEMIAS
		206	CONSTITUTIONAL APLASTIC ANEMIAS
122	NUTRITIONAL ANEMIAS	127	IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES
		128	PERNICIOUS AND SIDEROBLASTIC ANEMIA
131	ACUTE KIDNEY INJURY	138	ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
		352	ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

FIGURE 1.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
141	OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY	120	PNEUMOCYSTIS CARINII PNEUMONIA
		147	OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY
153	FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD	425	EATING DISORDER NOS
		588	RUMINATION DISORDER OF INFANCY
160	ACROMEGALY AND GIGANTISM	162	BENIGN NEOPLASM OF PITUITARY GLAND
346	OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS	371	ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS
171	GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE; NEONATAL CONJUNCTIVITIS	174	GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE
		482	NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION
201	CONGENITAL LUNG ANOMALIES	204	CONGENITAL CYSTIC LUNG - MILD AND MODERATE
		301	HYPOPLASIA AND DYSPLASIA OF LUNG
		677	CONGENITAL CYSTIC LUNG - SEVERE
209	SUPERFICIAL ABSCESSES AND CELLULITIS	211	ERYSIPELAS
		214	SUPERFICIAL ABSCESSES AND CELLULITIS
210	ZOONOTIC BACTERIAL DISEASES	215	ZOONOTIC BACTERIAL DISEASES
		244	LEPTOSPIROSIS
234	URINARY FISTULA	245	URINARY FISTULA
		353	VESICULAR FISTULA

FIGURE 1.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
235	MYCOBACTERIA, FUNGAL INFECTIONS, TOXOPLASMOSIS, AND OTHER OPPORTUNISTIC INFECTIONS	246	UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS
		354	COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES
240	TETANUS	203	TETANUS NEONATORUM
		251	TETANUS
244	CONDITIONS REQUIRING HEART-LUNG AND LUNG TRANSPLANTATION	254	DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA
		256	RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE
271	RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES	284	RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES
		300	ARTHROPOD-BORNE VIRAL DISEASES
		387	LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES
281	OTHER PSYCHOTIC DISORDERS	295	OTHER PSYCHOTIC DISORDERS
		544	DELUSIONAL DISORDER
300	APLASTIC ANEMIAS	313	CONSTITUTIONAL APLASTIC ANEMIA
		408	ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS
330	NON-DISSECTING ANEURYSM WITHOUT RUPTURE	349	NON-DISSECTING ANEURYSM WITHOUT RUPTURE
		350	ARTERIAL ANEURYSM OF NECK
356	STRUCTURAL CAUSES OF AMENORRHEA	380	CONGENITAL ABSENCE OF VAGINA
		403	IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM
358	CLOSED FRACTURE OF EXTREMITIES (EXCEPT MINOR TOES)	382	CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)
		536	CLOSED FRACTURE OF GREAT TOE

FIGURE 1.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
370	STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL	72	CANCRUM ORIS
		395	STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL
382	ESOPHAGEAL STRICTURE; ACHALASIA	409	ESOPHAGEAL STRICTURE
		421	ACHALASIA, NON-NEONATAL
432	VAGINITIS AND CERVICITIS	451	VAGINITIS, TRICHOMONIASIS
		510	CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA
497	SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, CONVERSION DISORDER	390	CONVERSION DISORDER, CHILD
		398	SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER
		518	CONVERSION DISORDER, ADULT
510	ERYTHEMATOUS CONDITIONS	530	TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS
		603	ERYTHEMA MULTIFORME MINOR
537	DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION	516	DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
		654	STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
568	BENIGN NEOPLASM AND CONDITIONS OF EXTERNAL FEMALE GENITAL ORGANS	587	BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
		614	VULVAL VARICES
580	PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL	608	ANTI-SOCIAL PERSONALITY DISORDER
		609	PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL

FIGURE 1.3 (CONT'D)
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
660	INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	289	ACUTE POLIOMYELITIS
		683	INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
665	DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	573	XEROSIS
		688	DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

FIGURE 1.4
NEWLY SPLIT LINES PREVIOUSLY FOUND ON A SINGLE LINE

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
3	PREVENTION SERVICES WITH EVIDENCE	3	PREVENTIVE SERVICES, BIRTH TO 10
630	PREVENTION SERVICES WITH LIMITED OR NO EVIDENCE OF EFFECTIVENESS	4	PREVENTIVE SERVICES, OVER AGE OF
4	ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE	5	ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANC
619	ABUSE OF NONADDICTIVE SUBSTANCES		
46	INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN GI TRACT WITH RISK OF PERFORATION OR OBSTRUCTION	48	INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM
526	FOREIGN BODY IN GASTROINTESTINAL TRACT WITHOUT RISK OF PERFORATION OR OBSTRUCTION		
64	METABOLIC DISORDERS	67	METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
224	DYSLIPIDEMIAS		

FIGURE 1.4 (CONT'D)
NEWLY SPLIT LINES PREVIOUSLY FOUND ON A SINGLE LINE

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
156	NON-PULMONARY TUBERCULOSIS	73	DISSEMINATED INFECTIONS WITH LOCALIZED SITES
386	LATE SYPHILIS		
183	ACUTE LEUKEMIA, MYELODYSPLASTIC SYNDROME	103	ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
335	ACUTE PROMYELOCYTIC LEUKEMIA		
401	ACUTE MYELOID LEUKEMIA		
100	DIABETIC AND OTHER RETINOPATHY	106	DIABETIC AND OTHER RETINOPATHY
273	ADVANCED DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE	286	SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
363	CHORIORETINAL INFLAMMATION		
38	OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM	111	CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
105	CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION		
145	SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE	151	SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE
527	PANNICULITIS		
241	ACUTE PROMYELOCYTIC LEUKEMIA	181	ACUTE NON-LYMPHOCYTIC LEUKEMIAS
402	MYELOID DISORDERS		
211	DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT	216	DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT
430	ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY		
362	DEFORMITY/CLOSED DISLOCATION OF MAJOR JOINT	297	DEFORMITY/CLOSED DISLOCATION OF JOINT
391	DEFORMITY/CLOSED DISLOCATION OF MINOR JOINT		
119	CHRONIC MYELOID LEUKEMIA	310	CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA
424	CHRONIC LEUKEMIAS WITH POOR PROGNOSIS		

FIGURE 1.4 (CONT'D)
NEWLY SPLIT LINES PREVIOUSLY FOUND ON A SINGLE LINE

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
306	GOUT	326	GOUT AND CRYSTAL ARTHROPATHIES
504	CALCIUM PYROPHOSPHATE DEPOSITION DISEASE (CPPD) AND HYDROXYAPETITE DEPOSITION DISEASE		
196	HEREDITARY ANGIOEDEMA	343	HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA
493	ANGIOEDEMA		
70	LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS	388	DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS
364	DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS		
354	STRABISMUS DUE TO NEUROLOGIC DISORDER	452	STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE
398	STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN		
399	ANAL FISTULA	506	ANAL FISTULA; CHRONIC ANAL FISSURE
532	CHRONIC ANAL FISSURE		
413	GENDER DYSPHORIA	521	GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
501	PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS		
377	ACNE CONGLOBATA (SEVERE CYSTIC ACNE)	545	CYSTIC ACNE
528	ROSACEA; ACNE		
326	HEMANGIOMAS, COMPLICATED	656	BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES
636	BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES		

FIGURE 1.5
MOVED LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
52	DEEP ABSCESSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS	84	DEEP ABSCESSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS; INTESTINAL PERFORATION
65	TORSION OF OVARY	260	TORSION OF OVARY
80	HYPERTENSION AND HYPERTENSIVE DISEASE	12	HYPERTENSION AND HYPERTENSIVE DISEASE
124	CHOANAL ATRESIA	217	CHOANAL ATRESIA
128	ANAPHYLACTIC SHOCK; EDEMA OF LARYNX	234	ANAPHYLACTIC SHOCK; EDEMA OF LARYNX
139	HODGKIN'S DISEASE	166	HODGKIN'S DISEASE
151	GLYCOGENOSIS	264	GLYCOGENOSIS
162	NON-HODGKIN'S LYMPHOMAS	221	NON-HODGKIN'S LYMPHOMAS
175	AMEBIASIS	130	AMEBIASIS
181	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE	329	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU)
264	MULTIPLE MYELOMA	198	MULTIPLE MYELOMA
277	RETINOPATHY OF PREMATURITY	374	RETROLENTAL FIBROPLASIA
317	HEARING LOSS - AGE 5 OR UNDER	383	HEARING LOSS - AGE 5 OR UNDER
325	OBESITY (ADULT BMI ≥ 30, CHILDHOOD BMI ≥ 95 PERCENTILE)	8	OBESITY
353	SARCOIDOSIS	447	SARCOIDOSIS
392	ANOGENITAL VIRAL WARTS	426	ANOGENITAL VIRAL WARTS
404	CHRONIC MYELOID LEUKEMIA	280	CHRONIC NON-LYMPHOCYTIC LEUKEMIA
418	OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED	488	OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
423	SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE	291	SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE
429	SEVERE INFLAMMATORY SKIN DISEASE	134	PYODERMA; MODERATE/SEVERE PSORIASIS
458	RECTAL PROLAPSE	503	RECTAL PROLAPSE
470	CHRONIC SINUSITIS	498	CHRONIC SINUSITIS
503	RAYNAUD'S SYNDROME	560	RAYNAUD'S SYNDROME
519	ESOPHAGITIS AND GERD; ESOPHAGEAL SPASM; ASYMPTOMATIC DIAPHRAGMATIC HERNIA TREATMENT	423	ESOPHAGITIS

FIGURE 1.5
MOVED LINES (CONT'D)

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
521	CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE	579	CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE
540	CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE	494	CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE

FIGURE 1.6
DELETED LINES WHOSE CODES WERE MOVED TO OTHER LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
112	FRACTURE OF RIBS AND STERNUM, OPEN	63	FLAIL CHEST
447	MALUNION AND NONUNION OF FRACTURE		
496	CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX		
86	MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS	227	CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS
113	SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS)		
186	SEPTICEMIA		
73	ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION	309	RUPTURE OF PAPILLARY MUSCLE
261	DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES		
217	ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI	363	DISEASES OF ENDOCARDIUM
261	DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES		
111	GIANT CELL ARTERITIS, POLYMYALGIA RHEUMATICA AND KAWASAKI DISEASE	439	SICCA SYNDROME; POLYMYALGIA RHEUMATICA
334	SYSTEMIC SCLEROSIS; SJOGREN'S SYNDROME		

FIGURE 1.6 (CONT'D)
DELETED LINES WHOSE CODES WERE MOVED TO OTHER LINES

14-15 Line	14-15 Line Description	12-13 Line	12-13 Line Description
46	INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN GI TRACT WITH RISK OF PERFORATION OR OBSTRUCTION	444	INCONTINENCE OF FECES
75	NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS		
535	DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS		
638	BENIGN CERVICAL CONDITIONS	613	OLD LACERATION OF CERVIX AND VAGINA
667	GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY		

FIGURE 1.7
NEW LINES

14-15 Line	14-15 Line Description
19	FEEDING PROBLEMS IN NEWBORNS
478	USE OF ADDICTIVE SUBSTANCES
520	HYDRADENITIS SUPPURATIVA; DISSECTING CELLULITIS OF THE SCALP
525	POSTTHROMBOTIC SYNDROME
589	THROMBOTIC DISORDERS

On January 15, 2009, the Centers for Medicare and Medicaid Services (CMS) announced that the implementation of ICD-10-CM will take place on October 1, 2013. While the new Prioritized List included in this report would normally go into effect on January 1, 2014, the timing of the implementation of ICD-10-CM dictated that implementation of the list be moved up three months to coincide. CMS then announced on August 24, 2012 that ICD-10-CM implementation would be delayed until October 1, 2014. Since the timing of this announcement left no time for the Commission to attempt to recode all approved biennial changes from ICD-10-CM back to ICD-9-CM and to

somehow tease these out from the changes that were made as a result of the coding conversion itself, a decision was made to extend the use of the 2012-13 Prioritized List for an additional nine months and, again, tie the implementation of the new list with the implementation of ICD-10-CM on October 1, 2014.

In past years the expected per capita costs of providing various levels of services according to the Prioritized List were calculated. However, the state is now contracting with the new Coordinated Care Organizations using a global budget methodology rather than basing payments on per capita costs. Also, as part of the terms and conditions of the 1115c waiver extension granted by the Department of Health and Human Services in July 2012, Oregon will not be allowed to move the funding line on the list for the duration of the five-year waiver extension. So instead, this revised Prioritized List of Health Services was forwarded to the Oregon Health Authority's Actuarial Services Unit for an analysis of the impacts on costs related to changes to the list for budgeting purposes, assuming the same relative funding level. As this biennial review, completed in August 2012, resulted in a net decrease of twenty-three lines, the new list is 669 lines long compared to the length of the list for the 2011-13 biennium of 692 lines. Changes in line structure occurred both in the funded and non-funded regions of the list, but the prioritization of the line above which the funding level was drawn for the 2012-13 list did not change (i.e., line 476 on the new list equates to line 498 on the 2012-13 list). It is therefore recommended that, in accordance with the terms and conditions of the current Medicaid waiver, the Prioritized List of Health Services for calendar years 2014-15 appearing in Appendix C be forwarded to the Centers for Medicare and Medicaid Services (CMS) with funding for lines 1-476, representing the same position relative to the 2012-13 Prioritized List.

Beginning in January 2014, pending decisions by the legislative and Governor Kitzhaber, and subsequent approval by the Secretary of Health and Human Services, the Prioritized List may be used to define the benefits provided to the expanded Medicaid population under the Patient Protection and Affordable Care Act. The Oregon Health Policy Board is recommending, and the Health Evidence Review Commission concurs, that the OHP Standard benefit package be replaced with the OHP Plus benefit package currently provided to non-pregnant, categorically eligible adults to better align benefits. It is further recommended that this comprehensive benefit package should also be provided to the Patient Protection and Affordable Care Act (PPACA) expansion population. This version of the OHP Plus benefit package provides coverage for services above the funding level of the Prioritized List just as the full OHP Plus benefits do for pregnant women and children, but differs in that it has additional limitations on dental services and no coverage for routine eye exams and hardware.

An abbreviated version of the list appears in Appendix C with line numbers and line descriptions, but no codes. Once a final review of the ICD-10-CM coding coversion is complete in July 2013 the complete draft 2014-15 Prioritized List of Health Services will be posted on the Commission's website at www.oregon.gov/OHA/OHPR/pages/HERC/index.aspx.

Interim Modifications to the Prioritized List

In addition to the work on the biennial review of the Prioritized List, the Commission continues to maintain the list as necessary during the interim periods. Foremost, this is a need to account for changes in the medical codesets on which the list was built. The Commission asked for the authority to make adjustments to the list during the interim period that was granted in 1991 in the following statute:

> *"The commission may alter the list during the interim only under the following conditions:*
>
> *a) technical changes due to errors and omission; or,*
> *b) changes due to advancements in medical technology or new data regarding health outcomes.*
> *c) To accommodate changes to clinical practice guidelines; and*
> *d) To add statements of intent that clarify the prioritized list.*
>
> *If a service is deleted or added and no new funding is required, the Commission shall report to the Speaker of the House of Representatives and the President of the Senate. However, if a service to be added requires increased funding to avoid discontinuing another service, the Commission must report to the Emergency Board for funding."*[4] (emphasis added)

The Commission accepts recommendations for interim modifications from staff, other state agencies, participating health care plans, health care providers, OHP clients and other interested entities. The requests are initially forwarded for consideration to the Value-based Benefits Subcommittee which will often require at least two meetings to first hear the request and then have staff collect the necessary information in order to make a decision. A requesting party can assume it will likely take 3-4 months, and possibly longer, depending on the completeness of the information initially provided and the timing of the receipt of the request in comparison to the next scheduled Commission meeting. It should also be noted that the Commission's decisions are based on what is best for the entire OHP population, not any one individual case.

While these considerations continue to be used when new line items are created or entire line items are moved, most changes to the Prioritized List over the last ninteen years since its implementation have involved decisions to place/move individual codes representing specific medical treatments. Prior to 2003, most new technologies were added to the list in the absence of specific knowledge on the effectiveness of such a service. However, legislation passed during the 2003 session has had a profound effect on which services are included on the Prioritized List since then. House Bill 3624 directed that the Health Evidence Review Commission:

[4] ORS 414.720(5)a, (5)b and (6)

> *"Shall consider both the clinical effectiveness and cost-effectiveness of health services in determining their relative importance using peer-reviewed medical literature as defined in ORS 743.695."*[5]

In 2010 the Commission formalized its process as shown in Figure 1.8 for determining when evidence is compelling enough to consider placing a new service on the Prioritized List or reviewing the placement of a service already on the list. Figure 1.9 provides an algorithm describing HERC's process for incorporating both clinical effectiveness and cost-effectiveness when evidence warrants a change to the list. Finally, Figure 1.10 describes in which instances a change will involve revising line rankings according to the prioritization methodology as part of the biennial review process described at the beginning of this chapter as opposed to when the change can be done during the interim period between biennial reviews .

Technical Changes

As the Prioritized List attempts to match some 70,000 ICD-10-CM diagnosis codes with 8,000+ CPT treatment codes, the Commission is aware that some appropriate condition-treatment groupings do not appear on the list. This is particularly anticipated to be the case after the conversion of the list from ICD-9-CM diagnosis codes.

Some of codes are omitted purposefully, however. For instance, appropriate diagnostic services are covered under OHP whether or not the final diagnosis appears in the funded region. Only after the diagnosis has been established is the list used to determine whether further treatments are covered under the plan. In addition, a procedure code may be designated as an excluded service if it represents an experimental treatment or cosmetic service, and therefore left off the list as well. Additionally, ICD-10-CM codes that represent secondary diagnoses are never covered in isolation because payment of a claim should be based on the prioritization of the treatment of the underlying condition.

Also, procedure codes representing appropriate ancillary services such as prescription drugs, durable medical equipment or services such as the removal of sutures are covered if the condition which they are being used to treat lie in the funded region. Because of the volume of codes that represent diagnostic and ancillary services, and the fact that they are often associated with many different diagnoses, these codes usually do not appear on the list. Instead, the Division of Medical Assistance Programs (DMAP) maintains electronic files to account for these codes and their fee-for-service reimbursement. OHP providers and contracted health plans have web-based access to the information in these electronic files through the Medicaid Management Information System (MMIS) so that service coverage is as uniform as possible under all OHP

(cont'd on page 25)

[5] ORS 414.720 (4b).

FIGURE 1.8
GUIDELINES FOR SUBMITTED MATERIALS TO THE HEALTH EVIDENCE REVIEW COMMISSION

The Health Evidence Review Commission will consider health services topics when evidence is presented to indicate that current condition-treatment pairings may be inappropriately ranked on the Prioritized List or are in need of updating.

Situations where topics may be reviewed include:

- A new treatment that has become available, with acceptable evidence of its clinical effectiveness and/or cost-effectiveness
- A change in current practice, best supported by high quality systematic reviews and/or evidence based guidelines
- When acceptable evidence is unavailable, expert opinion alone indicating that a more effective or cost-effective treatment exists or that community standard of care differs from the current pairing will be considered

Please note that review of a topic does not necessarily lead to a change in the Prioritized List. All presenters to the Commission must provide disclosure of potential conflicts of interest.

The HERC relies heavily on high quality evidence and evidence-based guidelines in making its prioritization decisions. Lower quality evidence may be considered in situations where higher quality evidence is difficult to obtain (e.g., rare clinical conditions). Clinical judgment will still need to be used by the Commission to determine whether the available evidence is sufficient and compelling enough to affect prioritization decisions.

The following types of evidence are considered *high quality*:

- Systematic reviews of randomized controlled trials
- Systematic reviews of prospective cohort studies
- Evidence-based guidelines from trusted sources

Examples of Sources of high-quality evidence

- Agency for Healthcare Research and Quality (AHRQ) http://www.ahrq.gov/clinic/
- Blue Cross Blue Shield Technology Evaluation Center (TEC) http://www.bcbs.com/blueresources/tec/
- British Medical Journal (BMJ) Clinical Evidence http://www.clinicalevidence.com
- Canadian Coordinating Office for Health Technology Assessment (CCOHTA) http://www.cadth.ca/index.php/en/hta .

FIGURE 1.8 (CONT'D)

GUIDELINES FOR SUBMITTED MATERIALS TO THE HEALTH EVIDENCE REVIEW COMMISSION

- Cochrane Database of Systematic Reviews http://www2.cochrane.org/reviews/
- Evidence-Based Practice Centers (EPC) www.ahcpr.gov/clinic/epc
- Health Technology Assessment Programme - United Kingdom http://www.hta.nhsweb.nhs.uk/ProjectData
- National Institute for Clinical Excellence (NICE) - United Kingdom http://guidance.nice.org.uk/
- Scottish Intercollegiate Guidelines Network (SIGN) http://www.sign.ac.uk/guidelines/index.html
- University of York http://www.york.ac.uk/inst/crd/

The following sources are considered *medium quality* and are often examined by the HERC.

- Guidelines issued by professional societies and advocacy organizations (e.g. American Heart Association)
- Coverage decisions by private health plans (e.g. Aetna)
- Well-conducted, peer-reviewed individual studies (experimental or observational)

The following types of evidence are considered *low quality* and are rarely reviewed by the HERC

- Case reports, case series
- Unpublished studies (posters, abstracts, presentations, non-peer reviewed articles)
- Individual studies that are poorly conducted, do not appear in peer-reviewed journals, are inferior in design or quality to other relevant literature, or duplicate information in other materials under review by the Commission

The HERC Medical Director will include a summary of high quality evidence in the meeting packets, along with the documents themselves, for the Commissioners to review. Discretion will be used, with the HERC Medical Director consulting with the Value-based Benefits Subcommittee Chair, to determine if medium or low quality sources will be included for Commissioner review. A listing of other materials submitted but not included for Commissioner review will also be included in the packets to acknowledge their receipt, along with the reason for their omission.

FIGURE 1.9

PROCESS FOR INCORPORATING INFORMATION ON CLINCAL INFORMATION AND COST-EFFECTIVENESS INTO THE PRIORITIZED LIST

HERC will review evidence as outlined in Figure 1.9. Evidence regarding the effectiveness of a treatment will be used according to the following algorithm:

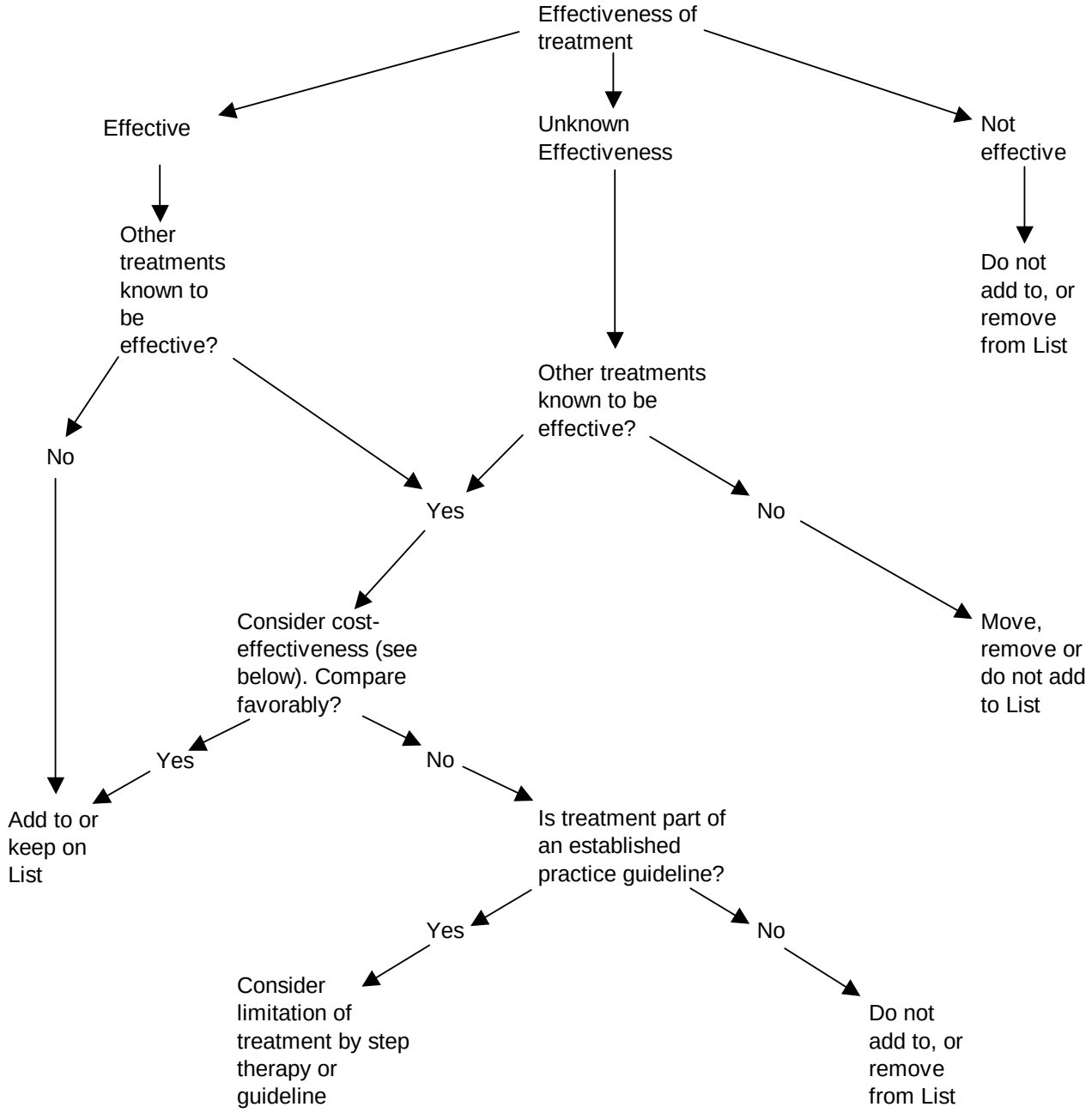

FIGURE 1.9 (CONT'D)

PROCESS FOR INCORPORATING INFORMATION ON CLINCAL INFORMATION AND COST-EFFECTIVENESS INTO THE PRIORITIZED LIST

The cost of a technology will be considered according to the grading scale below, with "A" representing compelling evidence for adoption, "B" representing strong evidence for adoption, "C" representing moderate evidence for adoption, "D" representing weak evidence for adoption and "E" being compelling evidence for rejection:

- A = more effective and cheaper than existing technology
- B = more effective and costs < $25,000/LYS or QALY > existing technology
- C = more effective and costs $25,000 to $125,000/LYS or QALY > existing technology
- D = more effective and costs > $125,000/LYS or QALY > existing technology
- E = less or equally as effective and more costly than existing technology

FIGURE 1.10

OVERVIEW OF THE HEALTH EVIDENCE REVIEW COMMISSION'S PRIORITIZATION PROCESS

Placement of a New ICD-10-CM Code

In most cases a new ICD-10-CM code will simply be a higher specificity for an existing code and will be placed on the list where its third or fourth-digit parent code already exists. In cases where the ICD-10-CM code represents a new disease or where the code of higher specificity does not belong on the line where the existing code is placed, the code is placed on the most appropriate line according to the methodology shown in Figures 1.1 and 1.2. This will be done as an interim modification effective October 1.

Placement of a New CPT-4 Code

Use the criteria described in Figure 1.9 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If evidence does not support placement at this level of priority, use the process described in Figures 1.1 and 1.2 to determine where the pairing should be placed. This will be done as an interim modification effective April 1.

Placement of a Previously Non-paired CPT-4 Code

Use the criteria described in Figure 1.9 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If evidence does not support placement at this level of priority, use the process described in Figures 1.1 and 1.2 to determine where the pairing should be placed. This will be done as an interim modification unless a significant fiscal impact results.

Deletion of an Existing CPT-4 Code

Use the criteria described in Figure 1.9 to determine whether the use of the procedure is experimental or if evidence dictates that the code should be removed from a line or the list in general. This can be done as either an interim modification or, if public or provider input is desired, as a biennial review change.

FIGURE 1.10 (CONT'D)
OVERVIEW OF THE HEALTH EVIDENCE REVIEW COMMISSION'S PRIORITIZATION PROCESS

Movement of an Existing Line Item

This can only be done during the biennial review process. Use the process described in Figures 1.1 and 1.2 to determine new placement.

Movement of an Existing ICD-10-CM/CPT-4 Code Pairing

This can be done either during the biennial review process or as an interim modification if there is no significant fiscal impact. Use the process described in Figures 1.1 and 1.2 to determine placement.

Creation of a New Guideline

As this is likely to result in a cost savings, a new guideline can usually be created as an interim modification.

Revision of an Existing Guideline

This can likely be done as an interim modification, but a significant change or deletion of the guideline in its entirely could potentially need to be done as a biennial review change.

(cont'd from page 20)

delivery systems. Still, other appropriate pairings of condition and treatment codes may have been left off inadvertently. As these pairings are identified through DMAP's claims processing system, providers, or managed care plans, the necessary changes are made to the list as interim modifications.

Technical changes are typically made to the list only twice during a calendar year. Implementation of these technical changes coincides with the release of new ICD-10-CM, CPT, CDT and HCPCS codes. Technical changes that include the new ICD-10-CM codes always become effective on October 1st of each year. Changes involving new CPT, CDT and HCPCS codes are made as early as possible in the new year, but the timing of their release combined with the volume of new codes for review have not allowed the Commission to make their decisions in time to allow for the successful implementation of these changes at the first of the year. In order to assist DMAP and the managed care plans in being HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant, HERC places information on their probable action involving new procedure codes in mid-December, prior to their effective date. Detailed documentation on all interim modifications to the Prioritized List of Health Services dating back at least three years can be found on the Commission's website at the following address: http://www.oregon.gov/oha/OHPR/Pages/herc/index.aspx .

Advancements in Medical Technology

The Commission periodically receives requests to modify the placement or content of condition-treatment pairs to reflect significant advancements in medical technology. These requests often come from medical providers and commercial developers of emerging technologies, but will be accepted from any source. The Commission staff assembles needed background information and arranges to have experts testify before the Value-based Benefits Subcommittee as it prepares a recommendation for the full Commission.

If an added service is projected by the OHA's Actuarial Services Unit to have a significant fiscal impact on the OHP Medicaid Demonstration, HERC is required to appear before the Legislative Emergency Board to request additional funding. To date, no interim modifications have been found to have such a significant fiscal impact.

During the 2011-2013 biennium the Commission reviewed a number of issues that fall under the medical advancements category, as presented in Figure 1.11.

FIGURE 1.11
MEDICAL ADVANCEMENTS REVIEWED

Technology Name/Description	Commission Action
MRI for diagnosis of thoracic aneurysms	Not added to list
Chronic disease self-management	Added to line 8 Obesity
Diabetes self-management	Added to lines 1 Maternity Care, 10 Type I Diabetes Mellitus, and 33 Type II Diabetes Mellitus
Surgical decompression for acute stroke	Added to line 340 Stroke
Panniculectomy	Not added to list
Treatment of chronic patellar subluxation	Removed from list
Medical nutrition therapy	Added to line 36 Epilepsywith a guideline
Developmental delay screening	No change to list
Cognitive rehabilitation services	Added to list
Arthrodesis of the hand	Added to line 381 Rheumatoid Arthritis, Osteoarthritis, Osteochondritis Dissecans, and Aseptic Necrosis of Bone
Laminectomy	Added to line 497 Closed Dislocations/Fractures of Non-Cervical Vertebral Column Without Spinal Cord Injury
Acupuncture	Added to several additional lines on the list with a guideline
Colposcopy	Added to line 31 Dysplasia Of Cervix and Cervical Carcinoma In Situ, Cervical Condyloma

FIGURE 1.11
MEDICAL ADVANCEMENTS REVIEWED (CONT'D)

Technology Name/Description	Commission Action
Genetic testing	Various codes were added to the Diagnostic Filet with a guideline
Electroejaculation	Removed from list
IUD insertion	Added to lines 197 Cancer of Breast, 446 Menstrual Bleeding Disorders and 495 Ovarian Dysfunction, Gonadal Dysgenisis, Menopausal Management with a guideline
Skin grafts	Various codes added to appropriate lines
Skin substitute grafts	Added to list
Implantation of biologic implant	Not added to list
Collagenase for Duputytren's contracture	Added to list
Multi-layer compression system	Added to list
Facet nerve denervation	Not added to list
Ocular telescope prosthesis	Not added to list
EGD with submucosal injections	Added to lines 165 Cancer of Colon, Rectum, Small Intestine And Anus, 229 Cancer of Stomach, and 667 Benign Neoplasms of Digestive System and Removed from lines 62 Ulcers, Gastritis, Duodenitis, and GI Hemorrhage and 667 Benign Neoplasms of Digestive System
Histrelin injection	Added to list with a guideline
Botulinum injection	Added to line 388 Dystonia (Uncontrollable); Laryngeal Spasm and Stenosis
Vascularized bone grafting	Not added to list
Tympanostomy tubes	Removed from line 383 Hearing loss
Nasal endoscopy	Removed from several lines
Cardiac MRI	Added to line 349 Non-Dissecting Aneurysm Without Rupture
Balloon dilatation for transient cerebral ischemia	Not added to list
Simultaneous kidney-pancreas transplants	Not added to list
Spinal traction	Removed from list
Artificial disk replacement	Added to list
Transcranial magnetic stimulation	Added to list
Injections into the labyrinth	Added to list
Bronchial valves	Not added to list

FIGURE 1.11
MEDICAL ADVANCEMENTS REVIEWED (CONT'D)

Technology Name/Description	Commission Action
Bronchial thermoplasty	Not added to list
Optical endomicroscopy	Not added to list
Fecal transplantation	Not added to list
Chemodenervation of the bladder	Added to list with a guideline
Chemodenervation for migraine	Not added to list
Algorithmic testing for ovarian cancer risk	Not added to list
Algorithmic testing for risk of diabetes	Not added to list
Gastrointestinal transit and pressure measurement	Not added to list
Drug eluting cardiac stents	Added to the list
Fluorescent vascular angiography	Not added to list
Coronary brachytherapy	Limited to four lines on the list
Electrostimulation of auricular acupuncture points	Not added to list
Lumbar epidural steroid injection	Added to line 400 Disorders of Spine With Neurologic Impairment
Silver compounds for treatment of dental caries	Not added to list
Intracranial stereotactic radiosurgery	Added to line 201 Subarachnoid and Intracerebral Hemorrhage/ Hematoma; Cerebral Aneurysm; Compression of Brain
Enzyme replacement therapy for Gaucher's disease	No changes made to list

Prioritization of Medications and Other Ancillary Services

Multiple questions have come to HERC in recent years which directly address coverage of particular medications. As discussed in the previous section, HERC considers prescription drugs to be ancillary treatments. Therefore they have only reviewed a drug in the context of whether its effectiveness of treating a condition will affect the ranking of that condition on the list. However, Oregon has a process in place to evaluate the evidence on the effectiveness of medications through the reviews of the Pharmacy & Therapeutics (P&T) Committee.

As HERC has become aware of drugs with very high costs that provide marginal benefits, they have developed a guideline that would leverage the work of the P&T

Committee so that it can be incorporated into the Prioritized List. As of the publishing of this report, a "shell" of a guideline has been adopted that would prioritize the use of prescription drugs identified by the P&T Committee to have marginal benefit in relation to their cost on lower lines on the Prioritized List according to the conditions they are being used to treat. As the P&T Committee is still developing the process by which drugs would be added to a table referenced by the HERC guideline, no date has been set for the implementation of this guideline. Once this table is in place, the Value-based Benefits Subcommittee will review new drugs to be included on this table twice a year, prior to the finalization of a new set of interim modifications to the list. The guideline "shell" in its current form appears as follows:

Therapies With Marginal Benefit Or High Cost
Ancillary Service

It is the intent of the Commission that therapies that exhibit one or more of the following characteristics generally generally be given low priority on the Prioritized List:

i. Marginal or clinically unimportant benefit,
ii. Very high cost in which the cost does not justify the benefit
iii. Significantly greater cost compared to alternate therapies when both have similar benefit

Where possible, the Commission prioritizes pairings of condition and treatment codes to reflect this lower priority, or simply does not pair a procedure code with one or more conditions if it exhibits one of these characteristics.

As codes for prescription drugs and certain other ancillary services are not included on the Prioritized List, it is more difficult to indicate the importance of these services through the prioritization process. The Commission recognizes the evidence-based reviews being conducted by the Pharmacy and Therapeutics Committee and hereby prioritizes those services found in Table *[table number to be determined]* located at *[website link to be determined]* to be prioritized on the line listed below that corresponds with the condition being treated.

ICD-10-CM Codes	Condition classification	Line
A00-B99, P35-P37, Z71.7, Z86.1	Infectious & parasitic diseases	660
C00-C96, D00-D09, Z48.29, Z48.3, Z51.0-Z51.1, Z85, Z86.00, Z94.81, Z94.84	Malignant neoplasms and carcinoma in situ	600
D10-D48, Z86.01-Z86.03	Benign neoplasms	636
D50-D89, P55-P56, P60-P61, P84, Z86.2	Diseases of the blood and blood- forming organs	662
E00-E89, P19, P70-P74, Q89.1-Q89.2, Z86.3, Z96.4	Endocrine, nutritional and metabolic diseases	661
F00-F99, Z69-Z70, Z71.4-Z71.6, Z86.5, Z87.89	Mental and behavioral disorders	658
G00-G99, P10-P11, P14, P57, P90-P91, Q00-Q07, Z45.4, Z46.2, Z48.811, Z86.61, Z87.72, Z98.2	Diseases of the nervous system	664
H00-H95, P15.3, P39.1, Q10-Q17, Z45.3, Z46.0-Z46.1, Z48.810, Z86.69, Z94.7, Z96.1-Z96.2, Z97.0, Z97.3-Z97.4, Z98.4, Z98.83	Diseases of the sensory organs	663
I00-I99, P29, Q20-Q28, Z45.0-Z45.2, Z48.21, Z48.812, Z86.7, Z87.74, Z94.1, Z95, Z98.6	Diseases of the circulatory system	662
J00-J99, P22-P28, Q30-Q34, Z48.24-Z48.28, Z48.813, Z87.0, Z87.75, Z94.2-Z94.3, Z98.3	Diseases of the respiratory system	666
K00-K94, P15.0-P15.1, P76-P78, P92, Q35-Q45, Q89.0, Z46.3-Z46.5, Z48.23, Z48.814-Z48.815, Z87.1, Z87.73, Z94.4, Z94.82-Z94.83, Z94.3, Z96.5, Z97.2, Z98.0, Z98.1, Z98,84	Diseases of the digestive system	669

L00-L99, P12, P15.4, P15.6, P38, P39.0, P39.4, P58-P59, P83, Q18, Q80-Q85, Z48.817, Z87.2, Z94.5, Z96.81	Diseases of the skin and subcutaneous tissue	665
M00-M99, P13, P15.2, P94, Q65-Q79, Z47, Z48.0-Z48.1, Z87.3, Z87.76, Z94.6, Z96.6-Z96.7, Z97.1, Z98.1	Diseases of the musculoskeletal system and connective tissue	668
N00-N99, P15.5, P39.3, P96.0, Q50-Q64, Z46.6, Z48.22, Z48.816, Z49, Z87.4, Z87.71, Z94.0, Z96.0, Z98.5	Diseases of the genitourinary system	667
O00-O9a, Z33-Z39, Z87.5, Z98.870	Complications of pregnancy, childbirth and the puerperium	667
P00-P09, P15.8-P15.9, P39.2, P39.8-P39.9, P93, P95, P96.1-P96.9, Q86-Q87, Q89.3-Q89.9, Q90-Q99, R00-R99, Z00-Z17, Z20-Z32, Z40-Z44, Z45.8-Z45.9, Z46.8-Z46.9, Z48.89, Z51.5-Z51.8, Z52-Z68, Z71.0-Z71.3, Z71.8-Z71.9, Z72-Z84, Z87.79, Z88-Z93, Z94.89, Z94.9, Z96.89, Z96.9, Z97.5-Z97.8, Z98.82, Z98.85-Z98.86, Z98.871, Z98.89, Z99	Symptoms, signs and ill-defined conditions	669
P50-P54, P80-P81, S00-T88, Z17-Z18, Z87.8	Injury, poisoning and other consequences of external causes	643

CHAPTER TWO:

CLARIFICATIONS TO THE PRIORITIZED LIST OF HEALTH SERVICES

Practice Guidelines

The 1993 Oregon Legislative Assembly allowed the development and/or adoption of practice guidelines to refine the Prioritized List of Health Services. Additional legislation in 1997 revised the charge and allowed the Commission discretion as to whether a line item on the list would benefit from a clarifying guideline:

> *In order to encourage effective and efficient medical evaluation and treatment, the commission:*
>
> *(a) May include clinical practice guidelines in its prioritized list of services. The commission shall actively solicit testimony and information from the medical community and the public to build a consensus on clinical practice guidelines developed by the commission.*
>
> *(b) May include statements of intent in its prioritized list of services. Statements of intent should give direction on coverage decisions where medical codes and clinical practice guidelines cannot convey the intent of the commission.*[6]

The Commission uses practice guidelines to classify the severity of conditions that are not adequately described by an ICD-10-CM diagnostic code. For a specific diagnosis there is usually a continuum of treatments: watchful waiting, treating medically, minimally invasive procedures, or the most aggressive procedures. The severity guidelines adopted since 2002 are "indications for a definitive procedure" derived from comparing pertinent guidelines from specialty societies and the National Guideline Clearinghouse[7].

During the past biennium, the Commission added several guidelines and modified others to assure the most effective use of Oregon Health Plan funds. Twenty-six new guidelines were developed, including criteria for the use of acupuncture, gender dysphoria, neonatal nasolacrimal duct obstruction, routine prenatal ultrasounds, and epidural steroid injections and other percutaneous interventions for the treatment of low back pain. The Commission made modifications to thirty-seven previously established guidelines such as those on non-prenatal genetic testing, PET scans and various conditions treated with hysterectomies. No statements of intent were added or modified during the past two years. In the case where an existing guideline has been revised, all new text is underlined and deleted text is indicated with strikethrough.

Guidelines on Ancillary And Diagnostic Services Not Appearing On The Prioritized List

One of the earliest decisions made in developing the Prioritized List is that it would only apply to treatments after a definitive diagnosis is established; that diagnostic services necessary to determine the diagnosis would always be covered. In the 20+ years since

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[6] ORS 414.690 (4)

[7] www.guideline.gov

that decision was made, diagnostic tests have become more advanced, more expensive, and are utilized more frequently, in part due to the practice of defensive medicine. Beginning with PET scans during the 2003-05 biennium, the Commission has continued to develop guidelines for diagnostic services to help ensure appropriate utilization and control costs. In 2010 the Commission developed the first guideline for an ancillary service, negative pressure wound therapy, with the same goal of controlling costs through appropriate utilization. CPT and HCPCS codes for diagnostic and ancillary services may be added to specific line items on the list in conjunction with the development of a guideline, but are typically left off the list as in the following cases, where they either do not apply to any lines because they are truly diagnostic or they can apply to twenty or more lines on the list.

Advanced Imaging For Low Back Pain
Diagnostic Service

The guideline formerly titled "MRI of the Spine" was expanded to indicate when additional uses of back imaging are appropriate. This guideline was developed from a HERC coverage guidance.

In patients with non-specific low back pain and no "red flag" conditions [see Figure 2.1], imaging is not a covered service; otherwise work up is covered as shown in the table.

Electromyelography (CPT 96002-4) is not covered for non-specific low back pain.
~~MRI of the spine is covered in the following situations:~~

1. ~~Recent onset of major or progressive neurologic deficit (objective evidence of reflex loss, dermatomal muscle weakness, dermatomal sensory loss, EMG or NCV evidence of nerve root impingement), suspected cauda equina syndrome (loss of bowel or bladder control or saddle anesthesia), or neurogenic claudication in patients who are potential candidates for surgery~~
2. ~~Clinical or radiological suspicion of neoplasm; or,~~
3. ~~Clinical or radiological suspicion of infection.~~

Figure 2.1

Low Back Pain - Potentially Serious Conditions ("Red Flags") and Recommendations for Initial Diagnostic Work-up

Possible cause	Key features on history or physical examination	Imaging*	Additional studies*
Cancer	• History of cancer with new onset of LBP	MRI	ESR

Figure 2.1 (Cont'd)

Low Back Pain - Potentially Serious Conditions ("Red Flags") and Recommendations for Initial Diagnostic Work-up

Possible cause	Key features on history or physical examination	Imaging*	Additional studies*
Cancer (cont'd)	• Unexplained weight loss • Failure to improve after 1 month • Age >50 years • Symptoms such as painless neurologic deficit, night pain or pain increased in supine position	Lumbosacral plain radiography	ESR
	• Multiple risk factors for cancer present	Plain radiography or MRI	
Spinal column infection	• Fever • Intravenous drug use • Recent infection	MRI	ESR and/or CRP
Cauda equina syndrome	• Urinary retention • Motor deficits at multiple levels • Fecal incontinence • Saddle anesthesia	MRI	None
Vertebral compression fracture	• History of osteoporosis • Use of corticosteroids • Older age	Lumbosacral plain radiography	None
Ankylosing spondylitis	• Morning stiffness • Improvement with exercise • Alternating buttock pain • Awakening due to back pain during the second part of the night • Younger age	Anterior-posterior pelvis plain radiography	ESR and/or CRP, HLA-B27

Figure 2.1 (Cont'd)

Low Back Pain - Potentially Serious Conditions ("Red Flags") and Recommendations for Initial Diagnostic Work-up

Possible cause	Key features on history or physical examination	Imaging*	Additional studies*
Nerve compression/ disorders (e.g. herniated disc with radiculopathy)	• Back pain with leg pain in an L4, L5, or S1 nerve root distribution present < 1 month • Positive straight-leg-raise test or crossed straight-leg-raise test	None	None
	• Radiculopathic symptoms present >1 month • Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness	MRI**	Consider EMG/NCV
Spinal stenosis	• Radiating leg pain • Older age • Pain usually relieved with sitting (Pseudoclaudication a weak predictor)	None	None
	• Spinal stenosis symptoms present >1 month	MRI**	Consider EMG/NCV

* Level of evidence for diagnostic evaluation is variable

** Only if patient is a potential candidate for surgery or epidural steroid injection

Red Flag: Red flags are findings from the history and physical examination that may be associated with a higher risk of serious disorders. CRP = C-reactive protein; EMG = electromyography; ESR = erythrocyte sedimentation rate; MRI = magnetic resonance imaging; NCV = nerve conduction velocity.

Extracted and modified from Chou R, Qaseem A, Snow V, et al: Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007; 147:478-491.

Breast Cancer Screening

Diagnostic Service

This new diagnostic guideline was created based on coverage guidance work of the Health Technology Assessment Subcommittee where evidence of where evidence of the lack of effectiveness of breast MRI screening for average risk women was reviewed.

Breast MRI is not covered for screening for breast cancer.

Neuroimaging For Headache

Diagnostic Service

This new guideline was created based on coverage guidance work of the Evidence-based Guidelines Subcommittee. The guideline was adopted to clarify when brain MRI, CT or other neuroimaging is required for the evaluation of migraine headache.

Neuroimaging is not indicated in patients with a clear history of migraine, without red flag features for potential secondary headache, and a normal neurological examination.
Neuroimaging is only covered for patients with "red flag features" defined as:

A) New onset or change in headache in patients who are aged over 50
B) Thunderclap headache: rapid time to peak headache intensity (seconds to 5 minutes)
C) Focal neurological symptoms (e.g. limb weakness, aura <5 min or >1 hr)
D) Non-focal neurological symptoms (e.g. cognitive disturbance/altered mental status)
E) Abrupt change in headache frequency, characteristics or associated symptoms
F) Unexplained abnormal findings on neurological examination
G) Headache that changes with posture
H) Headache wakening the patient up (NB migraine is the most frequent cause of morning headache)
I) Headache precipitated by physical exertion or valsalva maneuver (e.g. coughing, laughing, straining)
J) Patients with risk factors for cerebral venous sinus thrombosis
K) Jaw claudication or visual disturbance
L) Neck stiffness accompanying headache
M) Fever accompanying headache
N) New onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
O) New onset headache in a patient with a history of cancer

Neuroimaging In Dementia

Diagnostic Service

This new diagnostic guideline was adopted to indicate when CT and MRI of the head are appropriate for the work up of dementia.

Neuroimaging is covered:

A) To rule out reversible causes of dementia (tumors, normal pressure hydrocephalus and chronic subdural hematoma) via structural neuroimaging only

Neuroimaging is not covered:

A) For screening of asymptomatic patients for dementia
B) To predict progression of the risk of developing dementia in patients with mild cognitive impairment
C) For screening, diagnosis, or monitoring of dementia, with functional neuroimaging (PET, SPECT or fMRI)

Non-Prenatal Genetic Testing
Diagnostic Service

This guideline was revised three times in the biennium to clarify advancements in genetic testing. In 2012, a new series of CPT billing codes were introduced which were much more specific about the type of genetic test being conducted than the previously used CPT codes. The Genetics Advisory Committee (GAC) reviewed these new codes and advised the HSC/HERC about whether these codes are appropriate as diagnostic, excluded, or be restricted by the guideline. In 2013, more updated CPT billing codes were introduced and the GAC again provided guidance on coverage as reflected in the guideline. Additionally, the references to various specialty organization guidelines were updated. Lastly, coverage for genetic testing for evaluation of developmental delay was added. As virtually every component of this guideline was revised over the course of these three edits, the underlining and strikethrough conventions to show changes are not being used in this case.

Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure 2.2 unless otherwise specified below.

A) Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer suspected to be hereditary, or patients at increased risk to due to family history.

1) Services are provided according to the Comprehensive Cancer Network Guidelines.
   a) Lynch syndrome (hereditary colorectal and endometrial cancer) services (CPT 81292-81300, 81317-81319) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.~~1.2006 (1/3/06~~2.2012 (4/27/12). *www.nccn.org*
   b) BRCA1/BRCA2 testing services (CPT 81211-81217) for women without a personal history of breast and/or ovarian cancer should be provided to high risk women as defined in Guideline Note 3 or as otherwise defined by the US Preventive Services Task Force ~~definition given in the Prevention Tables (see "Interventions for High Risk Populations" in the tables for ages 11 and above).~~.
   c) BRCA1/BRCA2 testing services (CPT 81211-81217) for women with a personal history of breast and/or ovarian cancer and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.~~2006 (12/14/05~~2011 (4/7/11). *www.nccn.org*
   d) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Screening. V.1.2012 (5/2/12). *www.nccn.org.*
2) Genetic counseling should precede genetic testing for hereditary cancer. Very rarely, it may be appropriate for a genetic test to be performed prior to genetic counseling for a patient with cancer. If this is done, genetic counseling should be provided as soon as practical.

a) Pre and post-test genetic counseling by the following providers should be covered.
   i) Medical Geneticist (M.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics
   ii) Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics.
   iii) Genetic Counselor - Board Certified or Active Candidate Status from the American Board of Genetic Counseling, or Board Certified by the American Board of Medical Genetics.
   iv) Advance Practice Nurse in Genetics - Credential from the Genetic Nursing Credentialing Commission.

3) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 ~~or 2~~ has been identified in a family, a single site mutation analysis for that mutation is covered~~,~~ (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81211) analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).

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

~~A) Related to genetic testing for infants and children with developmental delay:~~

~~1) Chromosome studies and Fragile X testing is covered without a visit or consultation with a specialist.~~

B) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:

1) CPT 81228, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.

2) CPT 81229, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities; plus cytogenetic constitutional microarray analysis for single nucleotide polymorphism (SNP) variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder; only if (a) consanguinity and recessive disease is suspected, or (b) uniparental disomy is suspected, or (c) another mechanism is suspected that is not detected by the copy number variant test alone.

In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.

3) CPT 81243, 81244, Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield of Fragile X is 3.5-10%, this is included because of additional reproductive implications.

~~2)~~4) A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.

C) ~~Coverage~~Related to other tests with specific CPT codes:

1) The following tests are not covered:
   a) CPT 81225, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
   b) CPT 81226, CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN).
   c) CPT 81227, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
   d) CPT 81291, MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
   e) CPT 81330, SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
   f) CPT 81350, UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
   g) CPT 81355, VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)
2) The following tests are covered only if they meet the criteria for the Non-Prenatal Genetic Testing Algorithm AND the specified situations:
   a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
   b) Diagnostic testing for cystic fibrosis (CF)
      i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81223, 81222: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not

identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.

c) Carrier testing for ~~other conditions~~cystic fibrosis

i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered.

d) CPT 81240. F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should ~~continue to be made on a case-by-case basis according to the algorithm~~not be covered for adults with idiopathic venous thromoboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.

e) CPT 81241. F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant: Factor V Leiden testing should not be covered for: adults with idiopathic venous thromoboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.

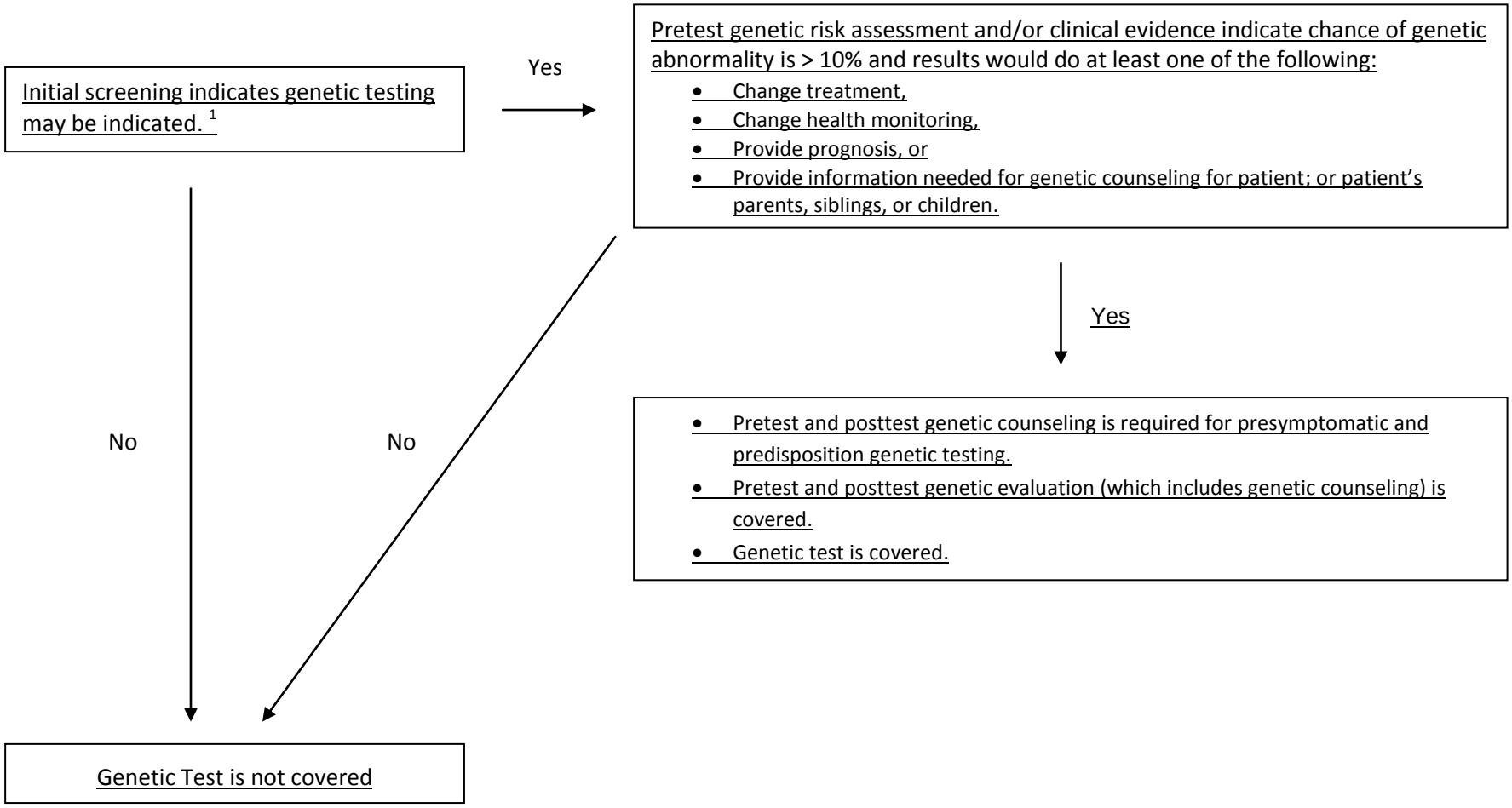
f) CPT 81256, HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D): Covered for diagnostic testing of patients with elevated transferrin saturation or ferritin levels. Covered for predictive testing ONLY when a first degree family member has treatable iron overload from HFE.

~~a)~~g) CPT 81332 SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in ~~Figure C.1~~symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea. Generic testing or the anpha-1 phenotype test is appropriate is the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.

3) Do not cover a more expensive genetic test (generally one with a wider scope or more detailed testing) if a cheaper (smaller scope) test is available and has, in this clinical context, a substantially similar sensitivity. For example, do not cover CFTR gene sequencing as the first test in a person of Northern European Caucasian ancestry because the gene panels are less expensive and provide substantially similar sensitivity in that context.

* 2008 Edition, Revised 3/2011 found at http://www.acmg.net/AM/Template.cfm?Section=Laboratory_Standards_and_Guidelines&Template=/CM/ContentDisplay.cfm&ContentID=6328.

FIGURE 2.2
NON-PRENATAL GENETIC TESTING ALGORITHM



1. Examples of initial screening: physical exam, medical history, family history, laboratory studies, imaging studies.

Guideline Notes For Health Services That Appear On The Prioritized List

Acne Conglobata
Line 377

This guideline was created to specify that acne conglobata is only included on the higher priority line when there are certain complications present.

> Acne conglobata is only included on Line 377 if it involves recurrent abscesses or communicating sinuses.

Acromioclavicular Joint Sprain, Management of
Line 422,616

This new guideline was created to assist providers in determining when acromioclavicular joint sprain treatment is included on the higher line and when on the lower line. The ICD-10-CM diagnosis code for this condition includes both minor and major versions of this condition

> Sprain of acromioclavicular joint (ICD-10-CM S43.50-S43.52, and S43.60-S43.62) is only included on Line 422 for Grade 4-6 sprains. Surgical management of these injuries is covered only after a trial of conservative therapy. Grade 1-3 acromioclavicular joint sprains are included only on Line 616.

Acupuncture
Lines 1,207,374,414,545,546

Acupuncture treatment was expanded to several additional conditions during the biennium. This new guideline was adopted to specify those additional conditions that acupuncture treatment was reviewed and found to be effective for.

> Line 1: PREGNANCY
> Acupuncture (97810-97814) pairs on Line 1 PREGNANCY for the following conditions and codes.
>
> *Hyperemesis gravidarum*
>
> ICD-10-CM code: O21.0, O21.1
>
> Acupuncture for hyperemesis gravidarum is covered when a diagnosis is made by the maternity care provider and referred for acupuncture treatment. Up to 2 sessions of acupressure/acupuncture are covered.

Breech presentation

ICD-10-CM code: O32.1xx0, O32.8xx0

Acupuncture (and moxibustion) for breech presentation is covered when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 2 visits.

Back and pelvic pain of pregnancy

ICD-10-CM code: O33.0

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

Line 207 DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE

Acupuncture is covered on this line for the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time an limited to 15 total sessions, with documentation of meaningful improvement.

Line 374 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Acupuncture (97810-97814) is included on Line 374 only for pairing with disorders of the spine with myelopathy and/or radiculopathy represented by the diagnosis codes G83.4, M47.1x, M47.2x, M50.0x, M50.1x, M51.1x, M54.1x. Acupuncture for the treatment of these conditions is only covered, when referred, for up to 12 sessions.

Line 414 MIGRAINE HEADACHES

Acupuncture pairs on Line 414 for ICD-10-CM code G43.9 Migraine, when referred, for up to 12 sessions.

Line 545 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Acupuncture pairs on Line 545 only with the low back diagnoses G83.4, M47.1x, M47.2x, M50.0x, M50.1x, M51.1x, M54.1x, when referred, for up to 12 sessions.

Line 546 TENSION HEADACHES

Acupuncture is included on Line 546 for treatment of tension headaches G44.2x, when referred, for up to 12 sessions.

Acute Viral Infections, Hospitalization For

Lines 144,540,554,557,623

The acute viral infection hospitalization guideline was modified to reflect new lines for various viral conditions which only need treatment in very severe cases. Treatment of viral pneumonia and influenza were removed from this guideline, as these conditions have been moved to a higher priority area of the Prioritized List.

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as ~~viral pneumonia,~~ aseptic

meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the diagnosis code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on Line 150 and any necessary outpatient or inpatient services would be covered.

Reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the diseases identified on the following four lines.

Line: 575
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY

Treatment of non-infectious gastroenteritis of significant severity that is associated with dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Line: 556
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY

Treatment of viral encephalitis, myelitis and encephalomyelitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Line: 571
Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY

Treatment of aseptic meningitis of significant severity that is associated with either obtundation or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Line: 643
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY

Line: 644
Condition: OTHER VIRAL INFECTIONS
Treatment: MEDICAL THERAPY

Line: 683
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION

Treatment of ~~viral pneumonia and influenza of significant severity~~acute infectious disease that is associated with ~~either~~ respiratory failure, obtundation/altered mental status, or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.

Artificial Disc Replacement

Line 374,545

This new guideline was adopted to specify when artificial disc replacement procedures are appropriate.

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

Lumbar artificial disc replacement

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

Cervical artificial disc replacement

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

Bariatric Surgery
Lines 30,594

This guideline was amended primarily to correct a footnote and to clarify that a psychosocial evaluation may only assess potential compliance.

Bariatric surgery for obesity is included on Line 30 TYPE II DIABETES MELLITUS, and Line 594 OBESITY (ADULT BMI ≥ 30, CHILDHOOD BMI ≥ 95 PERCENTILE) under the following criteria:

- **A)** Age ≥ 18
- **B)** For inclusion on Line 30: BMI ≥ 35 with co-morbid type II diabetes. For inclusion on Line 594: BMI >=35 with at least one significant co-morbidity other than type II diabetes (e.g., obstructive sleep apnea, hyperlipidemia, hypertension) or BMI >= 40 without a significant co-morbidity.
- **C)** No prior history of Roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, unless they resulted in failure due to complications of the original surgery.
- **D)** Participate in the following four evaluations and meet criteria as described.
  1) Psychosocial evaluation: (Conducted by a licensed mental health professional)
     a) Evaluation to assess potential compliance with post-operative requirements.
     b) Must remain free of abuse of or dependence on alcohol during the six-month period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.
     c) No mental or behavioral disorder that may interfere with postoperative outcomes[1].
     d) Patient with previous psychiatric illness must be stable for at least 6 months.
  2) Medical evaluation: (Conducted by OHP primary care provider)
     a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
     b) Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
     c) Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
  3) Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program[2])
     a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery while continuously enrolled on OHP.
     b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure[3] and understands the many

potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.

4) Dietician evaluation: (Conducted by licensed dietician)
   a) Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
   b) Counseling in dietary lifestyle changes

E) Participate in additional evaluations:

1) Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

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

[2] *All surgical services must be provided by a program with current certification by the American College of Surgeons (ACS) or the ~~Surgical Review Corporation (SCR),~~ American Society for Metabolic and Bariatric Surgery (ASMBS) or in active pursuit of such certification with all of the following: a dedicated, comprehensive, multidisciplinary, pathway-directed bariatric program in place; hospital to have performed bariatrics > 1 year and > 25 cases the previous 12 months; trained and credentialed bariatric surgeon performing at least 50 cases in past 24 months; qualified bariatric call coverage 24/7/365;appropriate bariatric-grade equipment in outpatient and inpatient facilities; appropriate medical specialty services to complement surgeons' care for patients; and quality improvement program with prospective documentation of surgical outcomes. If the program is still pursuing ACS or ~~SRC~~ ASMBS-certification, it must also restrict care to lower-risk OHP patients including: age < 65 years; BMI < 70; no major elective revisional surgery; and, no extreme medical comorbidities (such as wheel-chair bound, severe cardiopulmonary compromise, or other excessive risk). All programs must agree to yearly submission of outcomes data to Division of Medicaid Assistance Programs (DMAP).*

[3] *Only Roux-en-Y gastric bypass, laparoscopic adjustable gastric banding and sleeve gastrectomy are approved for inclusion.*

[4] *The patient must meet criteria #1 , #2, and #3, and be referred by the OHP primary care provider as a medically appropriate candidate, to be approved for evaluation at a qualified bariatric surgery program.*

Benign Neoplasm Of Urinary Organs, Treatment Of

Line 218,517

This new guideline was created to allow the treatment of certain benign neoplasms of the urinary system which can seriously affect health by causing bleeding, obstruction or other complications.

Treatment of benign urinary system tumors (ICD-10-CM D30.00-D30.02) are included on Line 218 with evidence of bleeding or urinary obstruction. Treatment of 1) oncocytoma which is >5 cm in size or symptomatic and 2) angiomyolipoma (AML) which is >5cm in women of child bearing age or in symptomatic men or women is covered. Otherwise, these diagnoses are included on Line 517.

Blepharoplasty
Line 476

This new guideline was created to clarify that treatment of blepharoplasty is appropriate only for certain medical situations.

> Blepharoplasty is covered when 1) visual fields demonstrate an absolute superior defect to within 15 degrees of fixation, 2) upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket, 3) essential blepharospasm or hemifacial spasm is present, OR 4) when there is significant ptosis in the downgaze reading position.

Bone Tumors, Benign
Lines 154,358,484,496,533

This new guideline was created to allow treatment of benign bone tumors which are causing or are at high risk of causing other serious health issues.

> Treatment of benign tumors of bones are included on Lines 154, 358, 484 and 496 for those neoplasms associated with pathologic fractures, at high risk of fracture, or which case function problems including impeding joint function due to size, causing nerve compression, have malignant potential or are considered precancerous. Treatment of all other benign tumors are included on Line 533.

Breast Reconstruction
Lines 195

This guideline was edited to further define breast reconstruction.

> Breast reconstruction (which may include contralateral reduction mammoplasty) 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.

Cataract
Line 301

This guideline was edited to further define treatment of cataracts and bring the guideline into agreement with national guidelines..

> Cataract extraction is covered for binocular visual acuity of 20/50 or worse OR monocular visual acuity of 20/50 or worse with the recent development of symptoms related to poor vision ~~(headache, etc.).~~ that affect 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: 1) hypermature cataract causing inflammation and glaucoma, 2) 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); 3) Significant anisometropia causing aniseikonia.

Cesarean Delivery, Planned
Line 1

This guideline was edited to futher define when cesarean delivery has not been shown to be beneficial.

Cesarean delivery on maternal request without medical or obstetrical indication is not included on this line (or the list)~~a covered service~~. Planned cesarean delivery is also not included on this line (or the list) for: small for gestational age; suspected cephalopelvic disproportion; maternal Hepatitis B infection; or maternal Hepatitis C infection.

Chemodenervation of the Bladder
Line 331

This new guideline was adopted to limit chemodenervation of the bladder.

Chemodenervation of the bladder (CPT 52287) is included on this line only for treatment of overactive bladder caused by spinal cord injury, multiple sclerosis, and other spinal cord diseases in patients in whom appropriate pharmacologic therapy have proven to be ineffective or poorly tolerated.

Cognitive Rehabilitation
Lines 96,182,199,205,290,322,349,381

This new guideline was developed to indicate which acute brain injury conditions cognitive rehabilitation is paired with on the Prioritized List.

Once physical stabilization from acute brain injury has occurred, as determined by an attending physician, cognitive rehabilitation is covered for three months. Whenever there is a major change in status as evidenced by significantly improved prognosis, for up to 3 years following the acute event, 6 additional visits of cognitive rehabilitation are covered. Cognitive rehabilitation is not covered for those in a vegetative state or for those who are unable or unwilling to participate in therapy.

Collapsed Vertebra

Lines 154,484

This new guideline was created to specify when treatment of collapsed vertebra should have a higher priority to avoid further complications.

> Collapsed vertebra (ICD-10 M48.50xA- M48.58xA) are included on line 154 for unstable burst fractures, a fracture that qualified for trauma system entry, or a fracture with spinal cord injury.

Colony Stimulating Factor (CSF)

Lines 97,99,116-120,130,137,139,161,162,165,167,183,195,203,204,212,214,218,219, 221,233,238,241,242,262-266,274,279,291-293,299,319-321,333,401,402,424,439, 533,600

This guideline was amended to reflect updated prescribing guidelines for CSF.

A) CSF are not indicated for primary prophylaxis of febrile neutropenia unless the primary chemotherapeutic regimen is ~~potentially curative, and~~known to produce febrile neutropenia at least 20% of the time. CSF should be considered when the primary chemotherapeutic regimen is known to produce febrile neutropenia ~~at least 40% of the time. Even for these regimens,~~10-20% of the time; however, if the risk is due to the chemotherapy regimen, other alternatives such as the use of less myelosuppressive chemotherapy or dose reduction should be ~~considered instead of using CSF, as no improvement~~explored in ~~survival has been documented by use of CSF~~this situation.
B) For secondary prophylaxis, dose reduction should be considered the primary therapeutic option after an episode of severe or febrile neutropenia except in the setting of curable tumors (e.g., germ cell), as no disease free or overall survival benefits have been documented using dose maintenance and CSF.
C) CSF are not indicated in patients who are acutely neutropenic but afebrile.
D) CSF are not indicated in the treatment of febrile neutropenia except in ~~high-risk~~ patients~~,~~ ~~as no overall clinical benefit has been documented.~~ who received prophylactic filgrastim or sargramostim or in high risk patients who did not receive prophylactic CSF. High ~~-~~risk patients include those age >65 years or with ~~ANC <~~ sepsis, severe neutropenia with absolute neutrophil count <100~~, uncontrolled primary disease~~/mcl, neutropenia expected to be more than 10 days in duration, pneumonia, ~~hypotension, multi-organ dysfunction and~~ invasive fungal infection, other clinically documented infections, hospitalization at time of fever, or prior episode of febrile neutropenia.
E) CSF are not indicated to increase chemotherapy dose-intensity or schedule, except in cases where improved outcome from such increased intensity has been documented in a clinical trial.
F) CSF (other than pegfilgrastrim) are indicated in the setting of autologous progenitor cell transplantation, to mobilize peripheral blood progenitor cells, and after their infusion.
G) CSF are NOT indicated in patients receiving concomitant chemotherapy and radiation therapy.

H) There is no evidence of clinical benefit in the routine, continuous use of CSF in myelodysplastic syndromes. CSF may be indicated for some patients with severe neutropenia and recurrent infections, but should be used only if significant response is documented.

I) CSF is indicated for treatment of cyclic, congenital and idiopathic neutropenia.

DENTAL SERVICES

A number of changes were made to guidelines associated with the 20 new dental lines went into effect in January 2012 after implementation issues were discovered.

Basic Periodontics~~Stabilization Of Periodontal Health, Complex Restorative, And Removable Prosthodontic~~

Line 222

This guideline had a coding change.

> Only for the treatment of severe drug-induced hyperplasia (D4210, D4211~~). To be used in conjunction with making a prosthesis (D7470, D7970). Limited to two reimbursements (D5850, D5851). Must have four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate (D5110, D5120, D5130, D5140, D5213, D5214). By Report (D4210~~, D4212). Payable only when there are pockets of 5 mm or greater (D4341).

Frenulectomy/Frenulotomy

Line 348

This guideline was edited to remove inclusion criteria for the condition of uncomplicated tongue tie to be consistent with the prioritization of this condition on a medical line.

> Frenulectomy/frenulotomy (D7960) is included on this line for the following situations:
>
> ~~1. In the presence of ankyloglossia~~
>
> ~~2~~1. When deemed to cause gingival recession
>
> ~~3~~2. When deemed to cause movement of the gingival margin when frenum is placed under tension.
>
> ~~4~~3. Maxillary labial frenulectomy not covered until age 12 and above

Oral Surgery
Line 348

This guideline was modified with the addition of a CDT code.

> Treatment only for symptomatic dental pain, infection, bleeding or swelling (D7220, D7230, D7240, D7241, D7250). To be used in conjunction with making a prosthesis (D7970).

Posterior Composite Restorations, One Surface (Deleted)
~~*Line 372*~~

This guideline was both created and then subsequently deleted during the biennium as it was determined to be unnecessary.

> ~~HCPCS code D2391 is only included on this line for one surface posterior composite restorations on occlusal surfaces and class V surfaces in the esthetic zone (buccal surfaces of teeth 3,4,5,12,13,14,19,20,21,28,29,30,A, B,I,J,K,L,S,T).~~

Preventive Dental Care
Line 57

This guideline was revised to allow dental assessments to be performed at same schedule along with cleaning and fluoride treatments.

> Dental cleaning and fluoride treatments are limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120, D1203, D1204, D1206). More frequent dental cleanings and/or fluoride treatments may be required for certain higher risk populations. Additionally, assessment (D0191) may be performed once per 12 months for adults and twice per 12 months for children up to age 19.

Removeable Prosthodontics ~~Elective Dental Services~~
Line 457

This guideline was modified to specify the two CDT codes impacted and to specify that third molars are not considered when counting missing teeth.

> Must have one or more anterior teeth missing or four or more posterior teeth missing per arch with resulting space equivalent to that loss demonstrating inability to masticate; third molars are not a consideration when counting missing teeth (D5211, D5212).

~~**Treatment not related to symptomatic pain, infection, bleeding or swelling (D7220, D7230, D7240, D7241, D7250)**~~

Silver Compounds For Dental Caries
Lines 57,347,348,473,599

This new guideline was adopted to clarify that silver compounds are not included on the Prioritized List as no evidence could be found regarding its evidence of effectiveness compared to standard treatments provided in the US.

> Silver compounds for dental caries prevention and treatment are not included on these or any lines on the Prioritized List for coverage consideration.

Dysmenorrhea
Line 562

This guideline was amended to allow the use of hormonal medication other than oral contraceptives to count towards a therapeutic trial in meeting criteria for surgery.

Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (A-G):

A) Patient history of:
   1) No ~~remedial pathology~~ treatable conditions or lesions found on laporoscopic examination
   2) Pain for more than 6 months with negative effect on patient's quality of life
B) Failure of a six-month therapeutic trial with both of the following (1 and 2), unless there are contraindications to use:
   1) Hormonal therapy (a or b):
      a) ~~Oral contraceptives~~ Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
      b) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
   2) Nonsteroidal anti-inflammatory drugs
C) Evaluation of the following systems as possible sources of pelvic pain:
   1) Urinary
   2) Gastrointestinal
   3) Musculoskeletal
D) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
E) Nonmalignant cervical cytology, if cervix is present
F) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
G) Negative preoperative pregnancy test unless patient ~~is postmenopausal or~~ has been previously sterilized

Endometriosis and Adenomyosis
Line 400

This guideline was also amended to allow the use of hormonal medication other than oral contraceptives to count towards a therapeutic trial in meeting criteria for surgery.

A) Hysterectomy, with or without adnexectomy, for endometriosis may be appropriate when all of the following are documented (1-4):
1) Patient history of (a and b):
   a) Prior detailed operative description or histologic diagnosis of endometriosis
   b) Presence of pain for more than 6 months with negative effect on patient's quality of life
2) Failure of a 3-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
   a) Hormonal therapy (i or ii):
      ~~i) Oral contraceptives~~
      i) Oral contraceptive~~s~~ pills or patches, progesteronecontaining IUDs, injectable hormone therapy, or similar
      ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
   b) Nonsteroidal anti-inflammatory drugs
3) Nonmalignant cervical cytology, if cervix is present
4) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

B) Hysterectomy, with or without adnexectomy, for adenomyosis may be appropriate when all of the following are documented (1-6):
1) Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
   a) Hormonal therapy (i or ii):
      ~~i) Oral contraceptives~~
      i) Oral contraceptive~~s~~ pills or patches, progesteronecontaining IUDs, injectable hormone therapy, or similar
      ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
   b) Nonsteroidal anti-inflammatory drugs
~~3) Age > 30 years~~
~~4)~~3) One of the following (a or b):
   a) Endovaginal ultrasound suspicious for adenomyosis (presence of abnormal hypoechoic myometrial echogenicity or presence of small myometrial cysts)
   b) MRI showing thickening of the junctional zone > 12mm
~~5)~~4) Nonmalignant cervical cytology, if cervix is present
~~6)~~5) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

Enzyme Replacement Therapy
Line 151,661

This guideline was amended to indicate that enzyme replacement therapy is prioritized on a higher line when used to treat infantile Pompe's disease as a result of better evidence of clinical effectiveness.

> Enzyme replacement therapy for ~~Hunter's syndrome~~infantile Pompe's disease is included on ~~this line~~Line 151. All other enzyme replacement therapies are included on Line 661.

Erythropoiesis-Stimulating Agent (ESA)
Lines 12,63,97,99,116-120,130,137,139,161,162,165,167,183,195,203,204,212,214, 218,219,221,233,238,241,242,262-266,274,279,291-293,299,319-321,333,401,402, 424,439,533,600

This guideline was edited to be consistent with newer prescribing guidelines for ESAs.

A) Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy given within the previous 8 weeks or in the setting of myelodysplasia.
  1) Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, ESAs should be discontinued once the hemoglobin level reaches 10, unless a lower hemoglobin level is sufficient to avoid the need for red blood cell (RBC) transfusion.

B) Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.
  1) An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.
  2) Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, ~~ESAs~~the lowest ESA dose sufficient to reduce the need for RBC transfusions should be ~~titrated to maintain a level between 10~~used, and ~~12~~the Hgb should not exceed 11gm/dl.

C) Indicated for anemia (Hgb < 10 gm/dl or HCT <30%) associated with chronic renal failure, with or without dialysis.
  1) Reassessment should be made after ~~8~~12 weeks. If no response, treatment should be discontinued. If response is demonstrated, ~~ESAs~~the lowest ESA dose sufficient to reduce the need for RBC transfusions should be ~~titrated to maintain a~~used, and the Hgb should not exceed 11gm/dl. In those not on dialysis, the Hgb level ~~between 11 and 12~~should not exceed 10gm/dl.

Foreign Bodies in the GI Tract
Lines 46,507

This guideline was added when most of the diagnoses for foreign bodies in the GI tract were moved to a lower prioritized line as part of the biennial review. Treatment of foreign bodies in the GI tract are still important when the condition is assessed as likely to cause complications.

> ICD 10 codes T18.2xxD, T18.3xxD, T18.4xxD, T18.5xxD, T18.8xxD, T18.9xxD are included on Line 46 only when hazardous objects are involved that are likely to cause perforation (e.g. sharp objects >2 inches, neodinium magnets, button batteries) or obstruction.

Gender Dysphoria
Line 413

This guideline was created when gender dysphoria was moved to a higher priority line to specify when hormone treatment to delay puberty is included on this line.

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

Heart-Kidney Transplants
Line 267

This guideline was edited to clarify renal disease staging.

> Patients under consideration for heart/kidney transplant must qualify for each individual type of transplant under current DMAP administrative rules and transplant center criteria with the exception of any exclusions due to heart and/or kidney disease. <u>Qualifying renal disease is limited to Stage V or VI.</u>

Hemangiomas, Complicated
Line 326

This new guideline was created to specify when treatment of hemangiomas should be prioritized more highly.

Hemangiomas are covered on this line when they are ulcerated, infected, recurrently hemorrhaging, or function-threatening (e.g. eyelid hemangioma).

Hidden Penis Repair
Lines 438

This new guideline was adopted to allow repair of hidden penis in cases of certain complications.

Repair of hidden penis (ICD-10-CM Q55.64) is only covered if the patient has documented urinary retention, repeated urinary tract infections, meatitis, or balanitis.

Hip Resurfacing
Line 359

This guideline was edited to define when treatment is most appropriate.

Hip resurfacing is included on this line for patients who are likely to outlive a traditional prosthesis, who would otherwise require a total hip replacement, and should only be done by surgeons with specific training in this technique.

<u>The following criteria are required to be met for coverage of this procedure:</u>

A) <u>The diagnosis of osteoarthritis or inflammatory arthritis</u>
B) <u>Failure of nonsurgical management</u>
C) <u>The device must be FDA approved</u>

Patients who are candidates for hip resurfacing must not be:

A) Patients with <u>active or suspected</u> infection <u>in or around the hip joint,</u> or sepsis
B) Patients who are skeletally immature
C) Patients with any vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
D) Patients with bone stock inadequate to support the device, including severe osteopenia or a family history of severe osteoporosis or osteopenia
E) Patients with osteonecrosis or avascular necrosis with >50% involvement of the femoral head
F) Patients with multiple cysts of the femoral head
G) Females of childbearing age
H) Patients with known moderate-to-severe renal insufficiency
I) Patients who are immunosuppressed with diseases such as AIDS or persons receiving high doses of corticosteroids
J) Patients who are severely overweight
K) Patients with known or suspected metal sensitivity

Hyperbaric Oxygen
Lines 336,373

This new guideline was added to state when use of this service is appropriate.

Hyperbaric oxygen is a covered service only under the following circumstances:

- when paired with ICD-10-CM code M27.2 for osteomyelitis of the jaw only
- when paired with ICD-10--CM codes M27.8 for osteoradionecrosis of the jaw only
- when paired with ICD-10--CM codes O08.0, M60.000-M60.09 only if the infection is a necrotizing soft-tissue infection;
- when paired with ICD-10--CM codes M46.20-M46.39, M86.9 only for chronic refractory osteomyelitis unresponsive to conventional medical and surgical management;
- when paired with ICD-10--CM codes S47.9, S57.0, S57.8, S67, S77, S87, S97 only for posttraumatic crush injury of Gustilo type III B and C;
- when paired with ICD-10--CM codes T66.xxxA only for osteoradionecrosis;
- when paired with ICD-10--CM codes T82.898A, T82.898D, T82.9xxA, T82.9xxD, T83.89xA, T83.89xD, T83.9xxA, T83.9xxD, T84.89xA, T84.89xD, T84.9xxA, T84.9xxD, T85.89xA, T85.89xD, T859xxA, T859xxD only for compromised myocutaneous flaps

Hypotony
Line 290,663

This guideline was created to specify that hypotony caused by a procedure is located on the higher priority line while other types of hypotony are on the lower priority line. The vast majority of hypotony cases are caused by procedures, and non-procedure related hypotony is not treatable.

H44.40 (unspeficied hypotony of the eye) and H44.411-H44.19 (Flat anterior chamber hypotony) are only included on Line 290 when resulting from a complication of a procedure. Non-procedure related cases are included on Line 663.

Implantable GNRH Analog Therapy
Line 191

This new guideline was added to specify when implantable GNRH is appropriate.

Use of drug delivery implant therapy for GnRH analogue therapy (such as histrelin) (CPT 11981-11983) is covered only when injectable depot medications (such as Lupron) are contraindicated or after such medications have been tried and complications preclude further use.

Induction of Labor
Line 1

This guideline was amended to further indicate when induction of labor is appropriate. Please note that that a coverage guidance is currently under development by HERC on this topic and a further revision to this guideline is likely. Please check the commission's website for further developments.

> Elective induction of labor without medical or obstetrical indication ~~prior to 39 weeks of completed gestation is not a covered service~~ is covered only for gestational age beyond 41 and 0/7 weeks, prelabor rupture of membranes, maternal diabetes (pre-existing or gestational), or other medical or obstetrical indications. Induction of labor is not covered at any gestational age for fetal macrosomia in the absence of maternal diabetes, for breech presentation or for elective purposes without a medical or obstetrical indication.

Influenza
Line 403

This guideline was added when the new influenza line was created to specify that treatment and post-exposure prophylaxis treatment, including medications, hospitalization, etc. should be covered to be consistent with public health recommendations.

> Treatment and post-exposure prophylaxis of influenza should comply with state and national public health recommendations.

Injuries To Ligaments And Tendons, Significant
Lines 380,435,616

This new guideline was added to clarify where treatment of sprain and strain diagnoses are prioritized.

> Significant injuries to ligaments and/or tendons are those that result in clinically demonstrable joint instability or mechanical interference with motion. Significant injuries are covered on line 380 or 435; non-significant injuries are included on line 616.

Injury, Nerve, Acute Peripheral Motor and Digital
Line 430,491,515,522,541

This guideline was created to specify which lines contain which types of peripheral nerve injuries.

> Repair of acute (< 8 weeks) peripheral nerve injuries are included on line 430. Non-surgical medical care of these injuries are included on line 491. Chronic nerve injuries are included on lines 515, 522, 541.

Laryngeal Stenosis or Paralysis with Airway Complications

Line 70

This guideline was created to specify when laryngeal stenosis or paralysis is on a high priority line.

Laryngeal paralysis is covered on this line if associated with recurrent aspiration pneumonia (unilateral or bilateral) or airway obstruction (bilateral). Hoarseness is on line 543. Laryngeal stenosis is included on this line only if it causes airway obstruction.

Low Back Pain, Epidural Steroid Injections and Other Percutaneous Interventions For

Lines 50,374,412,545,588,616

This new guideline was adopted to bring the Prioritized List into agreement with the HERC coverage guidance on epidural steroid injections and to clarify what other treatments for low back pain are included on the List.

Epidural steroid injections (CPT 62311, 64483, 64484) are covered for patients with persistent radiculopathy due to herniated disc, where radiculopathy is as defined in Guideline Note 37 as showing 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

It is recommended that shared decision-making regarding epidural steroid injection include a specific discussion about inconsistent evidence showing moderate short-term benefits, and lack of long-term benefits. If an epidural steroid injection does not offer benefit, repeated injections should not be covered. Epidural steroid injections are not covered for spinal stenosis or for patients with low back pain without radiculopathy.

The following interventions are not covered for low back pain, with or without radiculopathy:

- facet joint corticosteroid injection
- prolotherapy
- intradiscal corticosteroid injection
- local injections
- botulinum toxin injection
- intradiscal electrothermal therapy
- therapeutic medial branch block
- radiofrequency denervation

- sacroiliac joint steroid injection
- coblation nucleoplasty
- percutaneous intradiscal radiofrequency thermocoagulation
- radiofrequency denervation

Low Back Pain, Evaluation and Management
Lines 374,545

This new guideline was adopted to specify the appropriate treatment of low back pain as outlined in the recently developed statewide clinical practice guideline.

> Procedures for the evaluation and management of low back pain are included on these lines when provided subject to the State of Oregon Evidence-based Clinical Guidelines dated 10/2011 located at:
> **http://www.oregon.gov/oha/OHPR/pages/herc/evidence-based-guidelines.aspx**

Medical Nutrition Therapy For Epilepsy
Line 33

This new guideline was developed when medical nutrition therapy was added to line 33, to clarify that this service is appropriate in very limited circumstances.

> Medical Nutrition Therapy (CPT 97802-97804) is included on this line only for training in the ketogenic diet for children with epilepsy in cases where the child has failed or not tolerated conventional therapy.

Menstrual Bleeding Disorders
Line 426

This guideline was updated to reflect that hormonal therapy may be one of several types.

> Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (A-C):
> - **A)** Patient history of (1, 2, 3, 4, and 5):
> 1) Excessive uterine bleeding evidence by (a and b):
> a) Profuse bleeding lasting more than 7 days and/or repetitive periods at less than 21-day intervals
> b) Anemia due to acute or chronic blood loss (hemoglobin less than 10) prior to iron therapy
> 2) Failure of hormonal treatment for a six-month trial period or contraindication to hormone use (oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar)

3) No current medication use that may cause bleeding, or contraindication to stopping those medications
4) Endometrial sampling performed
5) No evidence of ~~remedial pathology~~ treatable intrauterine conditions or lesions by (a, b or c):
   a) Sonohysterography
   b) Hysteroscopy
   c) Hysterosalpingography

B) Negative preoperative pregnancy test result unless patient ~~is postmenopausal or~~ has been previously sterilized

C) Nonmalignant cervical cytology, if cervix is present

Minimally Invasive Coronary Artery Bypass Surgery (Deleted)

This guideline was deleted.

~~Minimally invasive coronary artery bypass surgery indicated only for single vessel disease.~~

Multiple Sclerosis, Immune Modifying Therapies for

Line 255

This new guideline was adopted to limit the use of immune modifying therapies for the treatment of multiple sclerosis to those patients that have been shown to benefit.

> Once a diagnosis of primary progressive or secondary progressive multiple sclerosis is reached, immune modifying therapies are no longer covered.

Nasolacrimal Duct Obstruction, Neonatal

Lines 398,516

This guideline was created to specify that surgery for nasolacrimal duct obstruction is only appropriate for children with chronic problems and/or multiple infections.

> Probing of nasolacrimal duct (CPT 68810-68840) is included on line 398 only for children 12 months of age and older who have failed conservative management (e.g. topical antibiotics, Crigler massage) and for children younger than 12 months of age with multiple episodes of purulent infections.

Non-Pharmacologic Interventions for Treatment-Resistant Depression
Line 7

This new guideline was adopted to limit certain procedures for the treatment of depression to those patients who have tried and not responded to at least two antidepressant medications.

> Repetitive transcranial magnetic stimulation (CPT 90867-90868) and electroconvulsive therapy (CPT 90870) are covered only after failure of at least two antidepressants.

Organic Mental Disorders
Line 205

This new guideline was developed to clarify the intent of coverage for organic mental disorders.

> There is limited evidence of the effectiveness of mental health treatment of organic mental disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with organic mental disorder are prioritized according to the four dysfunction lines found on the Prioritized List.

Otitis Media With Effusion, Chronic
Line 481

This guideline was modified to clarify the watchful waiting period for children with chronic ear infections and to specify that children with certain conditions do not need to have a waiting period prior to tube insertion.

> Antibiotic and other medication therapy (including antihistamines, decongestants and nasal steroids) are not indicated for children with chronic otitis media with effusion (OME~~). Children~~) (without another appropriate diagnosis).
>
> There should be a 3 to 6 month watchful waiting period after diagnosis of otitis media with effusion, and if documented hearing loss is greater than or equal to 25dB in the better hearing ear, tympanostomy surgery may be indicated given short but not long-term improvement in hearing. Formal audiometry is indicated for children with chronic OME present for 3 months or longer~~ or~~. Children with language delay, learning problems, or significant hearing loss ~~at any time~~ should have hearing testing~~.~~ upon diagnosis. Children with chronic OME who are not at risk for language or developmental delay should be

reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

For the child who has had chronic OME and who has a hearing deficiency in the better-hearing ear of 25 dB or greater, myringotomy with tube insertion is recommended after a total of 4 to 6 months of effusion with a documented hearing deficit.

Adenoidectomy is ~~an appropriate surgical treatment for chronic OME~~not indicated at the time of first pressure equalization tube insertion. It may be indicated in children over 3 years ~~with~~ who are having their second set of tubes. ~~First time tubes are not an indication for an adenoidectomy~~

Tube insertion should be covered for patients with craniofacial anomalies, Down's syndrome, cleft palate and patients with speech and language delay along with co-morbid hearing loss.

Pelvic Pain Syndrome

Line 536

This guideline was edited to remove age restriction and to expand hormonal therapy types.

- **A)** Diagnostic MRI may be indicated for evaluation of pelvic pain to assess for Adenomyosis and to assist in the management of these challenging patients when all of the following are documented:
  - 1) Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
  - 2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
    - a) Hormonal therapy (i or ii):
      - ~~i) Oral contraceptives of Depro-Provera~~
      - i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
      - ~~i)~~ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
    - b) Nonsteroidal anti-inflammatory drugs
  - ~~2) Age > 30 years~~
  - 3) An endovaginal ultrasound within the past 12 months that shows no other suspected gynecological pathology if diagnostic MRI shows > 12mm thickening of the junctional zone, the presumptive diagnosis of adenomyosis is fulfilled. See Guideline Note 39.
- B) Hysterectomy for chronic pelvic pain in the absence of significant pathology may be Indicated when all of the following are documented (1-7):
  - 1) Patient history of:

a) ~~No remediable pathology~~No treatable conditions or lesions found on laporoscopic examination
b) Pain for more than 6 months with negative effect on patient's quality of life

2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
   a) Hormonal therapy (i or ii):
      ~~i) Oral contraceptives~~
      i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
      ~~i)~~ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
   b) Nonsteroidal anti-inflammatory drugs
3) Evaluation of the following systems as possible sources of pelvic pain:
   a) Urinary
   b) Gastrointestinal
   c) Musculoskeletal
4) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
5) Nonmalignant cervical cytology, if cervix is present
6) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
7) Negative preoperative pregnancy test unless patient is postmenopausal or as been previously sterilized

PET Scan

Lines 120,137,139,161,162,167,178,203,204,214,233,263,266,279,292,319

This guideline was amended to allow PET scans only for evidence based indications.

PET Scans are covered for diagnosis ~~and staging~~ 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

~~Lymphoma~~
~~Melanoma~~
~~Colon cancer~~

~~PET scan is covered only for the initial staging of cervical cancer and only when initial MRI or CT is negative for extra-pelvic metastasis.~~

~~PET scan of head and neck cancer is only covered for initial staging when initial MRI or CT is equivocal,~~

~~4. evaluation of suspected recurrence of head and neck cancer when CT or MRI does not demonstrate a clear cut recurrence.~~

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 whcen initial MRI or CT is equivocal
- Colon cancer
- Esophageal cancer
- Solitary pulmonary nodule
- Non-small cell lung cancer
- Lymphoma
- Melanoma

For staging, PET is covered ~~in the following situations:~~
~~Clinical~~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 ~~testicular~~thyroid cancer~~. Restaging~~ if recurrence is ~~not covered for cervical cancer~~suspected and l131 scintography is negative. For restaging, PET is covered after completion of treatment for the purpose of detecting residual disease, for detecting suspected recurrence or to determine the extent of a known recurrence. PET is not covered to monitor tumor response during the planned course of therapy. PET scans are NOT indicated for routine follow up of cancer treatment or routine surveillance in asymptomatic patients.

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.

Prenatal Ultrasound, Routine

Lines 1,39,41,67

This new guideline was adopted to specify when routine ultrasounds are appropriate for pregnant women.

Routine ultrasound for the average risk pregnant woman is included on these lines for:

A) One ultrasound in the first trimester for the purpose of identifying fetal aneuploidy or anomaly (between 11 and 13 weeks of gestation) and /or dating confirmation. In some instances, if a patient's LMP is truly unknown, a dating ultrasound may be indicated prior to an aneuploidy screen

B) One ultrasound in the first trimester for the purpose of identifying fetal aneuploidy or anomaly (between 11 and 13 weeks of gestation) and /or dating confirmation. In some instances, if a patient's LMP is truly unknown, a dating ultrasound may be indicated prior to an aneuploidy screen; 2) one ultrasound for the purpose of anatomy screening after 18 weeks gestation

Only one type of routine prenatal ultrasound should be covered in a single day (i.e., transvaginal or abdominal).

Preventive Services
Line 3

Guidelines are also used to identify effective preventive services for both children and adults and are increasingly necessary for rapidly advancing treatment options that are more beneficial for a subset of patients than for the general population. Previous iterations of the Prioritized List included tables of those preventive services with a level "A" or "B" recommendation from the U.S. Preventive Services Task Force. Beginning with this 2014-15 list, these tables are being replaced with a new guideline with a link to the latest table of USPSTF recommendations along with links to additional recommendations on preventive services from the American Academy of Pediatrics and Health Resources and Services Administration. Finally, a link is also included to the immunications approved for the statewide immunization program.

Included on this line are the following preventive services:

1. US Preventive Services Task Force (USPSTF) "A" and "B" Recommendations (as of May 2012):
   http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm
2. American Academy of Pediatrics (AAP) Bright Futures Guidelines (published 2008):
   http://brightfutures.aap.org/pdfs/aap bright futures periodicity sched 101107.pdf
3. Health Resources and Services Administration (HRSA) Women's Preventive Services - Required Health Plan Coverage Guidelines: (approved with Affordable Care Act on March 23, 2010)
   http://www.hrsa.gov/womensguidelines/
4. Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved for the Oregon Immunization Program:
   http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMAPvactable.pdf

Progesterone Containing IUDs for Non-Contraceptive Indications
Line 195,426,474

This new guideline was adopted to allow use of hormone containing IUDs for treatment of excessive bleeding and for uterine protection in certain situations. Previously, IUDs were only covered for contraception.

Intrauterine device (IUD) insertion and removal (CPT 58300 and 58301) are included on these lines for use only with progesterone-containing IUDs. These CPT codes are covered only for 1) menorrhagia (ICD-10-CM N92.0-N92.2 and N92.4) ; 2) for uterine protection in women taking estrogen replacement therapy after premature ovarian failure (ICD-10-CM E28.310, E28.319, E28.39, E28.8, E28.9) or menopause (ICD-10-CM N95.1) ; and 3) for uterine protection in women taking selective estrogen receptor modulators (SERMs).

Rehabilitative Therapies

Lines 34,50,61,72,75,76,78,85,95,96,135,136,140,154,157,164,182,187,188,199,200, 204,205,211,258,260,275,290,292,297,305,306,315,322,345,349,351,358,359,362,374, 380,381,391,410,412,420,422,427,435,447,459,468,472,484,492,504,515,533,545,560, 577,579,588,597,616

This guideline was amended to include cognitive rehabilitation for patients with brain injuries. It was then further amended to remove this coverage when a separate guideline for coverage of acute brain injury was adopted. Additional limited coverage was added for patients with a change in status or condition.

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical ~~necessity~~appropriateness, for up to 3 months immediately following stabilization from an acute event. ~~Thereafter~~

Following the 3 month stabilization after an acute event, or, in the absence of an acute event, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical ~~necessity~~appropriateness:

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

~~Following 3 months of acute therapy,~~And the following number of speech therapy visits are allowed per year, depending on medical ~~necessity~~appropriateness (with the exception of swallowing disorders, for which limits do not apply):

- Age < 8: 24
- Age 8-12: 12
- Age > 12: 2

~~An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever~~Whenever there is a change in status, regardless of age, such as surgery, botox injection, rapid growth, an acute exacerbation or

for evaluation/training for an assistive communication device~~.~~, the following additional visits are allowed:

- 6 visits of speech therapy and/or
- 6 visits of physical or occupational therapy

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit.

~~If the admission/encounter is for rehabilitation, a V-code from V57.1-V57.3,V57.8 should be listed as the principle/first diagnosis. The underlying diagnosis for which rehab is needed should be listed as an additional diagnosis and this diagnosis must appear in the funded region of the Prioritized List for the admission/encounter to be covered.~~

Skin Disease, Severe Inflammatory
Line 429

This guideline was created to specify the first, second and third line treatment of severe psoriasis.

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 only covered on this line for the indication of severe plaque psoriasis; after documented failure of first line agents and failure of (or contraindications to) a second line agent.

Smoking and Spinal Fusion
Lines 51,154,204,258,374,412,484,533,588

This new guideline was adopted to limit spinal fusion to non-smoking patients due to the evidence of improved outcomes with abstinence from tobacco.

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking for 6 months prior to the planned procedure, as shown by three negative urine cotinine tests including testing on the day of surgery. Patients should be given access to appropriate smoking cessation therapy.

Spinal Deformity, Clinically Significant
Line 412

This guideline was edited to clarify the definition of spinal stenosis.

> Clinically significant scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression. Clinically significant spinal stenosis is defined as having MRI evidence of moderate to severe central or foraminal spinal stenosis in addition to a history of neurogenic claudication, or objective evidence of neurological impairment consistent with MRI findings (see Guideline Note 37).

Spine Disorders With Neurologic Impairment
Line: 374,545

This guideline was edited to clarify the definition of when neurologic impairment is present in spine disorders and to clarify when spinal conditions are included on the higher and lower prioritized lines.

> For the purpose of treatment coverage on Line 400, neurologic impairment or radiculopathy is defined as:
>
> ~~Neurologic impairment is defined as objective evidence of one or more of the following:~~
> A) ~~Reflex loss~~ Markedly abnormal reflexes
> B) ~~Dermatomal~~ Segmental muscle weakness
> C) ~~Dermatomal~~ 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
>
> Otherwise, disorders of spine not meeting these criteria (e.g. pain alone) fall on Line 545.

Urinary Incontinence
Line 459

This guideline was amended to remove the requirement for pelvic physical therapy as a presurgical requirement, to reflect that some women do not have access to this type of treatment and to remove electrical stimulation has an appropriate therapy.

> Surgery for genuine stress urinary incontinence may be indicated when all of the following are documented (A-G):
> A) Patient history of (1, 2, and 3):
> 1) Involuntary loss of urine with exertion

2) Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychological causes, excessive urine production, restricted mobility, and stool impaction)
3) Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual

B) Patient's voiding habits
C) Physical or laboratory examination evidence of either (1 or 2):
1) Urethral hypermobility
2) Intrinsic sphincter deficiency

D) Diagnostic workup to rule out urgency incontinence
E) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
F) Nonmalignant cervical cytology, if cervix is present
G) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises, and/or biofeedback, ~~and/or electrical stimulation,~~ as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

Uropathy, Obstructive and Reflux
Line 25

This guideline was created to specify that only children are eligible for treatment of obstructive and reflux uropathy.

ICD-10 N13.9 (Obstructive and reflux uropathy unspecified) appears on this line for pediatric populations only.

Ventricular Assist Devices
Lines 102,267

This guideline was edited to clarify when short term vs long term ventricular assist devices (VADs) are appropriate.

Ventricular assist devices are covered only in the following circumstances:

~~A~~ 1.as a bridge to cardiac transplant;
~~B~~ 2.as treatment for pulmonary hypertension when pulmonary hypertension is the only contraindication to cardiac transplant and the anticipated outcome is cardiac transplant; or,
~~C~~ 3.as a bridge to recovery.

Ventricular assist devices are not covered for destination therapy. Ventricular assist devices are covered for cardiomyopathy only when the intention is bridge to cardiac transplant.

Long-term VADs are covered for indications 1 and 2. Long-term VADs are defined as a VAD that is implanted in a patient with the intent for the patient to be supported for greater than a month with the potential for discharge from the hospital with the device. Temporary or short term VADs are covered for indications 1 and 3. Short-term VADs are defined as a VAD that is implanted in a patient with the intent for the patient to be supported for days or weeks with no potential for discharge from the hospital with the device.

Viscosupplementation of the Knee
Lines 359,435,468

This new guideline was adopted to bring the Prioritized List into agreement with the HERC coverage guidance on viscosupplementation for treatment of osteoarthritis of the knee.

Viscosupplementation of the knee (CPT 20610) is not covered for treatment of osteoarthritis of the knee.

Medical Codes Not Appearing on the Prioritized List

Since the implementation of the OHP, certain medical codes have been absent from the Prioritized List. In some cases this has been due to the lack of information about the condition or treatment, but in many cases the omissions were made purposefully. In the case of ICD-10-CM codes, this may be because they represent signs and symptoms that correspond to diagnostic services that are covered until a definitive diagnosis can be established. Additionally, ICD-10-CM codes that represent secondary diagnoses are never covered in isolation because payment of a claim should be based on the prioritization of the treatment of the underlying condition.

CPT-4 and HCPCS codes can similarly be missing from the Prioritized List. If a code represents an ancillary service, such as prescription drugs or the removal of sutures, it is left off of the list and its reimbursement depends on whether the condition it is being used to treat is in the funded region of the list. Procedure codes representing diagnostic services are also left off the list since those services necessary to determine a diagnosis are covered by OHP. Only after the diagnosis has been established is the list used to determine whether further treatments are covered under the plan. In addition, a procedure code may be designated as an excluded service if it represents an experimental treatment or cosmetic service, and therefore left off the list as well.

Staff of the Division of Medical Assistance Programs (DMAP), working with the Commission and its staff, have developed a list of codes representing excluded services. Using the Medicaid Management Information System (MMIS), OHP providers and contracted coordinated care organizations have web-based access to the same claims processing information used by DMAP so that service coverage can be as uniform as possible under all OHP delivery systems.

CHAPTER THREE:

RECOMMENDATIONS

The Health Evidence Review Commission is pleased to offer these recommendations to the Governor and 77th Oregon Legislative Assembly:

1. Adopt the Prioritized List of Health Services for calendar years 2014-15 appearing in Appendix C;

2. Adopt the statements of intent and practice guidelines that have been incorporated into the aforementioned Prioritized List;

3. Use the Prioritized List to delineate services that are not as important as others to determine the benefit packages under the Oregon Health Plan, with a funding level covering lines 1-476, representing the same relative funding level on the 2012-13 list, in accordance with the terms and conditions of Oregon's current Medicaid Waiver; and,

4. Accept the Oregon Health Policy Board's recommendation to expand Oregon's Medicaid plan under the Patient Protection and Affordable Care Act, providing the current OHP Plus benefit package for non-pregnant adults to all expansion populations, including those currently provided the OHP Standard level of benefits.

The Commission thanks the Governor and Legislature for the opportunity to serve the citizens of Oregon.

APPENDIX A:

SENATE BILL 2100 (2011)

Sections 22 through 35

Enrolled
House Bill 2100

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of Governor John A. Kitzhaber for Oregon Health Authority)

CHAPTER .....

AN ACT

Relating to functions of the Oregon Health Authority; creating new provisions; amending ORS 3.408, 30.262, 87.533, 93.268, 106.045, 106.330, 113.085, 113.145, 114.305, 115.125, 115.195, 116.093, 130.370, 130.425, 179.505, 179.560, 179.570, 181.735, 185.140, 238.082, 243.061, 243.145, 243.862, 243.878, 279A.050, 292.051, 343.243, 343.507, 343.961, 408.370, 409.010, 409.161, 409.162, 410.040, 410.075, 410.080, 410.160, 410.230, 410.240, 410.300, 410.720, 411.010, 411.060, 411.070, 411.072, 411.081, 411.083, 411.087, 411.103, 411.300, 411.320, 411.400, 411.402, 411.404, 411.406, 411.408, 411.431, 411.432, 411.435, 411.439, 411.443, 411.459, 411.463, 411.593, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703, 411.708, 413.011, 413.032, 413.033, 413.064, 414.025, 414.033, 414.041, 414.065, 414.211, 414.221, 414.227, 414.231, 414.312, 414.332, 414.334, 414.538, 414.705, 414.707, 414.708, 414.710, 414.712, 414.725, 414.730, 414.735, 414.736, 416.340, 416.350, 416.610, 417.349, 418.517, 418.975, 418.985, 419C.529, 426.005, 426.129, 426.250, 426.275, 426.495, 427.005, 430.021, 430.205, 430.210, 430.397, 430.610, 430.630, 430.632, 430.640, 430.670, 430.672, 430.695, 431.195, 431.962, 431.964, 431.966, 431.970, 431.974, 431.976, 431.978, 432.500, 433.055, 433.060, 433.095, 433.407, 441.021, 441.096, 442.011, 442.700, 443.410, 443.450, 443.465, 443.860, 443.861, 443.864, 443.869, 448.465, 475.495, 480.225, 497.162, 616.555, 616.560, 616.570, 616.575, 616.580, 676.150, 676.306, 676.350, 682.218, 708A.430, 723.466, 743.730, 743.736, 743A.010 and 743A.062 and section 1, chapter 426, Oregon Laws 2009, section 20, chapter 595, Oregon Laws 2009, and section 29, chapter 856, Oregon Laws 2009; repealing ORS 409.310, 409.330, 410.110, 414.338, 414.350, 414.355, 414.360, 414.365, 414.370, 414.375, 414.380, 414.385, 414.390, 414.395, 414.400, 414.410, 414.415, 414.715, 414.720, 414.741, 430.170, 431.190, 442.575, 442.580, 442.581, 442.583, 442.584, 442.588, 442.589 and 735.711 and section 57, chapter 9, Oregon Laws 2011 (Enrolled Senate Bill 353), and section 4, chapter _____, Oregon Laws 2011 (Enrolled House Bill 2600); appropriating money; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

HEALTH EVIDENCE REVIEW COMMISSION

<u>SECTION 22.</u> (1) As used in this section:

(a) "Practice of pharmacy" has the meaning given that term in ORS 689.005.

(b) "Retail drug outlet" has the meaning given that term in ORS 689.005.

(2) The Health Evidence Review Commission is established in the Oregon Health Authority, consisting of 13 members appointed by the Governor in consultation with professional and other interested organizations, and confirmed by the Senate, as follows:

(a) Five members must be physicians licensed to practice medicine in this state who have clinical expertise in the areas of family medicine, internal medicine, obstetrics, perinatal health, pediatrics, disabilities, geriatrics or general surgery. One of the physicians must be a doctor of osteopathy, and one must be a hospital representative or a physician whose practice is significantly hospital-based.

(b) One member must be a dentist licensed under ORS chapter 679 who has clinical expertise in general, pediatric or public health dentistry.

(c) One member must be a public health nurse.

(d) One member must be a behavioral health representative who may be a social services worker, alcohol and drug treatment provider, psychologist or psychiatrist.

(e) Two members must be consumers of health care who are patient advocates or represent the areas of indigent services, labor, business, education or corrections.

(f) One member must be a complementary or alternative medicine provider who is a chiropractic physician licensed under ORS chapter 684, a naturopathic physician licensed under ORS chapter 685 or an acupuncturist licensed under ORS chapter 677.

(g) One member must be an insurance industry representative who may be a medical director or other administrator.

(h) One member must be a pharmacy representative who engages in the practice of pharmacy at a retail drug outlet.

(3) No more than six members of the commission may be physicians either in active practice or retired from practice.

(4) Members of the commission serve for a term of four years at the pleasure of the Governor. A member is eligible for reappointment.

(5) Members are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses shall be paid out of funds available to the Oregon Health Authority for purposes of the commission.

SECTION 23. (1) The Health Evidence Review Commission shall select one of its members as chairperson and another as vice chairperson, for terms and with duties and powers the commission determines necessary for the performance of the functions of the offices.

(2) A majority of the members of the commission constitutes a quorum for the transaction of business.

(3) The commission shall meet at least four times per year at a place, day and hour determined by the chairperson. The commission also shall meet at other times and places specified by the call of the chairperson or of a majority of the members of the commission.

(4) The commission may use advisory committees or subcommittees whose members are appointed by the chairperson of the commission subject to approval by a majority of the members of the commission. The advisory committees or subcommittees may contain experts appointed by the chairperson and a majority of the members of the commission. The conditions of service of the experts will be determined by the chairperson and a majority of the members of the commission.

(5) The Office for Oregon Health Policy and Research shall provide staff and support services to the commission.

SECTION 24. (1) The Health Evidence Review Commission shall regularly solicit testimony and information from stakeholders representing consumers, advocates, providers, carriers and employers in conducting the work of the commission.

(2) The commission shall actively solicit public involvement through a public meeting process to guide health resource allocation decisions.

(3) The commission shall develop and maintain a list of health services ranked by priority, from the most important to the least important, representing the comparative benefits of each service to the population to be served. The list must be submitted by the commission pursuant to subsection (5) of this section and is not subject to alteration by any other state agency.

(4) In order to encourage effective and efficient medical evaluation and treatment, the commission:

(a) May include clinical practice guidelines in its prioritized list of services. The commission shall actively solicit testimony and information from the medical community and the public to build a consensus on clinical practice guidelines developed by the commission.

(b) May include statements of intent in its prioritized list of services. Statements of intent should give direction on coverage decisions where medical codes and clinical practice guidelines cannot convey the intent of the commission.

(c) Shall consider both the clinical effectiveness and cost-effectiveness of health services, including drug therapies, in determining their relative importance using peer-reviewed med- ical literature as defined in ORS 743A.060.

(5) The commission shall report the prioritized list of services to the Oregon Health Authority for budget determinations by July 1 of each even-numbered year.

(6) The commission shall make its report during each regular session of the Legislative Assembly and shall submit a copy of its report to the Governor, the Speaker of the House of Representatives and the President of the Senate.

(7) The commission may alter the list during the interim only as follows: (a)

To make technical changes to correct errors and omissions;

(b) To accommodate changes due to advancements in medical technology or new data regarding health outcomes;

(c) To accommodate changes to clinical practice guidelines; and

(d) To add statements of intent that clarify the prioritized list.

(8) If a service is deleted or added during an interim and no new funding is required, the commission shall report to the Speaker of the House of Representatives and the President of the Senate. However, if a service to be added requires increased funding to avoid discontinuing another service, the commission shall report to the Emergency Board to request the funding.

(9) The prioritized list of services remains in effect for a two-year period beginning no earlier than October 1 of each odd-numbered year.

SECTION 25. (1) As used in this section and section 26 of this 2011 Act:

(a) "Medical technology" means medical equipment and devices, medical or surgical procedures and techniques used by health care providers in delivering medical care to individuals, and the organizational or supportive systems within which medical care is delivered.

(b) "Medical technology assessment" means evaluation of the use, clinical effectiveness and cost of a technology in comparison with its alternatives.

(2) The Health Evidence Review Commission shall develop a medical technology assessment process. The Oregon Health Authority shall direct the commission with regard to medical technologies to be assessed and the timing of the assessments.

(3) The commission shall appoint and work with an advisory committee whose members have the appropriate expertise to conduct a medical technology assessment.

(4) The commission shall present its preliminary findings at a public hearing and shall solicit testimony and information from health care consumers. The commission shall give strong consideration to the recommendations of the advisory committee and public testimony in developing its assessment.

(5) To ensure that confidentiality is maintained, identification of a patient or a person licensed to provide health services may not be included with the data submitted under this section, and the commission shall release such data only in aggregate statistical form. All findings and conclusions, interviews, reports, studies, communications and statements procured by or furnished to the commission in connection with obtaining the data necessary to perform its functions is confidential pursuant to ORS 192.501 to 192.505.

SECTION 26. (1) The Health Evidence Review Commission shall conduct comparative effectiveness research of medical technologies selected in accordance with section 25 of this 2011 Act. The commission may conduct the research by comprehensive review of the comparative effectiveness research undertaken by recognized state, national or international entities. The commission may consider evidence relating to prescription drugs that is relevant to a medical technology assessment but may not conduct a drug class evidence review or medical technology assessment solely of a prescription drug. The commission shall disseminate the research findings to health care consumers, providers and third-party payers and to other interested stakeholders.

(2) The commission shall develop or identify and shall disseminate evidence-based health care guidelines for use by providers, consumers and purchasers of health care in Oregon.

(3) The Oregon Health Authority shall vigorously pursue health care purchasing strategies that adopt the research findings described in subsection (1) of this section and the evidence-based health care guidelines described in subsection (2) of this section.

SECTION 26a. The Health Evidence Review Commission, in ranking health services or developing guidelines under section 24 of this 2011 Act or in assessing medical technologies under section 26 of this 2011 Act, and the Pharmacy and Therapeutics Committee, in considering a recommendation for a drug to be included on any preferred drug list or on the Practitioner-Managed Prescription Drug Plan, may not rely solely on the results of comparative effectiveness research.

HEALTH RESOURCES COMMISSION AND HEALTH SERVICES COMMISSION ABOLISHED

SECTION 27. (1) The Health Resources Commission and the Health Services Commission are abolished. On the operative date of this section, the tenure of office of the members of the Health Resources Commission and the Health Services Commission ceases.

(2) All the duties, functions and powers of the Health Resources Commission and the Health Services Commission are imposed upon, transferred to and vested in the Health Evidence Review Commission.

SECTION 28. (1) The Director of the Oregon Health Authority shall:

(a) Deliver to the Health Evidence Review Commission all records and property within the jurisdiction of the director that relate to the duties, functions and powers transferred by section 27 of this 2011 Act; and

(b) Transfer to the commission those employees engaged primarily in the exercise of the duties, functions and powers transferred by section 27 of this 2011 Act.

(2) The commission shall take possession of the records and property and shall take charge of the employees and employ them, in the exercise of the duties, functions and powers transferred by section 27 of this 2011 Act, without reduction of compensation but subject to change or termination of employment or compensation as provided by law.

(3) The director shall resolve any dispute between the Health Resources Commission and the Health Services Commission and the Health Evidence Review Commission relating to transfers of records, property and employees under this section, and the director's decision is final.

SECTION 29. (1) The unexpended balances of amounts authorized to be expended by the Health Resources Commission and the Health Services Commission for the biennium beginning July 1, 2011, from revenues dedicated, continuously appropriated, appropriated or otherwise made available for the purpose of administering and enforcing the duties, functions and powers transferred by section 27 of this 2011 Act are transferred to and are available for expenditure by the Health Evidence Review Commission for the remainder of the biennium beginning July 1, 2011, for the purpose of administering and enforcing the duties, functions and powers transferred by section 27 of this 2011 Act.

(2) The expenditure classifications, if any, established by Acts authorizing or limiting expenditures by the Health Resources Commission and the Health Services Commission remain applicable to expenditures by the Health Evidence Review Commission under this section.

SECTION 30. The transfer of duties, functions and powers to the Health Evidence Review Commission by section 27 of this 2011 Act does not affect any action, proceeding or prosecution involving or with respect to such duties, functions and powers begun before and pending at the time of the transfer, except that the Health Evidence Review Commission is substituted for the Health Resources Commission or the Health Services Commission in the action, proceeding or prosecution.

SECTION 31. (1) Nothing in sections 22 to 30 of this 2011 Act or the repeal of ORS 414.715,

414.720, 414.741, 442.575, 442.580, 442.581, 442.583, 442.584, 442.588 and 442.589 by section 228 of this 2011 Act relieves a person of a liability, duty or obligation accruing under or with respect to the duties, functions and powers transferred by section 27 of this 2011 Act. The Health Evidence Review Commission may undertake the collection or enforcement of any such li- ability, duty or obligation.

(2) The rights and obligations of the Health Resources Commission and the Health Services Commission legally incurred under contracts, leases and business transactions executed, entered into or begun before the operative date of section 27 of this 2011 Act are transferred to the Health Evidence Review Commission. For the purpose of succession to these rights and obligations, the Health Evidence Review Commission is a continuation of the Health Resources Commission and the Health Services Commission and is not a new authority.

SECTION 32. The Director of the Oregon Health Authority may take any action before the operative date of section 27 of this 2011 Act that is necessary to enable the Health Evi- dence Review Commission to exercise, on and after the operative date of section 27 of this 2011 Act, the duties, functions and powers of the commission pursuant to section 27 of this 2011 Act.

SECTION 33. Whenever, in any uncodified law or resolution of the Legislative Assembly or in any rule, document, record or proceeding authorized by the Legislative Assembly, ref- erence is made to the Health Resources Commission or the Health Services Commission or an officer or employee of the Health Resources Commission or the Health Services Com- mission, the reference is considered to be a reference to the Health Evidence Review Com- mission or an officer or employee of the Health Evidence Review Commission.

SECTION 34. For the purpose of harmonizing and clarifying statutory law, the Legislative Counsel may substitute for words designating the "Health Resources Commission" or the "Health Services Commission" or the officers of the Health Resources Commission or the Health Services Commission, wherever they occur in statutory law, words designating the "Health Evidence Review Commission" or its officers.

SECTION 35. Except as otherwise specifically provided in section 32 of this 2011 Act, sections 22 to 30 of this 2011 Act become operative on January 1, 2012.

Passed by House June 16, 2011

Repassed by House June 27, 2011

.....
Ramona Kenady Line, Chief Clerk of House

.....
Bruce Hanna, Speaker of House

.....
Arnie Roblan, Speaker of House

Passed by Senate June 24, 2011

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2011

Approved:

.....M.,....., 2011

.....
John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2011

.....
Kate Brown, Secretary of State

APPENDIX B:

COMMISSION AND SUBCOMMITTEE MEMBERSHIP

HEALTH EVIDENCE REVIEW COMMISSION

VALUE-BASED BENEFITS SUBCOMMITTEE

COMMISSION STAFF

Health Evidence Review Commission

Member Profiles

"The Health Evidence Review Commission is established in the Oregon Health Authority, consisting of 13 members appointed by the Governor in consultation with professional and other interested organizations, and confirmed by the Senate, as follows:

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b) One member must be a dentist licensed under ORS chapter 679 who has clinical expertise in general, pediatric or public health dentistry.

c) One member must be a public health nurse.

d) One member must be a behavioral health representative who may be a social services worker, alcohol and drug treatment provider, psychologist or psychiatrist.

e) Two members must be consumers of health care who are patient advocates or represent the areas of indigent services, labor, business, education or corrections.

f) One member must be a complementary or alternative medicine provider who is a chiropractic physician licensed under ORS chapter 684, a naturopathic physician licensed under ORS chapter 685 or an acupuncturist licensed under ORS chapter 677.

g) One member must be an insurance industry representative who may be a medical director or other administrator.

h) One member must be a pharmacy representative who engages in the practice of pharmacy at a retail drug outlet."

- ORS 414.688

PHYSICIANS

Somnath Saha, MD, MPH, Chair, resides in Portland. He received his Bachelor of Science degree at Stanford University. He attended medical school and trained in internal medicine at the University of California, San Francisco. Dr. Saha completed fellowship training in the Robert Wood Johnson Clinical Scholars Program at the University of Washington in Seattle, where he also obtained a Master's degree in Public Health. He currently practices as a general internist at the Portland VA Medical Center and is a Professor of Medicine and Public Health & Preventive Medicine at Oregon Health & Science University. He is an investigator at the Oregon Evidence-based Practice Center, where he has conducted critical reviews of studies on the clinical and cost-effectiveness of diagnostic and therapeutic technologies. He also has an interest in disparities in health care delivery. His term expires in 2013.

Gerald Ahmann, MD, resides in Medford. He received his BA, PhD, and MD from Duke University. After receiving his MD in 1974, he spent 2 years in medical residency at the University of Utah. He then moved to the NIH, NCI, Immunology Branch at Bethesda,

MD, where he served as Clinical Associate and then Investigator and completed his oncology fellowship training in 1980. He became an Assistant Professor at the University of Iowa Hospital and Clinics. Finally deciding that an academic career was not where God could best use him, he moved to Oregon in 1982 to the Medford Clinic to practice hematology/oncology. The Medford Clinic dissolved in 2000 and Dr. Ahmann was one of the original founders of Hematology Oncology Associates which has grown from a 4 physician group to a 10 physician group + 3 PAs. He plans to retire to enjoy his 11 grandchildren in the near future. He has always had a strong belief in the importance of cost-effective medicine which is his primary reason in volunteering to serve on HERC. His term expires in 2015.

Wiley Chan, MD, resides in Portland. He received his Bachelor of Science and Doctor of Medicine degrees at the University of Michigan, and trained in Internal Medicine at the University of California, Los Angeles. He is board certified in Internal Medicine. Dr. Chan joined Kaiser Permanente Northwest (KPNW) as a primary care Internist in 1984. He has served as the KPNW Director of Guidelines and Evidence-Based Medicine since 2002, and at Kaiser Permanente's program-wide Care Management Institute, as an evidence-based medicine methodologist and Clinical Lead for the eGuidelines Project. For Kaiser Permanente's National Guideline Program, he has served roles as methodologist, clinical lead, reviewer, and guideline development team member for multiple guidelines. He is a member of the United States National Heart, Lung and Blood Institute (NHLBI) Expert Panel on Integrated Cardiovascular Disease Risk Reduction (coordinating & integrating the NHLBI dyslipidemia [ATP 4], hypertension [JNC 8] and obesity [OEP 2] guidelines) and the co-chairs the NHLBI Implementation Work Group (addressing implementation issues for all those guidelines). He spends about half his time on population-based care and the operationalization of evidence-based care in KPNW's integrated systems. His term expires in 2014.

Carla McKelvey, MD, is a board-certified pediatrician in private practice at North Bend Medical Center in Coos Bay. She is the Past President of the Oregon Medical Association. Dr. McKelvey resigned her position February 2012 when she was appointed to the Health Policy Board.

PHYSICIAN (HOSPITAL BASED)

Lisa Dodson, MD, of Portland, is a Board Certified Family Physician. In addition to being the Director of the Oregon Area Health Education Centers at Oregon Health and Science University, she provides locum tenens physician service to rural communities. Her academic interests include maternity care, chronic pain management and training physicians for rural practice. Prior to returning to OHSU in 1999 she practiced for seven years in the frontier community of John Day, Oregon. She previously served two terms on the Oregon Board of Medical Examiners. Dr. Dodson attended medical school at SUNY Stony Brook, Family Medicine residency at OHSU and faculty development fellowship at University of Washington. Her term expires in 2015.

DENTIST

James Tyack, DMD FAGD MAGD, of Rainier, is President and owner of Tyack Dental Group with clinics in Clatskanie and Astoria Oregon. He received his Bachelor of Science degree at the University of Oregon and attended Oregon Health Sciences University School of Dentistry, graduating in 1976. Following graduation, Dr. Tyack served in the Indian Health Service in Arizona and entered private practice in 1977. Dr. Tyack is a Fellow and Master of the Academy of General Dentistry and serves as manuscript reviewer for the Academy's publication "General Dentistry." Dr. Tyack has served as adjunct faculty at OHSU School of Dentistry and Dental Director for the Family Health Center and Cowlitz County Health in Longview Washington. Dr. Tyack and his associates are currently providing the majority of dental care for Oregon Health Plan patients in Columbia and Clatsop Counties. His term expires in 2013.

PUBLIC HEALTH NURSE

Leda Garside, RN, MBA, of Lake Oswego, is a bilingual, bicultural Latina registered nurse, and is the Clinical Nurse Manager for the ¡Salud! Program, an outreach program of the Tuality Healthcare Foundation in Hillsboro. Ms. Garside completed her nursing degree at the University of Alaska in Anchorage in 1983. Her 25-year nursing career includes acute care, occupational health services and in the last 10 years community and public health. Ms. Garside is very active in many community outreach committees, coalitions and boards. Her career interests are: cultural competencies in health care, health promotion and prevention and facilitating access to health care to all Oregonians. She strongly believes that many things can be accomplished when there is collaboration, cooperation and commitment to better serve the needs of the community, in particular the underserved and at risk populations. Ms. Garside is a member of the National Association of Hispanic Nurses, Oregon Public Health Association, Sigma Theta Tau International Honor Society of Nursing, and the Oregon Latino Health Coalition. Her second term expires in 2016.

BEHAVIORAL HEALTH REPRESENTATIVE

Beth Kaplan Westbrook, PsyD, has practiced clinical psychology in Portland since 1991. Her previous experience was as a Dance Therapist in Washington, D.C. She received a BA from UT Austin (Psychology); an MA in Expressive Therapies (Dance Therapy) from Lesley College, Cambridge, MA and a PsyD from Pacific University (Oregon). She is certified in Child and Adolescent Psychotherapy (Washington School of Psychiatry, Washington DC) and in Group Work Training and Crisis Intervention (St. Elizabeth's Hospital, Washington, DC). Dr. Kaplan Westbrook has broad clinical experience with both inpatients and outpatients including short- and long-term psychiatric hospitals, neurological/medical units, geriatric day treatment and alternative school treatment settings. She has taught graduate level courses at Marylhurst College and Pacific University and has held service and leadership positions with the American Dance Therapy Association, School of Professional Psychology (Pacific University), Oregon Psychological Association and Portland Psychological Association. Dr. Kaplan

Westbrook is interested in promoting the overall health and well being of all Oregonians. Her term expires in 2013.

CONSUMER ADVOCATES

Mark Gibson is the Director of the Center for Evidence-based Policy at the Oregon Health and Science University, and a program officer for the Milbank Memorial Fund. In these roles he works extensively with policy makers to identify and obtain the research evidence needed to ensure that the right health services are provided to patients whether they are served by public programs or private insurers. In addition, the Center has developed advanced methods for engaging consumers and other stakeholders in policy formulation within health care systems. His term expires in 2015.

Kathryn Weit is the Executive Director of the Oregon Council on Developmental Disabilities. Ms. Weit has worked on behalf of people with disabilities and their families for over twenty-five years, including advocating in the Oregon Legislature since 1987. She has served on numerous Boards of Directors, committees, commissions and workgroups with the Department of Human Services, Department of Education, the Oregon Legislature, and private nonprofit organizations. She is the parent of a 30 year old son with developmental disabilities. Ms. Weit received her undergraduate degree from the University of Wisconsin and her Master's Degree from Boston University. Her term expired in 2012.

ALTERNATIVE & COMPLEMENTARY MEDICINE PROVIDER

Vern Saboe, Jr., DC, DACAN, FICC, DABFP, FACO, of Albany, is a Board Certified Chiropractic Orthopedist. Additionally he is board certified in neurology and forensic science. He previously served the Oregon Board of Chiropractic Examiners (OBCE) subcommittees on patient safety & informed consent and ratings of the scientific evidence. In 1998-2001 he served as Chair of the OBCE's Evidence Review Committee for Experimental Tests, Substances, Devices and Procedures and during these same years served the OBCE's Practice and Utilization Guidelines Consensus Committee. Dr. Saboe is past president of the American College of Chiropractic Orthopedists (2008) and serves as Oregon's Delegate to the American Chiropractic Association's (ACA) House of Delegates. He sits on the ACA's Legislative Commission and Military and Veterans Affairs Committee. He entered private practice in 1981 a practice started by his father in 1956. His term expires in 2015.

INSURANCE INDUSTRY REPRESENTATIVE

Alissa Craft, DO, MBA resides in Corvallis. She attended medical school at the Kirksville College of Osteopathic Medicine and trained in pediatrics at Phoenix Children's Hospital. She completed fellowship training in neonatal perinatal medicine at the University of California, San Diegp. Dr. Craft has also completed the Costin Scholar Program in Faculty Development and the American Osteopathic Association Health Policy Fellowship. She currently is Vice Chair and Associate Professor of Pediatrics at

the College of Osteopathic Medicine of the Pacific – Northwest. Her research interests include comparative outcomes, improvements in patient safety, and curricular improvements for medical education. Her term expires in 2014.

PHARMACY REPRESENTATIVE

Irene Croswell, RPh, of Tualatin, is pharmacy manager at Haggen Food and Pharmacy in Tualatin. She is Immediate Past President of the Oregon State Pharmacy Association. As Co-Founder of the Greater Oregon Coordinated MEDucation Team, she works with patients and their healthcare providers to help make the most of healthcare dollars through appropriate medication use. After graduating in 1979 with a BS in Pharmacy from University of Louisiana in Monroe, Ms. Croswell has practiced in community and mail-order pharmacy settings. She is adjunct faculty with Pacific University School of Pharmacy and precepts students from four pharmacy schools. As a passionate advocate for community engagement and involvement and collaboration supporting patient-centered care, Ms. Croswell volunteers in her community and is active with several local, state, and national organizations. Her term expires in 2013.

Value-based Benefits Subcommittee Members

Irene Croswell, RPh
Lisa Dodson, MD, Chair
Mark Gibson
Chris Kirk, MD *(Resigned April 2013)*
Laura Ocker, LAc
Kevin Olson, MD
David Pollack, MD
James Tyack, DMD
Susan Williams, MD

Commission Staff

DIRECTOR

Darren Coffman, MS, began his work for the state with the Health Services Commission soon after its creation in 1989 as a research analyst in a six-month limited duration position. He eventually served in that capacity for three years, playing a key role in the development of the methodology for prioritizing health services. In 1992, Mr. Coffman became the Research Manager for the Commission, took on the additional role of Acting Director in October 1996 and was named Director in April 1997. He became Director of the Health Evidence Review Commission in January 2012, which took over work on the Prioritized List of Health Services as well as health technology assessments previously done by the Health Resources Commission. He received his Bachelor of Science from the University of Oregon in computer science in 1987 and a Master of Science in statistics from Utah State University in 1989. (503-373-1616)

MEDICAL DIRECTOR

Ariel K. Smits, MD, MPH, is a family physician from Portland. She currently sees patients part time at OHSU Gabriel Park Family Health Center in addition to her work as medical director of the Commission. Dr. Smits received a bachelor's degree in Cellular and Molecular Biology from the University of Michigan, a master's of philosophy degree in Clinical Biochemistry from Cambridge University, and her doctorate of medicine from Washington University in St. Louis. She completed both a family medicine and preventive medicine residency at OHSU and subsequently completed a research fellowship at OHSU. (503-373-1647)

ASSOCIATE MEDICAL DIRECTOR

Cat Livingston, MD, MPH, is a family physician from Portland. She sees patients at OHSU Richmond Clinic in addition to serving as the Associate Medical Director for the Health Evidence Review Commission. She received her bachelor's degree from Oberlin College, with majors in Neuroscience and Women's Health. Dr. Livingston completed her medical education at Harvard Medical School, graduating with honors; and then to OHSU to complete both a Family Medicine and Preventive Medicine residency, and Masters of Public Health. She is Board certified in both Family Medicine and Public Health and Preventive Medicine. (503-373-1647)

POLICY ANALYST

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COMMISSION/ADMINISTRATIVE SPECIALIST

Dorothy Allen has over seventeen years in the public service arena spending much of that time working in technology, communications and management for the Department of Administrative Services. In May of 2005 she began her work with the Office of Oregon Health Policy and Research, providing technical and administrative support to the administrators, staff and commission members for the Health Evidence Review Commission. Dorothy is also the Commissions' webmaster. (503-373-1985)

APPENDIX C:

PRIORITIZED HEALTH SERVICES

FREQUENTLY ASKED QUESTIONS:
A USER'S GUIDE TO THE PRIORITIZED LIST

LINE DESCRIPTIONS FOR THE 2014-15
PRIORITIZED LIST OF HEALTH SERVICES

STATEMENT OF INTENT AND GUIDELINE
DESCRIPTIONS FOR THE 2014-15
PRIORITIZED LIST OF HEALTH SERVICES

FREQUENTLY ASKED QUESTIONS:

A USER'S GUIDE TO THE PRIORITIZED LIST

Readers of this document have many questions when they first confront the Prioritized List. A summary of the most frequently asked questions and their answers should familiarize the reader with the format of the list, define important terms, and provide educational examples.

1) **Does the line descriptor contain every diagnosis?** Each line has a description of both a condition and treatment. For some lines there is only one condition, but for others there may be many. The line descriptor contains the most frequent condition or a cluster of conditions represented by the ICD-10-CM codes. For example, cystic fibrosis occurs by itself on line 24, but the codes on line 210, described broadly as Zoonotic Bacterial Diseases, include plague, tularemia, anthrax, brucellosis, cat-scratch disease and other specific diseases.

2) **What do the line numbers represent?** The line numbers represent the rank order of the condition-treatment pairs assigned by the Health Evidence Review Commission. Therefore the services on line item 1 are most important to provide and line item 669 the least important in terms of the benefit to be gained by the population being served.

3) **How is the funding line established?** The 77th Oregon Legislative Assembly will review the Prioritized List included in this report. If this report is accepted, they will establish a funding line for this list in accordance with the state budget. Upon approval from the Centers for Medicare and Medicaid Services (CMS), the benefit package represented by the services listed on or above that funding line will be reimbursed under the Medicaid Demonstration beginning no earlier than October 1, 2014.

4) **Why do many diagnoses appear more than once?** A given diagnosis or condition may have a continuum of treatments including medical, surgical, or transplantation. All transplantations for either bone marrow or solid organs have a separate line in addition to the medical/surgical treatment. These treatments of a condition may vary in their effectiveness and/or cost and therefore receive different rankings by the Health Evidence Review Commission.

5) **What about diagnostic services?** Except for rare instances, diagnostic services are always covered and do not appear on the list. If a condition is diagnosed that appears below the funding line, the diagnostic visit and any necessary tests will be covered, but subsequent office visits and ancillary services such as home health services will not.

6) **What about preventive services?** The Oregon Health Plan encourages prevention and early intervention. Effective preventive services for adults and children are ranked on Line 3 and include services recommended by the U.S. Preventive Services Task Force (“A” and “B” Recommendations), American Academy of Pediatrics (Bright Futures Guidelines), Health Resources and Services Administration (Women’s Preventive Services) and the Advisory Committee on

Immunization Practives (as approved for the Oregon Immunization Program). In addition, preventive dental services are included on Line 57.

7) **What are ancillary services and are they covered?** Ancillary services are those goods, services, and therapies that are considered to be integral to the successful treatment of a condition. Ancillary services are reimbursable when used in conjunction with a covered condition.

8) **Are prescription drugs covered for all diagnoses?** The Commission considers prescription drugs to be an ancillary service. Therefore, it is the intent of the HERC that only funded condition-treatment pairs include the coverage of prescription drugs. However, the Commission has discovered that since the diagnosis is not included with a prescription, the pharmacy has no way to determine if a drug is being prescribed for a condition falling below the funding line. Within the past few years, prescribing physicians have been asked to check a box to indicate whether or not the prescription is for the treatment of a covered condition.

9) **Are mental health care and chemical dependency services a part of the Prioritized List?** Mental health care and chemical dependency lines are fully integrated and prioritized along with physical conditions. Mental health lines are distinguished by the listing of "psychotherapy" under the treatment description. The listing of psychotherapy represents a broad range of mental health therapies provided by different types of mental health professionals in various settings.

10) **What are statements of intent?** Statements of intent allow the Commission the ability to indicate their intent for coverage of services that cannot be easily identified by medical codes. The titles of these statements appear later in this appendix immediately following the list of lines on the Prioritized List.

11) **What are practice guidelines?** Guidelines are used to further delineate conditions where the coding system does not adequately distinguish between sub-groups that are treated differently or to indicate the most effective use of a particular treatment. See Chapter Two for further detail on new guidelines developed and existing guidelines that were modified over the last two years. A listing of the guideline titles is provided at the end of this appendix. This includes guidelines associated with diagnostic and ancillary services that don't appear on the Prioritized List as well as services that do appear on the list. A full listing of the practice guidelines are posted on the Commission's website (shown below).

12) **What other resources are available to answer other questions I may have?** For questions about the Prioritized List, the methodology used to create and maintain the list or other information concerning the work of the Health Evidence Review Commission, see the Commission's web page at:

http://www.oregon.gov/oha/ohpr/pages/herc/index.aspx

For questions about plan eligibility or administration, see the home page of the Division of Medical Assistance Programs at:

http://www.oregon.gov/OHA/healthplan/Pages/index.aspx

For policy questions regarding the Oregon Health Plan or health care in general, see the website of the Office for Oregon Health Policy and Research at:

http://www.oregon.gov/oha/OHPR/Pages/index.aspx

Or contact our office at (503) 373-1985.

LINE DESCRIPTIONS FOR THE 2014-15 PRIORITIZED LIST OF HEALTH SERVICES

PRIORITIZED LIST OF HEALTH SERVICES
Biennial List for Planned Implementation 10/1/2014-12/31/2015

Line	Condition	Treatment
1	PREGNANCY	MATERNITY CARE
2	BIRTH OF INFANT	NEWBORN CARE
3	PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS	MEDICAL THERAPY
4	ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE	MEDICAL/PSYCHOTHERAPY
5	TOBACCO DEPENDENCE	MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
6	REPRODUCTIVE SERVICES	CONTRACEPTION MANAGEMENT; STERILIZATION
7	MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE	MEDICAL/PSYCHOTHERAPY
8	TYPE I DIABETES MELLITUS	MEDICAL THERAPY
9	ASTHMA	MEDICAL THERAPY
10	GALACTOSEMIA	MEDICAL THERAPY
11	RESPIRATORY CONDITIONS OF FETUS AND NEWBORN	MEDICAL THERAPY
12	HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS	MEDICAL THERAPY
13	CONGENITAL HYPOTHYROIDISM	MEDICAL THERAPY
14	PHENYLKETONURIA (PKU)	MEDICAL THERAPY
15	CONGENITAL INFECTIOUS DISEASES	MEDICAL THERAPY
16	CONGENITAL SYPHILIS	MEDICAL THERAPY
17	VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS)	MEDICAL THERAPY
18	NEONATAL MYASTHENIA GRAVIS	MEDICAL THERAPY
19	FEEDING PROBLEMS IN NEWBORNS	MEDICAL THERAPY
20	HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION	MEDICAL AND SURGICAL TREATMENT
21	SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA	MEDICAL THERAPY
22	OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS	MEDICAL THERAPY
23	LOW BIRTH WEIGHT (1500-2500 GRAMS)	MEDICAL THERAPY
24	CYSTIC FIBROSIS	MEDICAL THERAPY
25	VESICOURETERAL REFLUX	MEDICAL THERAPY, SURGERY
26	SCHIZOPHRENIC DISORDERS	MEDICAL/PSYCHOTHERAPY
27	INTRACRANIAL HEMORRHAGES; CEREBRAL CONVULSIONS, DEPRESSION, COMA, AND OTHER ABNORMAL CERERAL SIGNS OF THE NEWBORN	MEDICAL THERAPY
28	DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA	MEDICAL AND SURGICAL TREATMENT
29	BIPOLAR DISORDERS	MEDICAL/PSYCHOTHERAPY
30	TYPE II DIABETES MELLITUS	MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI >= 35

PRIORITIZED LIST OF HEALTH SERVICES
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Line	Condition	Treatment
31	DRUG WITHDRAWAL SYNDROME IN NEWBORN	MEDICAL THERAPY
32	REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE	MEDICAL AND SURGICAL TREATMENT
33	EPILEPSY AND FEBRILE CONVULSIONS	MEDICAL THERAPY
34	SEVERE BIRTH TRAUMA FOR BABY	MEDICAL THERAPY
35	NEONATAL THYROTOXICOSIS	MEDICAL THERAPY
36	HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN	MEDICAL THERAPY
37	SPINA BIFIDA	SURGICAL TREATMENT
38	OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM	MEDICAL AND SURGICAL TREATMENT
39	TERMINATION OF PREGNANCY	INDUCED ABORTION
40	ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER	MEDICAL AND SURGICAL TREATMENT
41	ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA	MEDICAL AND SURGICAL TREATMENT
42	PRIMARY AND SECONDARY SYPHILIS	MEDICAL THERAPY
43	DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT	MEDICAL THERAPY
44	PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS	MEDICAL THERAPY
45	HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN	MEDICAL THERAPY
46	INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, HAZARDOUS FOREIGN BODY IN GI TRACT WITH RISK OF PERFORATION OR OBSTRUCTION	MEDICAL AND SURGICAL TREATMENT
47	CLEFT PALATE WITH AIRWAY OBSTRUCTION	MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
48	COARCTATION OF THE AORTA	SURGICAL TREATMENT
49	CORONARY ARTERY ANOMALY	REIMPLANTATION OF CORONARY ARTERY
50	RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES	MEDICAL THERAPY, INJECTIONS
51	DEEP ABSCESSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS	MEDICAL AND SURGICAL TREATMENT
52	CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD	MEDICAL THERAPY
53	CONGENITAL HYDRONEPHROSIS	NEPHRECTOMY/REPAIR
54	PULMONARY TUBERCULOSIS	MEDICAL THERAPY
55	ACUTE PELVIC INFLAMMATORY DISEASE	MEDICAL AND SURGICAL TREATMENT
56	GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES OF THE ORAL, ANAL AND GENITOURINARY TRACT	MEDICAL THERAPY
57	PREVENTIVE DENTAL SERVICES	CLEANING, FLUORIDE AND SEALANTS

PRIORITIZED LIST OF HEALTH SERVICES
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Line	Condition	Treatment
58	DENTAL CONDITIONS (EG. INFECTION, PAIN, TRAUMA)	EMERGENCY DENTAL SERVICES
59	COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS	MEDICAL AND SURGICAL TREATMENT
60	ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE	MEDICAL AND SURGICAL TREATMENT
61	BURN, FULL THICKNESS GREATER THAN 10% OF BODY SURFACE	FREE SKIN GRAFT, MEDICAL THERAPY
62	BRONCHIECTASIS	MEDICAL AND SURGICAL TREATMENT
63	END STAGE RENAL DISEASE	MEDICAL THERAPY INCLUDING DIALYSIS
64	METABOLIC DISORDERS	MEDICAL THERAPY
65	TORSION OF OVARY	OOPHORECTOMY, OVARIAN CYSTECTOMY
66	SUBSTANCE-INDUCED MOOD ANXIETY AND DELUSIONAL DISORDERS	MEDICAL/PSYCHOTHERAPY
67	SPONTANEOUS ABORTION; MISSED ABORTION	MEDICAL AND SURGICAL TREATMENT
68	SUBSTANCE-INDUCED DELIRIUM	MEDICAL THERAPY
69	CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE	MEDICAL AND SURGICAL TREATMENT
70	LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS	INCISION/EXCISION/ENDOSCOPY
71	VENTRICULAR SEPTAL DEFECT	CLOSURE
72	ACUTE BACTERIAL MENINGITIS	MEDICAL THERAPY
73	ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION	MEDICAL AND SURGICAL TREATMENT
74	CONGENITAL PULMONARY VALVE ANOMALIES	PULMONARY VALVE REPAIR
75	NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS	MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
76	BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS, LESS THAN 10% OF BODY SURFACE	FREE SKIN GRAFT, MEDICAL THERAPY
77	POLYCYTHEMIA NEONATORUM, SYMPTOMATIC	MEDICAL THERAPY
78	DERMATOMYOSITIS, POLYMYOSITIS	MEDICAL THERAPY
79	ADDISON'S DISEASE	MEDICAL THERAPY
80	HYPERTENSION AND HYPERTENSIVE DISEASE	MEDICAL THERAPY
81	PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW	LIGATION
82	INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES	LIGATION/REPAIR
83	PHLEBITIS AND THROMBOPHLEBITIS, DEEP	MEDICAL THERAPY
84	INJURY TO INTERNAL ORGANS	MEDICAL AND SURGICAL TREATMENT

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Line	Condition	Treatment
85	FRACTURE OF HIP, CLOSED	MEDICAL AND SURGICAL TREATMENT
86	MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS	MEDICAL AND SURGICAL TREATMENT
87	DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA	REPAIR
88	DIABETES MELLITUS WITH END STAGE RENAL DISEASE	SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
89	ENDOCARDIAL CUSHION DEFECTS	REPAIR
90	CONGENITAL PULMONARY VALVE ATRESIA	SHUNT/REPAIR
91	CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM	RECONSTRUCTION
92	NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN	MEDICAL AND SURGICAL TREATMENT
93	DISCORDANT CARDIOVASCULAR CONNECTIONS	REPAIR
94	CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY	MITRAL VALVE REPAIR/REPLACEMENT
95	GUILLAIN-BARRE SYNDROME	MEDICAL THERAPY
96	SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS, COMPOUND/DEPRESSED FRACTURES OF SKULL	MEDICAL AND SURGICAL TREATMENT
97	CHILDHOOD LEUKEMIAS	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
98	UNDESCENDED TESTICLE	SURGICAL TREATMENT
99	HEREDITARY IMMUNE DEFICIENCIES	BONE MARROW TRANSPLANT
100	DIABETIC AND OTHER RETINOPATHY	MEDICAL, SURGICAL, AND LASER TREATMENT
101	BORDERLINE PERSONALITY DISORDER	MEDICAL/PSYCHOTHERAPY
102	HEART FAILURE	MEDICAL THERAPY
103	CARDIOMYOPATHY	MEDICAL AND SURGICAL TREATMENT
104	END STAGE RENAL DISEASE	RENAL TRANSPLANT
105	CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION	MEDICAL AND SURGICAL TREATMENT
106	HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE	MEDICAL THERAPY
107	POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS	MEDICAL THERAPY
108	BOTULISM	MEDICAL THERAPY
109	TETRALOGY OF FALLOT (TOF); CONGENITAL VENOUS ABNORMALITIES	REPAIR
110	CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE	SURGICAL VALVE REPLACEMENT/VALVULOPLASTY

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Line	Condition	Treatment
111	GIANT CELL ARTERITIS, POLYMYALGIA RHEUMATICA AND KAWASAKI DISEASE	MEDICAL THERAPY
112	FRACTURE OF RIBS AND STERNUM, OPEN	MEDICAL AND SURGICAL TREATMENT
113	SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS)	MEDICAL THERAPY
114	COAGULATION DEFECTS	MEDICAL THERAPY
115	CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART	MEDICAL THERAPY
116	CANCER OF TESTIS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
117	CANCER OF EYE AND ORBIT	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
118	APLASTIC ANEMIAS; AGRANULOCYTOSIS	BONE MARROW TRANSPLANT
119	CHRONIC MYELOID LEUKEMIA	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
120	HODGKIN'S DISEASE	BONE MARROW TRANSPLANT
121	FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS	REMOVAL OF FOREIGN BODY
122	NUTRITIONAL ANEMIAS	MEDICAL THERAPY
123	ATRIAL SEPTAL DEFECT, SECUNDUM	REPAIR SEPTAL DEFECT
124	CHOANAL ATRESIA	REPAIR OF CHOANAL ATRESIA
125	ABUSE AND NEGLECT	MEDICAL THERAPY
126	ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED	MEDICAL/PSYCHOTHERAPY
127	MALARIA, CHAGAS' DISEASE AND TRYPANOSOMIASIS	MEDICAL THERAPY
128	ANAPHYLACTIC SHOCK; EDEMA OF LARYNX	MEDICAL THERAPY
129	THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS	MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
130	BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
131	ACUTE KIDNEY INJURY	MEDICAL THERAPY INCLUDING DIALYSIS
132	COMMON TRUNCUS	TOTAL REPAIR/REPLANT ARTERY
133	GRANULOMATOSIS WITH POLYANGIITIS	MEDICAL THERAPY AND RADIATION THERAPY
134	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION	COMPLETE REPAIR

PRIORITIZED LIST OF HEALTH SERVICES
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Line	Condition	Treatment
135	CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME	MEDICAL AND SURGICAL TREATMENT
136	OPEN FRACTURE/DISLOCATION OF EXTREMITIES	MEDICAL AND SURGICAL TREATMENT
137	CANCER OF CERVIX	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
138	INTERRUPTED AORTIC ARCH	TRANSVERSE ARCH GRAFT
139	HODGKIN'S DISEASE	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
140	TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION	MEDICAL AND SURGICAL TREATMENT
141	OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY	MEDICAL THERAPY
142	EBSTEIN'S ANOMALY	REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
143	GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE	MEDICAL,SURGICAL AND LASER TREATMENT
144	MYASTHENIA GRAVIS	MEDICAL THERAPY, THYMECTOMY
145	SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE	MEDICAL THERAPY
146	CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS	MEDICAL THERAPY
147	PNEUMOTHORAX AND PLEURAL EFFUSION TUBE THORACOSTOMY	SURGICAL THERAPY, MEDICAL THERAPY
148	HYPOTHERMIA	MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
149	ANEMIA OF PREMATURITY OR TRANSIENT NEONATAL NEUTROPENIA	MEDICAL THERAPY
150	ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING	MEDICAL THERAPY
151	GLYCOGENOSIS	MEDICAL THERAPY
152	ACQUIRED HEMOLYTIC ANEMIAS	MEDICAL THERAPY
153	FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD	MEDICAL/PSYCHOTHERAPY
154	CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR UNSTABLE; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY	MEDICAL AND SURGICAL TREATMENT
155	DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM	MEDICAL THERAPY
156	NON-PULMONARY TUBERCULOSIS	MEDICAL THERAPY

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Line	Condition	Treatment
157	PYOGENIC ARTHRITIS	MEDICAL AND SURGICAL TREATMENT
158	VASCULAR INSUFFICIENCY OF INTESTINE	SURGICAL TREATMENT
159	HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS	MEDICAL THERAPY
160	ACROMEGALY AND GIGANTISM	MEDICAL THERAPY
161	CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
162	NON-HODGKIN'S LYMPHOMAS	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
163	TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM	MEDICAL THERAPY
164	TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION	MEDICAL AND SURGICAL TREATMENT
165	GRANULOCYTE DISORDERS	MEDICAL THERAPY
166	BILIARY ATRESIA	LIVER TRANSPLANT
167	NON-HODGKIN'S LYMPHOMAS	BONE MARROW TRANSPLANT
168	LEUKOPLAKIA AND CARCINOMA IN SITU OF UPPER AIRWAY, INCLUDING ORAL CAVITY	INCISION/EXCISION, MEDICAL THERAPY
169	PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS	MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
170	ANAL, RECTAL AND COLONIC POLYPS	MEDICAL AND SURGICAL TREATMENT
171	GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE; NEONATAL CONJUNCTIVITIS	MEDICAL THERAPY
172	COMPLICATED HERNIAS; UNCOMPLICATED INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE	REPAIR
173	NON-DIABETIC HYPOGLYCEMIC COMA	MEDICAL THERAPY
174	ACUTE MASTOIDITIS	MASTOIDECTOMY, MEDICAL THERAPY
175	AMEBIASIS	MEDICAL THERAPY
176	HYPERTENSIVE HEART AND RENAL DISEASE	MEDICAL THERAPY
177	POSTTRAUMATIC STRESS DISORDER	MEDICAL/PSYCHOTHERAPY
178	GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS	SINGLE FOCAL SURGERY
179	POLYARTERITIS NODOSA AND ALLIED CONDITIONS	MEDICAL THERAPY
180	COMMON VENTRICLE	TOTAL REPAIR

PRIORITIZED LIST OF HEALTH SERVICES
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Line	Condition	Treatment
181	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE	MEDICAL THERAPY
182	INTRACEREBRAL HEMORRHAGE	MEDICAL THERAPY
183	ACUTE LEUKEMIA, MYELODYSPLASTIC SYNDROME	BONE MARROW TRANSPLANT
184	URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER	MEDICAL AND SURGICAL TREATMENT
185	CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)	MEDICAL THERAPY, BURN TREATMENT
186	SEPTICEMIA	MEDICAL THERAPY
187	FRACTURE OF PELVIS, OPEN AND CLOSED	MEDICAL AND SURGICAL TREATMENT
188	ACUTE OSTEOMYELITIS	MEDICAL AND SURGICAL TREATMENT
189	DIVERTICULITIS OF COLON	COLON RESECTION, MEDICAL THERAPY
190	RHEUMATIC MULTIPLE VALVULAR DISEASE	SURGICAL TREATMENT
191	CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION	MEDICAL THERAPY/ADRENALECTOMY
192	CONGENITAL TRICUSPID ATRESIA AND STENOSIS	REPAIR
193	CHRONIC ISCHEMIC HEART DISEASE	MEDICAL AND SURGICAL TREATMENT
194	NEOPLASMS OF ISLETS OF LANGERHANS	EXCISION OF TUMOR
195	CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
196	HEREDITARY ANGIOEDEMA	MEDICAL THERAPY
197	HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN	MEDICAL THERAPY
198	ACUTE PANCREATITIS	MEDICAL THERAPY
199	SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; CEREBRAL ANEURYSM; COMPRESSION OF BRAIN	BURR HOLES, CRANIECTOMY/CRANIOTOMY
200	BURN, PARTIAL THICKNESS WITHOUT VITAL SITE REQUIRING GRAFTING, UP TO 30% OF BODY SURFACE	FREE SKIN GRAFT, MEDICAL THERAPY
201	CONGENITAL LUNG ANOMALIES	MEDICAL AND SURGICAL TREATMENT
202	CHRONIC HEPATITIS; VIRAL HEPATITIS	MEDICAL THERAPY
203	CANCER OF SOFT TISSUE	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

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Line	Condition	Treatment
204	CANCER OF BONES	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
205	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS	CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
206	SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER	MEDICAL AND SURGICAL TREATMENT
207	DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE	MEDICAL/PSYCHOTHERAPY
208	PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA	MEDICAL THERAPY
209	SUPERFICIAL ABSCESSES AND CELLULITIS	MEDICAL AND SURGICAL TREATMENT
210	ZOONOTIC BACTERIAL DISEASES	MEDICAL THERAPY
211	DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT	MEDICAL AND SURGICAL TREATMENT
212	CANCER OF UTERUS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
213	RUPTURE OF LIVER	SUTURE/REPAIR
214	CANCER OF THYROID	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
215	NON-SUBSTANCE-RELATED ADDICTIVE BEHAVIORAL DISORDERS	MEDICAL/PSYCHOTHERAPY
216	BULLOUS DERMATOSES OF THE SKIN	MEDICAL THERAPY
217	ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI	MEDICAL AND SURGICAL TREATMENT
218	CANCER OF KIDNEY AND OTHER URINARY ORGANS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
219	CANCER OF STOMACH	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
220	PORTAL VEIN THROMBOSIS	MEDICAL AND SURGICAL TREATMENT
221	TESTICULAR CANCER	BONE MARROW RESCUE AND TRANSPLANT
222	DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)	BASIC PERIODONTICS
223	PULMONARY FIBROSIS	MEDICAL AND SURGICAL TREATMENT
224	DYSLIPIDEMIAS	MEDICAL THERAPY

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Line	Condition	Treatment
225	DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE	MEDICAL THERAPY, DIALYSIS
226	OCCUPATIONAL LUNG DISEASES	MEDICAL THERAPY
227	DISEASES AND DISORDERS OF AORTIC VALVE	MEDICAL AND SURGICAL THERAPY
228	DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM	MEDICAL AND SURGICAL TREATMENT
229	ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER	MEDICAL THERAPY
230	RUPTURED VISCUS	REPAIR
231	INTESTINAL MALABSORPTION	MEDICAL THERAPY
232	FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES	SURGICAL TREATMENT
233	MALIGNANT MELANOMA OF SKIN	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
234	URINARY FISTULA	SURGICAL TREATMENT
235	MYCOBACTERIA, FUNGAL INFECTIONS, TOXOPLASMOSIS, AND OTHER OPPORTUNISTIC INFECTIONS	MEDICAL THERAPY
236	HYPOPLASTIC LEFT HEART SYNDROME	REPAIR
237	ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS	MEDICAL THERAPY
238	ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
239	LIMB THREATENING VASCULAR DISEASE, INFECTIONS, AND VASCULAR COMPLICATIONS	MEDICAL AND SURGICAL TREATMENT
240	TETANUS	MEDICAL THERAPY
241	ACUTE PROMYELOCYTIC LEUKEMIA	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
242	CANCER OF OVARY	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
243	SHORT BOWEL SYNDROME - AGE 5 OR UNDER	INTESTINE AND INTESTINE/LIVER TRANSPLANT
244	CONDITIONS REQUIRING HEART-LUNG AND LUNG TRANSPLANTATION	HEART-LUNG AND LUNG TRANSPLANT
245	ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)	LIVER TRANSPLANT
246	DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU	DESTRUCT/EXCISION/MEDICAL THERAPY

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Line	Condition	Treatment
247	PRIMARY ANGLE-CLOSURE GLAUCOMA	MEDICAL, SURGICAL AND LASER TREATMENT
248	CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA	CONJUNCTIVAL FLAP; MEDICAL THERAPY
249	TORSION OF TESTIS	ORCHIECTOMY, REPAIR
250	LIFE-THREATENING EPISTAXIS	SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
251	RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC	FOREIGN BODY REMOVAL
252	METABOLIC BONE DISEASE	MEDICAL THERAPY
253	PARKINSON'S DISEASE	MEDICAL THERAPY
254	CHRONIC PANCREATITIS	MEDICAL THERAPY
255	MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM	MEDICAL THERAPY
256	PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)	MEDICAL/PSYCHOTHERAPY
257	ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA	SURGICAL TREATMENT
258	CHRONIC OSTEOMYELITIS	MEDICAL AND SURGICAL TREATMENT
259	MULTIPLE ENDOCRINE NEOPLASIA	MEDICAL AND SURGICAL TREATMENT
260	DEFORMITIES OF HEAD	CRANIOTOMY/CRANIECTOMY
261	DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES	VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
262	CANCER OF PENIS AND OTHER MALE GENITAL ORGANS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
263	CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
264	MULTIPLE MYELOMA	BONE MARROW TRANSPLANT
265	CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
266	CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
267	CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, MALIGNANT ARRHYTHMIAS, AND COMPLEX CONGENITAL HEART DISEASE	CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT
268	TRACHOMA	MEDICAL THERAPY

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Line	Condition	Treatment
269	ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS	MEDICAL THERAPY
270	DENTAL CONDITIONS (TIME SENSITIVE EVENTS)	URGENT DENTAL SERVICES
271	RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES	MEDICAL THERAPY
272	DIABETES INSIPIDUS	MEDICAL THERAPY
273	ADVANCED DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE	ENUCLEATION
274	CANCER OF BLADDER AND URETER	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
275	TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION	MEDICAL AND SURGICAL TREATMENT
276	LEPROSY, YAWS, PINTA	MEDICAL THERAPY
277	RETINOPATHY OF PREMATURITY	CRYOSURGERY
278	UROLOGIC INFECTIONS	MEDICAL THERAPY
279	CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
280	INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY	REPAIR
281	OTHER PSYCHOTIC DISORDERS	MEDICAL/PSYCHOTHERAPY
282	HYDROPS FETALIS	MEDICAL THERAPY
283	SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER	COCHLEAR IMPLANT
284	RETINAL DETACHMENT AND OTHER RETINAL DISORDERS	RETINAL REPAIR, VITRECTOMY
285	BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS	THROMBECTOMY/LIGATION
286	LIFE-THREATENING CARDIAC ARRHYTHMIAS	MEDICAL AND SURGICAL TREATMENT
287	ANOREXIA NERVOSA	MEDICAL/PSYCHOTHERAPY
288	CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE	MEDICAL THERAPY
289	DISSECTING OR RUPTURED AORTIC ANEURYSM	MEDICAL AND SURGICAL TREATMENT
290	COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	MEDICAL AND SURGICAL TREATMENT
291	CANCER OF VAGINA, VULVA, AND OTHER FEMALE GENITAL ORGANS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
292	CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

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293	OSTEOPETROSIS	BONE MARROW RESCUE AND TRANSPLANT
294	CRUSH AND OTHER INJURIES OF DIGITS	MEDICAL AND SURGICAL TREATMENT
295	ACUTE STRESS DISORDER	MEDICAL/PSYCHOTHERAPY
296	ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE	MEDICAL THERAPY
297	NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS	MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
298	ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER	MEDICAL AND SURGICAL TREATMENT
299	CANCER OF BRAIN AND NERVOUS SYSTEM	LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
300	APLASTIC ANEMIAS	MEDICAL THERAPY
301	CATARACT	EXTRACTION OF CATARACT
302	AFTER CATARACT	DISCISSION, LENS CAPSULE
303	FISTULA INVOLVING FEMALE GENITAL TRACT	CLOSURE OF FISTULA
304	VITREOUS DISORDERS	VITRECTOMY
305	CLEFT PALATE AND/OR CLEFT LIP	EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
306	GOUT	MEDICAL THERAPY
307	PERTUSSIS AND DIPTHERIA	MEDICAL THERAPY
308	THROMBOCYTOPENIA	MEDICAL AND SURGICAL TREATMENT
309	VIRAL PNEUMONIA	MEDICAL THERAPY
310	DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY	MEDICAL AND SURGICAL TREATMENT
311	PARALYTIC ILEUS	MEDICAL AND SURGICAL TREATMENT
312	CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE	LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
313	PERVASIVE DEVELOPMENTAL DISORDERS, INCLUDING AUTISM SPECTRUM DISORDERS	CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
314	CHRONIC INFLAMMATORY DISORDER OF ORBIT	MEDICAL THERAPY
315	CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA	SURGICAL TREATMENT
316	CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA	KERATOPLASTY
317	HEARING LOSS - AGE 5 OR UNDER	MEDICAL THERAPY INCLUDING HEARING AIDS
318	DISORDERS INVOLVING THE IMMUNE SYSTEM	MEDICAL THERAPY

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Line	Condition	Treatment
319	CANCER OF ESOPHAGUS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
320	CANCER OF LIVER	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
321	CANCER OF PANCREAS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
322	STROKE	MEDICAL THERAPY
323	PURULENT ENDOPHTHALMITIS	VITRECTOMY
324	FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC	REMOVAL CONJUNCTIVAL FOREIGN BODY
325	OBESITY (ADULT BMI ≥ 30, CHILDHOOD BMI ≥ 95 PERCENTILE)	INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
326	HEMANGIOMAS, COMPLICATED	MEDICAL THERAPY
327	OTHER ANEURYSM OF PERIPHERAL ARTERY	SURGICAL TREATMENT
328	SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS	MEDICAL AND SURGICAL TREATMENT
329	CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS	MEDICAL THERAPY
330	NON-DISSECTING ANEURYSM WITHOUT RUPTURE	SURGICAL TREATMENT
331	FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION	MEDICAL AND SURGICAL TREATMENT
332	DISSEMINATED INTRAVASCULAR COAGULATION	MEDICAL AND SURGICAL TREATMENT
333	CANCER OF PROSTATE GLAND	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
334	SYSTEMIC SCLEROSIS; SJOGREN'S SYNDROME	MEDICAL THERAPY
335	ACUTE PROMYELOCYTIC LEUKEMIA	BONE MARROW TRANSPLANT
336	ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN	HYPERBARIC OXYGEN
337	BENIGN CEREBRAL CYSTS	DRAINAGE
338	ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER	MEDICAL THERAPY
339	SCLERITIS	MEDICAL THERAPY
340	RUBEOSIS AND OTHER DISORDERS OF THE IRIS	LASER SURGERY
341	WOUND OF EYE GLOBE	SURGICAL REPAIR
342	ACUTE NECROSIS OF LIVER	MEDICAL THERAPY
343	CHRONIC KIDNEY DISEASE	MEDICAL THERAPY INCLUDING DIALYSIS

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344	HEREDITARY HEMORRHAGIC TELANGIECTASIA	EXCISION
345	RHEUMATIC FEVER	MEDICAL THERAPY
346	OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
347	DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)	BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
348	DENTAL CONDITIONS (EG. SEVERE CARIES, INFECTION)	ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
349	NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS	MEDICAL THERAPY
350	CARDIAC ARRHYTHMIAS	MEDICAL THERAPY, PACEMAKER
351	MILD/MODERATE BIRTH TRAUMA FOR BABY	MEDICAL THERAPY
352	NON-LIMB THREATENING PERIPHERAL VASCULAR DISEASE	SURGICAL TREATMENT
353	SARCOIDOSIS	MEDICAL THERAPY
354	STRABISMUS DUE TO NEUROLOGIC DISORDER	MEDICAL AND SURGICAL TREATMENT
355	URINARY SYSTEM CALCULUS	MEDICAL AND SURGICAL TREATMENT
356	STRUCTURAL CAUSES OF AMENORRHEA	SURGICAL TREATMENT
357	PENETRATING WOUND OF ORBIT	MEDICAL AND SURGICAL TREATMENT
358	CLOSED FRACTURE OF EXTREMITIES (EXCEPT MINOR TOES)	OPEN OR CLOSED REDUCTION
359	RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE	ARTHROPLASTY/RECONSTRUCTION
360	DISEASES OF PULMONARY ARTERY	SURGICAL TREATMENT
361	BODY INFESTATIONS (EG. LICE, SCABIES)	MEDICAL THERAPY
362	DEFORMITY/CLOSED DISLOCATION OF MAJOR JOINT AND RECURRENT JOINT DISLOCATIONS	SURGICAL TREATMENT
363	CHORIORETINAL INFLAMMATION	MEDICAL, SURGICAL, AND LASER TREATMENT
364	DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS	MEDICAL THERAPY
365	CYST AND PSEUDOCYST OF PANCREAS	DRAINAGE OF PANCREATIC CYST
366	ACUTE SINUSITIS	MEDICAL AND SURGICAL TREATMENT
367	HYPHEMA	REMOVAL OF BLOOD CLOT
368	ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS	MEDICAL THERAPY
369	ENTROPION AND TRICHIASIS OF EYELID	REPAIR

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370	STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL	MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
371	INTESTINAL PARASITES	MEDICAL THERAPY
372	AMBLYOPIA	MEDICAL AND SURGICAL TREATMENT
373	TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN	HYPERBARIC OXYGEN
374	DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT	MEDICAL AND SURGICAL TREATMENT
375	ENCEPHALOCELE	SURGICAL TREATMENT
376	BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS	LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
377	ACNE CONGLOBATA (SEVERE CYSTIC ACNE)	MEDICAL AND SURGICAL TREATMENT
378	RETINAL TEAR	LASER PROPHYLAXIS
379	CHOLESTEATOMA; INFECTIONS OF THE PINNA	MEDICAL AND SURGICAL TREATMENT
380	DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT	REPAIR
381	DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION	MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
382	ESOPHAGEAL STRICTURE; ACHALASIA	MEDICAL AND SURGICAL TREATMENT
383	CHRONIC ULCER OF SKIN	MEDICAL AND SURGICAL TREATMENT
384	ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS	SURGICAL TREATMENT
385	BULIMIA NERVOSA	MEDICAL/PSYCHOTHERAPY
386	LATE SYPHILIS	MEDICAL THERAPY
387	CENTRAL SEROUS RETINOPATHY	MEDICAL AND SURGICAL TREATMENT
388	DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)	BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
389	SUPERFICIAL INJURIES WITH INFECTION	MEDICAL AND SURGICAL TREATMENT
390	PITUITARY DWARFISM	MEDICAL THERAPY
391	DEFORMITY/CLOSED DISLOCATION OF MINOR JOINT AND RECURRENT JOINT DISLOCATIONS	SURGICAL TREATMENT
392	ANOGENITAL VIRAL WARTS	MEDICAL AND SURGICAL TREATMENT
393	SEPARATION ANXIETY DISORDER	MEDICAL/PSYCHOTHERAPY
394	ACUTE OTITIS MEDIA	MEDICAL AND SURGICAL TREATMENT

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395	INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES	MEDICAL THERAPY
396	PANIC DISORDER; AGORAPHOBIA	MEDICAL/PSYCHOTHERAPY
397	CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS	MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
398	STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN	MEDICAL AND SURGICAL TREATMENT
399	ANAL FISTULA	SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
400	ENDOMETRIOSIS AND ADENOMYOSIS	MEDICAL AND SURGICAL TREATMENT
401	ACUTE MYELOID LEUKEMIA	BONE MARROW TRANSPLANT AND MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
402	MYELOID DISORDERS	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
403	INFLUENZA	MEDICAL THERAPY
404	CHRONIC MYELOID LEUKEMIA	BONE MARROW TRANSPLANT
405	LYMPHADENITIS	MEDICAL AND SURGICAL TREATMENT
406	UTERINE LEIOMYOMA AND POLYPS	TOTAL HYSTERECTOMY OR MYOMECTOMY
407	APHAKIA AND OTHER DISORDERS OF LENS	MEDICAL AND SURGICAL THERAPY
408	BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING	RECONSTRUCT OF EAR CANAL
409	DISSOCIATIVE DISORDERS	MEDICAL/PSYCHOTHERAPY
410	EPIDERMOLYSIS BULLOSA	MEDICAL THERAPY
411	DELIRIUM DUE TO MEDICAL CAUSES	MEDICAL THERAPY
412	SPINAL DEFORMITY, CLINICALLY SIGNIFICANT	MEDICAL AND SURGICAL TREATMENT
413	GENDER DYSPHORIA	MEDICAL/PSYCHOTHERAPY
414	MIGRAINE HEADACHES	MEDICAL THERAPY
415	DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)	BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
416	SCHIZOTYPAL PERSONALITY DISORDERS	MEDICAL/PSYCHOTHERAPY
417	BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS	MEDICAL AND SURGICAL TREATMENT
418	OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED	MEDICAL/PSYCHOTHERAPY
419	TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION	MEDICAL THERAPY; THROMBOENDARTERECTOMY

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420	PERIPHERAL NERVE ENTRAPMENT; PALMAR FASCIAL FIBROMATOSIS	MEDICAL AND SURGICAL TREATMENT
421	MENIERE'S DISEASE	MEDICAL AND SURGICAL TREATMENT
422	DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 3 THROUGH 6	REPAIR/RECONSTRUCTION, MEDICAL THERAPY
423	SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE	COCHLEAR IMPLANT
424	CHRONIC LEUKEMIAS WITH POOR PROGNOSIS	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
425	OPPOSITIONAL DEFIANT DISORDER	MEDICAL/PSYCHOTHERAPY
426	MENSTRUAL BLEEDING DISORDERS	MEDICAL AND SURGICAL TREATMENT
427	COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT	MEDICAL AND SURGICAL TREATMENT
428	ADRENOGENITAL DISORDERS	MEDICAL AND SURGICAL TREATMENT
429	SEVERE INFLAMMATORY SKIN DISEASE	MEDICAL THERAPY
430	ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY	SURGICAL THERAPY
431	NON-MALIGNANT OTITIS EXTERNA	MEDICAL THERAPY
432	VAGINITIS AND CERVICITIS	MEDICAL THERAPY
433	NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; GONADAL DYSGENISIS	MEDICAL AND SURGICAL TREATMENT
434	URETHRAL FISTULA	EXCISION, MEDICAL THERAPY
435	INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT	REPAIR, MEDICAL THERAPY
436	OPEN WOUND OF EAR DRUM	TYMPANOPLASTY
437	CHRONIC DEPRESSION (DYSTHYMIA)	MEDICAL/PSYCHOTHERAPY
438	HYPOSPADIAS AND EPISPADIAS	REPAIR
439	CANCER OF GALLBLADDER AND OTHER BILIARY	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
440	PRECANCEROUS VULVAR CONDITIONS	MEDICAL THERAPY
441	RECURRENT EROSION OF THE CORNEA	ANTERIAL STROMAL PUNCTURE, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
442	STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION	CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
443	FOREIGN BODY IN UTERUS, VULVA AND VAGINA	MEDICAL AND SURGICAL TREATMENT

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Line	Condition	Treatment
444	RESIDUAL FOREIGN BODY IN SOFT TISSUE	REMOVAL
445	VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION	LASER SURGERY, MEDICAL THERAPY INCLUDING INJECTION
446	TRIGEMINAL AND OTHER NERVE DISORDERS	MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
447	MALUNION AND NONUNION OF FRACTURE	SURGICAL TREATMENT
448	DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)	BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
449	ADJUSTMENT DISORDERS	MEDICAL/PSYCHOTHERAPY
450	HEARING LOSS - OVER AGE OF FIVE	MEDICAL THERAPY INCLUDING HEARING AIDS
451	TOURETTE'S DISORDER AND TIC DISORDERS	MEDICAL/PSYCHOTHERAPY
452	ATHEROSCLEROSIS, AORTIC AND RENAL	MEDICAL AND SURGICAL TREATMENT
453	DEGENERATION OF MACULA AND POSTERIOR POLE	MEDICAL, SURGICAL AND LASER TREATMENT
454	REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD	MEDICAL/PSYCHOTHERAPY
455	DISORDERS OF REFRACTION AND ACCOMMODATION	MEDICAL THERAPY
456	EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT	SURGICAL TREATMENT
457	DENTAL CONDITIONS (EG. MISSING TEETH, PROSTHESIS FAILURE)	REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES)
458	RECTAL PROLAPSE	SURGICAL TREATMENT
459	URINARY INCONTINENCE	MEDICAL AND SURGICAL TREATMENT
460	DISORDERS OF PLASMA PROTEIN METABOLISM	MEDICAL THERAPY
461	DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)	ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
462	FACTITIOUS DISORDERS	CONSULTATION
463	SIMPLE AND SOCIAL PHOBIAS	MEDICAL/PSYCHOTHERAPY
464	ACUTE BRONCHITIS AND BRONCHIOLITIS	MEDICAL THERAPY
465	CENTRAL PTERYGIUM AFFECTING VISION	EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
466	BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX	EXCISION, MEDICAL THERAPY
467	OBSESSIVE-COMPULSIVE DISORDERS	MEDICAL/PSYCHOTHERAPY
468	OSTEOARTHRITIS AND ALLIED DISORDERS	MEDICAL THERAPY, INJECTIONS
469	ATELECTASIS (COLLAPSE OF LUNG)	MEDICAL THERAPY
470	CHRONIC SINUSITIS	MEDICAL AND SURGICAL TREATMENT
471	UTERINE PROLAPSE; CYSTOCELE	MEDICAL AND SURGICAL TREATMENT

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Line	Condition	Treatment
472	BRACHIAL PLEXUS LESIONS	MEDICAL THERAPY
473	DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)	ADVANCED RESTORATIVE (I.E. BASIC CROWNS)
474	GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT	OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
475	ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION	MEDICAL/PSYCHOTHERAPY
476	ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT	PTOSIS REPAIR
	Equivalent to the funding level for the 2112-13 Prioritized List	
477	KERATOCONJUNCTIVITS	MEDICAL AND SURGICAL TREATMENT
478	USE OF ADDICTIVE SUBSTANCES	MEDICAL THERAPY
479	SELECTIVE MUTISM	MEDICAL/PSYCHOTHERAPY
480	THROMBOSED AND COMPLICATED HEMORRHOIDS	HEMORRHOIDECTOMY, INCISION
481	CHRONIC OTITIS MEDIA	PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
482	OTOSCLEROSIS	MEDICAL AND SURGICAL TREATMENT
483	FOREIGN BODY IN EAR AND NOSE	REMOVAL OF FOREIGN BODY
484	CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT NEUROLOGIC INJURY OR STRUCTURAL INSTABILITY	MEDICAL AND SURGICAL TREATMENT
485	CONDUCT DISORDER, AGE 18 OR UNDER	MEDICAL/PSYCHOTHERAPY
486	BREAST CYSTS AND OTHER DISORDERS OF THE BREAST	MEDICAL AND SURGICAL TREATMENT
487	CYSTS OF BARTHOLIN'S GLAND AND VULVA	INCISION AND DRAINAGE, MEDICAL THERAPY
488	LICHEN PLANUS	MEDICAL THERAPY
489	RUPTURE OF SYNOVIUM	REMOVAL OF BAKER'S CYST
490	ENOPHTHALMOS	ORBITAL IMPLANT
491	BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS	TARSORRHAPHY
492	PERIPHERAL ENTHESOPATHIES	MEDICAL THERAPY
493	ANGIOEDEMA	MEDICAL THERAPY
494	CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE	MEDICAL AND SURGICAL TREATMENT
495	DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS	MEDICAL AND SURGICAL TREATMENT
496	CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX	MEDICAL THERAPY
497	SOMATIZATION DISORDER, SOMATOFORM PAIN DISORDER, CONVERSION DISORDER	MEDICAL/PSYCHOTHERAPY
498	SPASTIC DIPLEGIA	RHIZOTOMY

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Line	Condition	Treatment
499	DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)	ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING)
500	HEPATORENAL SYNDROME	MEDICAL THERAPY
501	PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS	MEDICAL/PSYCHOTHERAPY
502	ECTROPION AND BENIGN NEOPLASM OF EYE	ECTROPION REPAIR
503	RAYNAUD'S SYNDROME	MEDICAL THERAPY
504	CALCIUM PYROPHOSPHATE DEPOSITION DISEASE (CPPD) AND HYDROXYAPETITE DEPOSITION DISEASE	MEDICAL THERAPY
505	PHIMOSIS	SURGICAL TREATMENT
506	CERUMEN IMPACTION	REMOVAL OF EAR WAX
507	SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS	MEDICAL AND SURGICAL TREATMENT
508	CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS	MEDICAL THERAPY
509	OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY	MEDICAL THERAPY
510	ERYTHEMATOUS CONDITIONS	MEDICAL THERAPY
511	PERIPHERAL ENTHESOPATHIES	SURGICAL TREATMENT
512	NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES	MEDICAL AND SURGICAL TREATMENT
513	DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)	ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
514	CIRCUMSCRIBED SCLERODERMA	MEDICAL THERAPY
515	PERIPHERAL NERVE DISORDERS	MEDICAL THERAPY
516	DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION	MEDICAL AND SURGICAL TREATMENT
517	BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS	MEDICAL AND SURGICAL TREATMENT
518	VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM	MEDICAL AND SURGICAL TREATMENT
519	ESOPHAGITIS AND GERD; ESOPHAGEAL SPASM; ASYMPTOMATIC DIAPHRAGMATIC HERNIA	MEDICAL THERAPY
520	HYDRADENITIS SUPPURATIVA; DISSECTING CELLULITIS OF THE SCALP	MEDICAL THERAPY
521	CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE	MEDICAL THERAPY
522	PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL	MEDICAL THERAPY
523	DISORDERS OF SWEAT GLANDS	MEDICAL THERAPY
524	PARALYSIS OF VOCAL CORDS OR LARYNX	INCISION/EXCISION/ENDOSCOPY
525	POSTTHROMBOTIC SYNDROME	MEDICAL THERAPY

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Line	Condition	Treatment
526	FOREIGN BODY IN GASTROINTESTINAL TRACT WITHOUT RISK OF PERFORATION OR OBSTRUCTION	MEDICAL THERAPY
527	PANNICULITIS	MEDICAL THERAPY
528	ROSACEA; ACNE	MEDICAL AND SURGICAL TREATMENT
529	SEXUAL DYSFUNCTION	PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
530	UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA)	REPAIR
531	BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES	EXCISION, RECONSTRUCTION
532	CHRONIC ANAL FISSURE	SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
533	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
534	DEFORMITIES OF UPPER BODY AND ALL LIMBS	REPAIR/REVISION/RECONSTRUCTION/ RELOCATION/MEDICAL THERAPY
535	DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS	MEDICAL AND SURGICAL THERAPY
536	PELVIC PAIN SYNDROME, DYSPAREUNIA	MEDICAL AND SURGICAL TREATMENT
537	ATOPIC DERMATITIS	MEDICAL THERAPY
538	CONTACT DERMATITIS AND OTHER ECZEMA	MEDICAL THERAPY
539	HYPOTENSION	MEDICAL THERAPY
540	VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS	MEDICAL THERAPY
541	PERIPHERAL NERVE DISORDERS	SURGICAL TREATMENT
542	DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)	ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
543	ICHTHYOSIS	MEDICAL THERAPY
544	LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS	MEDICAL THERAPY, EXCISION
545	ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT	MEDICAL AND SURGICAL TREATMENT
546	TENSION HEADACHES	MEDICAL THERAPY
547	MILD PSORIASIS ; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED	MEDICAL THERAPY
548	DEFORMITIES OF FOOT	FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
549	FOREIGN BODY GRANULOMA OF MUSCLE, SKIN AND SUBCUTANEOUS TISSUE	REMOVAL OF GRANULOMA
550	HYDROCELE	MEDICAL THERAPY, EXCISION
551	SYMPTOMATIC URTICARIA	MEDICAL THERAPY

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Line	Condition	Treatment
552	IMPULSE DISORDERS	MEDICAL/PSYCHOTHERAPY
553	SUBLINGUAL, SCROTAL, AND PELVIC VARICES	VENOUS INJECTION, VASCULAR SURGERY
554	ASEPTIC MENINGITIS	MEDICAL THERAPY
555	TMJ DISORDER	TMJ SPLINTS
556	CHRONIC DISEASE OF TONSILS AND ADENOIDS	TONSILLECTOMY AND ADENOIDECTOMY
557	OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS	MEDICAL THERAPY
558	HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR	DRAINAGE
559	MILD ECZEMATOUS AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN	MEDICAL THERAPY
560	CHONDROMALACIA	MEDICAL THERAPY
561	CYST OF KIDNEY, ACQUIRED	MEDICAL THERAPY
562	DYSMENORRHEA	MEDICAL AND SURGICAL TREATMENT
563	OPEN WOUND OF EAR DRUM	MEDICAL THERAPY
564	SPASTIC DYSPHONIA	MEDICAL THERAPY
565	MACROMASTIA	BREAST REDUCTION
566	ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS	MEDICAL THERAPY
567	CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS	LIVER TRANSPLANT
568	BENIGN NEOPLASM AND CONDITIONS OF EXTERNAL FEMALE GENITAL ORGANS	EXCISION
569	HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION	INCISION AND DRAINAGE, MEDICAL THERAPY
570	CONDUCTIVE HEARING LOSS	AUDIANT BONE CONDUCTORS
571	ACUTE ANAL FISSURE	FISSURECTOMY, MEDICAL THERAPY
572	PLEURISY	MEDICAL THERAPY
573	PERITONEAL ADHESION	SURGICAL TREATMENT
574	DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY	MEDICAL THERAPY
575	BLEPHARITIS	MEDICAL THERAPY
576	UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION	MEDICAL THERAPY
577	OTHER COMPLICATIONS OF A PROCEDURE	MEDICAL AND SURGICAL TREATMENT
578	ANEMIAS DUE TO DISEASE	MEDICAL THERAPY
579	LYMPHEDEMA	MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
580	PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL	MEDICAL/PSYCHOTHERAPY
581	ACUTE NON-SUPPURATIVE LABYRINTHITIS	MEDICAL THERAPY

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Line	Condition	Treatment
582	DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT	EXCISION OF CYST/RHINECTOMY/PROSTHESIS
583	STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES	INCISION AND DRAINAGE, MEDICAL THERAPY
584	CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES	MEDICAL THERAPY, ORTHOTIC
585	INFECTIOUS MONONUCLEOSIS	MEDICAL THERAPY
586	URETHRITIS, NON-SEXUALLY TRANSMITTED	MEDICAL THERAPY
587	CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA	SURGICAL TREATMENT
588	SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT	ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
589	THROMBOTIC DISORDERS	MEDICAL THERAPY
590	CANDIDIASIS OF MOUTH, SKIN AND NAILS	MEDICAL THERAPY
591	BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS	MEDICAL AND SURGICAL TREATMENT
592	ATROPHY OF EDENTULOUS ALVEOLAR RIDGE	VESTIBULOPLASTY, GRAFTS, IMPLANTS
593	DISEASE OF NAILS, HAIR AND HAIR FOLLICLES	MEDICAL THERAPY
594	OBESITY (ADULT BMI ≥ 30, CHILDHOOD BMI ≥ 95 PERCENTILE)	NON-INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; BARIATRIC SURGERY FOR OBESITY WITH A SIGNIFICANT COMORBIDITY OTHER THAN TYPE II DIABETES & BMI >=35 OR BMI>=40 WITHOUT A SIGNIFICANT COMORBIDITY
595	ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL	MEDICAL THERAPY
596	CORNS AND CALLUSES	MEDICAL THERAPY
597	SYNOVITIS AND TENOSYNOVITIS	MEDICAL THERAPY
598	PROLAPSED URETHRAL MUCOSA	SURGICAL TREATMENT
599	DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)	ADVANCED RESTORATIVE-ELECTIVE (INLAYS,ONLAYS,GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
600	SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS	MEDICAL AND SURGICAL TREATMENT
601	GANGLION	EXCISION
602	EPISCLERITIS	MEDICAL THERAPY
603	DIAPER RASH	MEDICAL THERAPY
604	TONGUE TIE AND OTHER ANOMALIES OF TONGUE	FRENOTOMY, TONGUE TIE
605	INCONSEQUENTIAL CYSTS OF ORAL SOFT TISSUES	INCISION AND DRAINAGE
606	CONGENITAL DEFORMITIES OF KNEE	MEDICAL AND SURGICAL TREATMENT
607	CHRONIC PANCREATITIS	SURGICAL TREATMENT

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Line	Condition	Treatment
608	HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES	MEDICAL THERAPY
609	DENTAL CONDITIONS (EG. MISSING TEETH)	COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)
610	CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR	OTOPLASTY, REPAIR AND AMPUTATION
611	KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE	INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
612	DISORDERS OF SOFT TISSUE	MEDICAL THERAPY
613	MINOR BURNS	MEDICAL THERAPY
614	DISORDERS OF SLEEP WITHOUT SLEEP APNEA	MEDICAL THERAPY
615	ORAL APHTHAE	MEDICAL THERAPY
616	SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR	MEDICAL THERAPY
617	ASYMPTOMATIC URTICARIA	MEDICAL THERAPY
618	FINGERTIP AVULSION	REPAIR WITHOUT PEDICLE GRAFT
619	ABUSE OF NONADDICTIVE SUBSTANCES	MEDICAL THERAPY
620	MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS	MEDICAL THERAPY
621	VIRAL WARTS EXCLUDING VENEREAL WARTS	MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
622	ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD	MEDICAL THERAPY
623	OTHER VIRAL INFECTIONS	MEDICAL THERAPY
624	PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS	MEDICAL THERAPY
625	ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES	OSTEOPLASTY, MAXILLA/MANDIBLE
626	DENTAL CONDITIONS (EG. MALOCCLUSION)	ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
627	DENTAL CONDITIONS (EG. MISSING TEETH)	IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
628	BENIGN LESIONS OF TONGUE	EXCISION
629	UNCOMPLICATED HEMORRHOIDS	HEMORRHOIDECTOMY, MEDICAL THERAPY
630	PREVENTION SERVICES WITH LIMITED OR NO EVIDENCE OF EFFECTIVENESS	MEDICAL THERAPY
631	OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION	REPAIR SOFT TISSUES
632	SEBACEOUS CYST	MEDICAL AND SURGICAL TREATMENT

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Line	Condition	Treatment
633	SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN	MEDICAL AND SURGICAL TREATMENT
634	REDUNDANT PREPUCE	ELECTIVE CIRCUMCISION
635	CONJUNCTIVAL CYST	EXCISION OF CONJUNCTIVAL CYST
636	BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES	MEDICAL THERAPY
637	DISEASE OF CAPILLARIES	EXCISION
638	BENIGN CERVICAL CONDITIONS	MEDICAL THERAPY
639	CYST, HEMORRHAGE, AND INFARCTION OF THYROID	SURGICAL TREATMENT
640	PICA	MEDICAL/PSYCHOTHERAPY
641	ACUTE VIRAL CONJUNCTIVITIS	MEDICAL THERAPY
642	MUSCULAR CALCIFICATION AND OSSIFICATION	MEDICAL THERAPY
643	SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS	MEDICAL THERAPY
644	CHRONIC BRONCHITIS	MEDICAL THERAPY
645	GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST	MEDICAL AND SURGICAL TREATMENT
646	BENIGN POLYPS OF VOCAL CORDS	MEDICAL THERAPY, STRIPPING
647	BENIGN NEOPLASMS OF DIGESTIVE SYSTEM	SURGICAL TREATMENT
648	VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION	STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY
649	HYPERTELORISM OF ORBIT	ORBITOTOMY
650	GALLSTONES WITHOUT CHOLECYSTITIS	MEDICAL THERAPY, CHOLECYSTECTOMY
651	GYNECOMASTIA	MASTECTOMY
652	TMJ DISORDERS	TMJ SURGERY
653	EDEMA AND OTHER CONDITIONS INVOLVING THE SKIN OF THE FETUS AND NEWBORN	MEDICAL THERAPY
654	DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS	COSMETIC DENTAL SERVICES
655	DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT	ELECTIVE DENTAL SERVICES
656	AGENESIS OF LUNG	MEDICAL THERAPY
657	CENTRAL RETINAL ARTERY OCCLUSION	PARACENTESIS OF AQUEOUS
658	MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
659	INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
660	INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION

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Line	Condition	Treatment
661	ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
662	CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
663	SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
664	NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
665	DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
666	RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
667	GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
668	MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION
669	GASTROINTESTINAL CONDITIONS AND OTHER MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY	EVALUATION

STATEMENT OF INTENT AND GUIDELINE DESCRIPTIONS FOR THE 2014-15 PRIORITIZED LIST OF HEALTH SERVICES

Statements of Intent

STATEMENT OF INTENT 1: PALLIATIVE CARE

STATEMENT OF INTENT 2: DEATH WITH DIGNITY ACT

STATEMENT OF INTENT 3: INTEGRATED CARE

Guideline Notes for Ancillary and Diagnostic Services Not Appearing on the Prioritized List

ANCILLARY GUIDELINE A1, NEGATIVE PRESSURE WOUND THERAPY

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

DIAGNOSTIC GUIDELINE D2, TUBERCULOSIS TESTING GUIDELINE

DIAGNOSTIC GUIDELINE D3, ECHOCARDIOGRAMS WITH CONTRAST FOR CARDIAC CONDITIONS OTHER THAN CARDIAC ANOMALIES

DIAGNOSTIC GUIDELINE D4, MRI OF THE SPINE

GUIDELINE NOTE D5: NEUROIMAGING FOR HEADACHE

GUIDELINE NOTE D6: MRI FOR BREAST CANCER SCREENING

GUIDELINE NOTE D7: NEUROIMAGING IN DEMENTIA

Guideline Notes for Health Services That Appear on the Prioritized List

GUIDELINE NOTE 1, HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

GUIDELINE NOTE 2, FETOSCOPIC SURGERY

GUIDELINE NOTE 3, PROPHYLACTIC TREATMENT FOR PREVENTION OF BREAST CANCER IN HIGH RISK WOMEN

GUIDELINE NOTE 4, TOBACCO DEPENDENCE

GUIDELINE NOTE 5, OBESITY

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

GUIDELINE NOTE 7, ERYTHROPOIESIS-STIMULATING AGENT (ESA) GUIDELINE

GUIDELINE NOTE 8, BARIATRIC SURGERY

GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY

GUIDELINE NOTE 10, CENTRAL SEROUS CHORIORETINOPATHY AND POSTERIOR CYCLITIS

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES

GUIDELINE NOTE 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE

GUIDELINE NOTE 13, HEMANGIOMAS, COMPLICATED

GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS

GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION

GUIDELINE NOTE 16, CYSTIC FIBROSIS CARRIER SCREENING

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

GUIDELINE NOTE 18, VENTRICULAR ASSIST DEVICES

GUIDELINE NOTE 19, PET SCAN GUIDELINES

GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER

GUIDELINE NOTE 21, MODERATE/SEVERE PSORIASIS

GUIDELINE NOTE 22, PLANNED CESAREAN DELIVERY

GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE

GUIDELINE NOTE 24, COMPLICATED HERNIAS

GUIDELINE NOTE 25, MENTAL HEALTH PROBLEMS IN CHILDREN AGE FIVE AND UNDER RELATED TO NEGLECT OR ABUSE

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE
GUIDELINE NOTE 27, SLEEP APNEA
GUIDELINE NOTE 28, MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER
GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA
GUIDELINE NOTE 30, TESTICULAR CANCER
GUIDELINE NOTE 31, COCHLEAR IMPLANTATION, AGE 5 AND UNDER
GUIDELINE NOTE 32, CATARACT
GUIDELINE NOTE 33, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY
GUIDELINE NOTE 34, ORAL SURGERY
GUIDELINE NOTE 35, SINUS SURGERY
GUIDELINE NOTE 36, TONSILLECTOMY
GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
GUIDELINE NOTE 38, SUBTALAR ARTHROEREISIS
GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS
GUIDELINE NOTE 40, UTERINE LEIOMYOMA
GUIDELINE NOTE 41, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
GUIDELINE NOTE 42, DISRUPTIVE BEHAVIOR DISORDERS IN CHILDREN AGE FIVE AND UNDER
GUIDELINE NOTE 43, LYMPHEDEMA
GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS
GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER
GUIDELINE NOTE 46, AGE-RELATED MACULAR DEGENERATION
GUIDELINE NOTE 47, URINARY INCONTINENCE
GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY
GUIDELINE NOTE 49, COCHLEAR IMPLANTS, OVER AGE 5
GUIDELINE NOTE 50, UTERINE PROLAPSE
GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION
GUIDELINE NOTE 52, CHRONIC ANAL FISSURE
GUIDELINE NOTE 53, BASIC PERIODONTICS
GUIDELINE NOTE 54, CONDUCT DISORDER
GUIDELINE NOTE 55, PELVIC PAIN SYNDROME
GUIDELINE NOTE 56, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT
GUIDELINE NOTE 57, MILD PSORIASIS
GUIDELINE NOTE 58, IMPULSE DISORDERS
GUIDELINE NOTE 59, DYSMENORRHEA
GUIDELINE NOTE 60, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT
GUIDELINE NOTE 61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS
GUIDELINE NOTE 62, REMOVEABLE PROSTHODONTICS
GUIDELINE NOTE 63, HYDROCELE REPAIR
GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT
GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS
GUIDELINE NOTE 66, CERVICAL DYSPLASIA
GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY
GUIDELINE NOTE 68, HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION
GUIDELINE NOTE 69, SYNAGIS
GUIDELINE NOTE 70, HEART-KIDNEY TRANSPLANTS
GUIDELINE NOTE 71, HIP RESURFACING

GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS
GUIDELINE NOTE 73, CONGENITAL CHORDEE
GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT
GUIDELINE NOTE 75, AUTISM SPECTRUM DISORDERS
GUIDELINE NOTE 76, NERVE BLOCKS
GUIDELINE NOTE 77, TIPS PROCEDURE
GUIDELINE NOTE 78, HEPATIC METASTASES
GUIDELINE NOTE 79, BREAST RECONSTRUCTION
GUIDELINE NOTE 80, REPAIR OF NOSE TIP
GUIDELINE NOTE 81, RECONSTRUCTION OF THE NOSE
GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS
GUIDELINE NOTE 83, HIP CORE DECOMPRESSION
GUIDELINE NOTE 84, MEDICAL NUTRITION THERAPY FOR EPILEPSY
GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR
GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS
GUIDELINE NOTE 87, INFLUENZA
GUIDELINE NOTE 88, USE OF PROGESTERONE CONTAINING IUDS FOR NON-CONTRACEPTIVE INDICATIONS
GUIDELINE NOTE 89, REPAIR OF HIDDEN PENIS
GUIDELINE NOTE 90, COGNITIVE REHABILITATION
GUIDELINE NOTE 91, SILVER COMPOUNDS FOR DENTAL CARIES
GUIDELINE NOTE 92, ACUPUNCTURE
GUIDELINE NOTE 93, IMPLANTABLE GNRH ANALOG THERAPY
GUIDELINE NOTE 94, EVALUATION AND MANAGEMENT OF LOW BACK PAIN
GUIDELINE NOTE 95, IMMUNE MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS
GUIDELINE NOTE 96, TREATMENT OF BENIGN NEOPLASM OF URINARY ORGANS
GUIDELINE NOTE 97, MANAGEMENT OF ACROMIOCLAVICULAR JOINT SPRAIN
GUIDELINE NOTE 98, SIGNIFICANT INJURIES TO LIGAMENTS AND TENDONS
GUIDELINE NOTE 99, ROUTINE PRENATAL ULTRASOUND
GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION
GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT
GUIDELINE NOTE 102, NON-PHARMACOLOGIC INTERVENTIONS FOR TREATMENT-RESISTANT DEPRESSION
GUIDELINE NOTE 103, CHEMODENERVATION OF THE BLADDER
GUIDELINE NOTE 104, VISCOSUPPLEMENTATION OF THE KNEE
GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS, OTHER PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN
GUIDELINE NOTE 106, PREVENTIVE SERVICES
GUIDELINE NOTE 107, OBSTRUCTIVE AND REFLUX UROPATHY
GUIDELINE NOTE 108, GENDER DYSPHORIA
GUIDELINE NOTE 109, FOREIGN BODIES IN THE GI TRACT
GUIDELINE NOTE 110, LARYNGEAL STENOSIS OR PARALSIS WITH AIRWAY COMPLICATIONS
GUIDELINE NOTE 111, BLEPHAROPLASTY
GUIDELINE NOTE 112, HYPOTONY
GUIDELINE NOTE 113, ACNE CONGLOBATA
GUIDELINE NOTE 114, ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY
GUIDELINE NOTE 115, NEONATAL NASOLACRIMAL DUCT OBSTRUCTION
GUIDELINE NOTE 116, SEVERE INFLAMMATORY SKIN DISEASE

GUIDELINE NOTE 117, COLLAPSED VERTEBRA
GUIDELINE NOTE 118, BENIGN BONE TUMORS

APPENDIX D:

CHANGES MADE TO THE PREVENTION TABLES

Effective October 1, 2014, the Prevention Tables are being replaced by the following guideline note:

GUIDELINE NOTE 106, PREVENTIVE SERVICES
Line 3

Included on this line are the following preventive services:

1. US Preventive Services Task Force (USPSTF) "A" and "B" Recommendations (as of May 2012):
   http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm
2. American Academy of Pediatrics (AAP) Bright Futures Guidelines (published 2008):
   http://brightfutures.aap.org/pdfs/aap%20bright%20futures%20periodicity%20sched%20101107.pdf
3. Health Resources and Services Administration (HRSA) Women's Preventive Services - Required Health Plan Coverage Guidelines: (approved with Affordable Care Act on March 23, 2010)
   http://www.hrsa.gov/womensguidelines/
4. Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP) and approved for the Oregon Immunization Program:
   http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMAPvactable.pdf