**Line:** **1**
Condition: PREGNANCY (See Guideline Notes 2,16,22,39,64,65,85,92,99,147,150,153)
Treatment: MATERNITY CARE
ICD-10: N88.3,O02.81-O02.89,O09.00-O09.13,O09.211-O09.93,O10.011-O10.93,O11.1-O11.9,O12.00-O12.23,O13.1-O13.9,O14.00-O14.93,O15.00-O15.9,O16.1-O16.9,O20.0-O20.9,O21.0-O21.9,O22.00-O22.53,O22.8X1-O22.93,O23.00-O23.43,O23.511-O23.93,O24.011-O24.93,O25.10-O25.3,O26.00-O26.53,O26.611-O26.93,O29.011-O29.93,O30.001-O30.93,O31.00X0-O31.8X99,O32.0XX0-O32.9XX9,O33.0-O33.2,O33.3XX0-O33.9,O34.00-O34.43,O34.511-O34.93,O35.0XX0-O35.9XX9,O36.0110-O36.93X9,O40.1XX0-O40.9XX9,O41.00X0-O41.93X9,O42.00,O42.011-O42.92,O43.011-O43.93,O44.00-O44.13,O45.001-O45.93,O46.001-O46.93,O47.00-O47.9,O48.0-O48.1,O60.00-O60.03,O60.10X0-O60.23X9,O61.0-O61.9,O62.0-O62.9,O63.0-O63.9,O64.0XX0-O64.9XX9,O65.0-O65.9,O66.0-O66.3,O66.40-O66.9,O67.0-O67.9,O68,O69.0XX0-O69.9XX9,O70.0-O70.9,O71.00-O71.9,O72.0-O72.3,O73.0-O73.1,O74.0-O74.9,O75.0-O75.5,O75.81-O75.9,O76,O77.0-O77.9,O80-O85,O86.11-O86.89,O87.0-O87.9,O88.011-O88.83,O89.01-O89.9,O90.1-O90.6,O90.81-O90.9,O91.011-O91.03,O91.211-O91.23,O92.011-O92.79,O98.011-O98.93,O99.011-O99.89,O9A.111-O9A.53,Q92.61,Q95.0-Q95.1,Z03.71-Z03.79,Z22.330,Z31.82,Z32.00-Z32.02,Z34.00-Z34.93,Z36,Z3A.00-Z3A.49,Z39.0-Z39.2
CPT: 01958-01963,01967-01969,12021,37191-37193,57022,59000-59100,59160-59622,59866,59871,74712,74713,76801-76828,76945,76946,80081,81420,81507-81512,84163,84704,88235,88267,88269,96150-96154,97802-97814,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0108,G0109,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,H0045,S2401-S2403,S2405,S2411,S8055,S9140,S9141,S9208-S9214

**Line:** **2**
Condition: BIRTH OF INFANT (See Guideline Notes 64,65,153)
Treatment: NEWBORN CARE
ICD-10: P00.0-P00.7,P00.81-P00.9,P01.0-P01.9,P02.0-P02.1,P02.20-P02.9,P03.0-P03.6,P03.810-P03.9,P04.0-P04.3,P04.41-P04.9,P05.00,P05.10,P05.9,P29.0,P29.11-P29.2,P29.4,P29.81-P29.9,P92.01-P92.09,P94.1-P94.9,P96.0,P96.3-P96.5,P96.82-P96.89,Q27.0,Z38.00-Z38.8
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99460-99463,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **3**
Condition: PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS (See Coding Specification Below) (See Guideline Notes 1,17,64,65,106,122,140)
Treatment: MEDICAL THERAPY
ICD-10: Z00.00-Z00.01,Z00.110-Z00.129,Z00.5,Z01.00-Z01.10,Z01.110-Z01.118,Z01.411-Z01.42,Z08,Z11.1-Z11.4,Z11.51,Z12.11,Z12.2,Z12.31,Z12.4,Z13.1,Z13.220,Z13.4,Z13.820,Z13.88,Z20.1-Z20.7,Z20.810-Z20.828,Z23,Z39.1,Z71.41,Z71.7,Z76.1-Z76.2,Z80.0,Z80.41,Z91.81
CPT: 90378,90460-90472,90620,90621,90630-90673,90680-90688,90696,90698-90716,90723-90736,90739-90748,92002-92014,92551,92552,92567,96110,98966-98969,99051,99060,99070,99078,99173,99188,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: D0191,D1206,G0008-G0010,G0296,G0297,G0396,G0397,G0438-G0445,G0463,G0466-G0468,H0049,H0050,S0610-S0613,S8032,S9443

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

**Line:** **4**
Condition: SUBSTANCE USE DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.10,F10.20-F10.21,F11.10,F11.20-F11.21,F12.10,F12.20-F12.21,F13.10,F13.20-F13.21,F14.10,F14.20-F14.21,F15.10,F15.20-F15.21,F16.10,F16.20-F16.21,F18.10,F18.20-F18.21,F19.10,F19.20-F19.21
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,97810-97814,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99408,99409,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004-H0006,H0010-H0016,H0018-H0020,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502

**Line:** **5**
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4,64,65)
Treatment: MEDICAL THERAPY/BEHAVIORAL COUNSELING
ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6
CPT: 96150-96154,97810-97814,98966-98969,99078,99201-99215,99224,99324-99350,99366,99406,99407,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: D1320,G0425-G0427,G0436,G0437,G0459,G0463,G0466,G0467,G0469,G0470,G9016,H0038,S9453

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **6**
Condition: REPRODUCTIVE SERVICES (See Guideline Notes 64,65,68)
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
ICD-10: Z30.011-Z30.9,Z31.61-Z31.69,Z39.2
CPT: 11976,11981-11983,55250,55450,57170,58300,58301,58340,58565,58600-58615,58670,58671,74740,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S4981,S4989,T1015

**Line:** **7**
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,65,69,102)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.2-F32.5,F32.9,F33.0-F33.3,F33.40-F33.42,F33.9
CPT: 90785,90832-90840,90846-90853,90867,90868,90870,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **8**
Condition: TYPE 1 DIABETES MELLITUS (See Guideline Notes 62,64,65,108)
Treatment: MEDICAL THERAPY
ICD-10: E10.10-E10.29,E10.311-E10.9,E89.1,Z46.81
CPT: 49435,49436,90935-90947,90989-90997,92002-92014,92227,95250,95251,96150-96154,97605-97608,97802-97804,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0108,G0109,G0245,G0246,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9140-S9145,S9353

**Line:** **9**
Condition: ASTHMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J45.20-J45.52,J45.901-J45.998
CPT: 31600-31603,31820,31825,86486,94002-94005,94640,94644-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,G0466,G0467,S9441

**Line:** **10**
Condition: GALACTOSEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E74.20-E74.29
CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **11**
Condition: RESPIRATORY CONDITIONS OF FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P22.0-P22.9,P23.0-P23.9,P24.00-P24.9,P25.0-P25.8,P26.0-P26.9,P28.0,P28.10-P28.9,P84,Q31.0,R04.81
CPT: 31580,31603,33946-33966,33969,33984-33989,39501,39503,39545,94002-94005,94610,94640,94660-94668,94772-94777,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **12**
Condition: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS (See Guideline Notes 7,64,65)
Treatment: MEDICAL THERAPY
ICD-10: B20,Z21
CPT: 90284,94642,96150-96154,97810-97814,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **13**
Condition: CONGENITAL HYPOTHYROIDISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E00.0-E00.9,E03.0-E03.1,P72.0,P72.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **14**
Condition: PHENYLKETONURIA (PKU) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E70.0-E70.1
CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **15**
Condition: CONGENITAL INFECTIOUS DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P35.0-P35.9,P37.0-P37.4,P37.8-P37.9
CPT: 96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **16**
Condition: CONGENITAL SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A50.01-A50.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **17**
Condition: VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P07.00-P07.03,P07.14-P07.15,P07.20-P07.39,P10.2-P10.3,P52.0-P52.1,P52.21-P52.3,P52.5,P83.0,P91.60
CPT: 94772,96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **18**
Condition: NEONATAL MYASTHENIA GRAVIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P94.0
CPT: 96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **19**
Condition: FEEDING PROBLEMS IN NEWBORNS (See Guideline Notes 64,65,139)
Treatment: MEDICAL THERAPY
ICD-10: P78.2,P78.83,P92.1-P92.9,Q38.1
CPT: 41010,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99460-99463,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **20**
Condition: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION (See Guideline Note 65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G91.0-G91.3,G91.8-G91.9,G93.2,Q03.0-Q03.9,Q04.4-Q04.8,Q05.0-Q05.3,Q07.02-Q07.03,Z45.41
CPT: 20664,31294,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258, 62272,63740-63746,67570,92002-92014,92081-92083,92250,96150-96154,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **21**
Condition: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P70.0-P70.1,P70.3-P70.4
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **22**
Condition: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P38.1-P38.9,P39.0
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **23**
Condition: LOW BIRTH WEIGHT (1500-2500 GRAMS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P07.10,P07.16-P07.20,P07.24-P07.39
CPT: 94772,96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **24**
Condition: CYSTIC FIBROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E84.0,E84.11-E84.9
CPT: 31600,31603,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **25**
Condition: VESICOURETERAL REFLUX (See Guideline Notes 64,65,138)
Treatment: MEDICAL THERAPY, SURGERY
ICD-10: N13.70-N13.71,N13.721-N13.9,Q62.7
CPT: 50220,50225,50234-50240,50760-50820,50845,50860,50947,50948,52281,52327,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **26**
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F20.0-F20.5,F20.81-F20.9,F25.0-F25.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239, 99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **27**
Condition: INTRACRANIAL HEMORRHAGES; CEREBRAL CONVULSIONS, DEPRESSION, COMA, AND OTHER ABNORMAL CERERAL SIGNS OF THE NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P90,P91.0-P91.1,P91.3-P91.5,P91.8-P91.9
CPT: 96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **28**
Condition: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA (See Guideline Notes 64,65,66)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D06.0-D06.9,N84.2,N86,N87.0-N87.9,N88.0,N89.0-N89.4,R87.610-R87.616,R87.810,R87.820,Z87.410
CPT: 57061,57065,57150,57180,57400,57452-57530,57540,57550-57558,58120,58150,58260-58263,58290,58291, 58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **29**
Condition: BIPOLAR DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F30.10-F30.9,F31.0,F31.10-F31.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239, 99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,S9537,T1005,T1016

**Line:** **30**
Condition: TYPE 2 DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 8,62,64,65)
Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI >= 35
ICD-10: E08.00-E08.29,E08.311-E08.9,E09.00-E09.29,E09.311-E09.9,E11.00-E11.29,E11.311-E11.9,E13.00-E13.29, E13.311-E13.9,E16.1,Z46.51
CPT: 43644,43645,43770-43775,43846-43848,48155,90935-90947,90989-90997,92002-92014,92227,96150-96154, 97605-97608,97802-97804,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0108,G0109,G0245,G0246,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467, S2083,S9140-S9145,S9353,S9537

CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43775 (laparoscopic adjustable gastric banding and sleeve gastrectomy) are only included on this line as treatment according to the requirements in Guideline Note 8 when paired with:
1) a primary diagnosis of E11 (Type II Diabetes with or without complication);
2) a secondary diagnosis of E66.01, E66.09, E66.2, E66.8 or E66.9 (Obesity); AND,
3) a tertiary diagnosis code of Z68.35-Z68.39 or Z68.4.

**Line:** **31**
Condition: DRUG WITHDRAWAL SYNDROME IN NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P96.1-P96.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **32**
Condition: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE (See Guideline Notes 9,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K50.00,K50.011-K50.919,K51.00,K51.011-K51.413,K51.418-K51.919,K62.6,K63.2-K63.3,K63.81,K92.81,Z46.59
CPT: 35471,44110,44120-44125,44139-44160,44187-44227,44300-44320,44345,44379,44381,44384,44391,44402, 44404,44405,44620-44661,44701,45112-45119,45123,45136,45303,45308-45320,45327,45334,45335,45340, 45347,45381,45382,45386,45389,45397,45805,45825,46710,46712,49442,86711,91110,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **33**
Condition: EPILEPSY AND FEBRILE CONVULSIONS (See Guideline Notes 64,65,84)
Treatment: MEDICAL THERAPY
ICD-10: G40.001-G40.919,R56.00-R56.9
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **34**
Condition: SEVERE BIRTH TRAUMA FOR BABY (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: P10.0-P10.1,P10.4-P10.9,P11.0,P11.2,P11.5-P11.9,P12.2,P19.0-P19.9,P52.4,P52.6-P52.9
CPT: 96154,97001-97004,97022,97110-97124,97140-97530,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **35**
Condition: NEONATAL THYROTOXICOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P72.1
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **36**
Condition: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P53,P60,P61.0,P61.6,P70.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **37**
Condition: SPINA BIFIDA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: Q05.0-Q05.9,Q07.00-Q07.03
CPT: 27036,61070,61343,62160,62180-62258,63700-63710,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **38**
Condition: OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: Q79.0-Q79.4,Q79.51-Q79.59
CPT: 39503,39545,49600-49611,51500,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **39**
Condition: TERMINATION OF PREGNANCY (See Guideline Notes 64,65,99) (Note: This line item is not priced as part of the list)
Treatment: INDUCED ABORTION
ICD-10: A34,O02.89,O03.87,O04.5-O04.7,O04.80-O04.89,O07.0-O07.2,O07.30-O07.4,O08.0-O08.7,O08.81-O08.9,O35.0XX0-O35.6XX9,O35.8XX0-O35.9XX9,O36.80X0-O36.8199,Z30.8,Z33.2,Z3A.00-Z3A.22
CPT: 01966,58520,59100,59160,59200,59812,59830-59857,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S0199,S2260

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **40**
Condition: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E01.8,E02,E03.2-E03.9,E07.1,E89.0
CPT: 60210-60240,60270,60271,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **41**
Condition: ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA (See Guideline Notes 64,65,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: C58,O00.0-O00.9,O01.0-O01.9,Z87.59
CPT: 32553,49327,49411,49412,57020,58120,58150,58180,58200,58260,58520,58541-58544,58550-58554,58570-58573,58660-58662,58673,58700-58740,58770,58940,58953,58956,59100-59151,59870,76801-76810,76815-76817,77014,77261-77290,77295,77300,77321-77370,77387,77401-77417,77424-77427,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **42**
Condition: PRIMARY AND SECONDARY SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A51.0-A51.2,A51.31-A51.9,A52.00-A52.09
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **43**
Condition: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P08.0-P08.1,P08.21-P08.22
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **44**
Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Guideline Notes 64,65,74)
Treatment: MEDICAL THERAPY
ICD-10: E23.0-E23.1,E23.6,E24.1,E89.3
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **45**
Condition: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P70.8-P70.9,P71.0-P71.9,P72.8-P72.9,P74.0-P74.9
CPT: 96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **46**
Condition: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, HAZARDOUS FOREIGN BODY IN GI TRACT WITH RISK OF PERFORATION OR OBSTRUCTION (See Guideline Notes 64,65,128)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K31.5,K51.012,K51.212,K51.312,K51.412,K51.512,K51.812,K51.912,K56.1-K56.2,K56.41-K56.69,K59.3,T18.2XXA-T18.2XXD,T18.3XXA-T18.3XXD,T18.4XXA-T18.4XXD,T18.5XXA-T18.5XXD,T18.8XXA-T18.8XXD,T18.9XXA-T18.9XXD,Z46.59
CPT: 43247,43500,43870,44005,44010,44020-44055,44110-44130,44139-44213,44300,44310,44320,44370,44379,44381,44384,44390,44392-44402,44404,44405,44408,44615,44625,44626,44701,45303,45307-45315,45320-45327,45332,45333,45335-45340,45346,45347,45379,45381,45384-45389,45393,45915,46604,46608,49402,49442,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **47**
Condition: CLEFT PALATE WITH AIRWAY OBSTRUCTION (See Guideline Notes 36,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-10: J39.8,J98.09,Q31.0-Q31.9,Q32.0-Q32.4,Q35.1-Q35.9
CPT: 15732,30140,30520,30620,31527,31545-31561,31582,31587,31588,31630,31631,31636-31638,31641,31780, 31781,31820,33800,41510,42820-42836,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D8010-D8040,D8070-D8694,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **48**
Condition: COARCTATION OF THE AORTA (See Guideline Note 65)
Treatment: SURGICAL TREATMENT
ICD-10: Q25.1-Q25.2,Q25.4,Q25.8-Q25.9
CPT: 33720,33722,33802,33803,33840-33853,33946-33966,33969,33984-33989,35452,35472,75557-75561,75565, 92960-92971,92978-92998,93355,93797,93798,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **49**
Condition: CORONARY ARTERY ANOMALY (See Guideline Note 65)
Treatment: REIMPLANTATION OF CORONARY ARTERY
ICD-10: Q24.5
CPT: 33500-33510,33530,35572,92920-92938,92943,92944,92960-92998,93797,93798,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **50**
Condition: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-10: A39.84,L40.50,M02.011-M02.19,M02.211-M02.89,M05.00,M05.011-M05.9,M06.00,M06.011-M06.29,M06.38, M06.4,M06.80,M06.811-M06.9,M08.00,M08.011-M08.99,M14.811-M14.89,M45.0-M45.9,M46.50-M46.99
CPT: 20550,20600-20611,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **51**
Condition: DEEP ABSCESSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS (See Guideline Notes 36,62,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A06.4-A06.6,A54.82,D73.3,E32.1,G06.0-G06.2,G07-G08,H05.011-H05.049,J36,J39.0-J39.1,J85.0-J85.3,J86.0-J86.9,K35.2-K35.3,K35.80-K35.89,K36-K37,K38.0-K38.8,K50.014,K50.114,K50.814,K50.914,K51.014,K51.214, K51.314,K51.414,K51.514,K51.814,K51.914,K57.00-K57.01,K57.20-K57.21,K57.40-K57.41,K57.80-K57.81,K61.0-K61.4,K63.0-K63.1,K65.0-K65.1,K65.3-K65.9,K68.12-K68.19,K75.0-K75.1,M65.00,M65.011-M65.08,M67.20, M67.211-M67.29,M71.00,M71.011-M71.09,M71.80,M71.811-M71.89,N10,N15.1,N28.84-N28.86,N49.3,O91.111-O91.13,P78.0
CPT: 10030,10060,10061,10160,10180,19020,20930-20938,22010,22015,22532-22632,22840-22855,23031,23405, 23406,23930,25000,25031,25085,25118,26020-26034,26990,27301,27603,28001,31610,31612,31613,31645, 31646,32035,32036,32200-32320,32480-32488,32550,32552,32554-32562,32650-32652,32655,32656,32663-32665,32810,32815,32906,32940,33015-33050,38100-38120,39220,42700-42725,42808-42972,43840,44120-44125,44139-44160,44187-44227,44300-44316,44602-44605,44620-44626,44900-44970,45000,47010,47015, 48140-48154,49020,49322,49405-49407,49423,49424,50020,50220,50391,50400,50405,50520-50526,50542-50546,50548,50575,50693-50695,50947,50948,52332,52334,61105-61253,61312-61323,61501,61514,61522, 61570,61571,61582,61600,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,63295,67405, 67414,67445,68400,92002-92014,96150-96154,97605-97608,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **52**
Condition: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P27.0-P27.9
CPT: 31601,31603,31820,31825,94774-94777,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **53**
Condition: CONGENITAL HYDRONEPHROSIS (See Guideline Notes 64,65)
Treatment: NEPHRECTOMY/REPAIR
ICD-10: Q62.0,Q62.10-Q62.39
CPT: 50100,50220-50240,50400,50405,50500,50540,50544,50546,50553,50572,50575,50600,50605,50693-50695, 50722-50728,50845,50900,50970,51535,52290-52301,52310,52334-52346,52352-52354,52356,52400,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **54**
Condition: PULMONARY TUBERCULOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A15.0-A15.9,A19.0-A19.9,A31.0
CPT: 32662,32906,32960,33015-33050,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **55**
Condition: ACUTE PELVIC INFLAMMATORY DISEASE (See Guideline Notes 64,65,110)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A18.17,A56.11,N70.01-N70.03,N70.91-N70.93,N71.0,N71.9,N73.0,N73.2-N73.5,N73.8-N73.9,N74
CPT: 44960,57010,58150-58200,58260-58294,58541-58544,58550-58554,58570-58573,58660-58662,58700-58740, 58820,58822,58925,58940,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **56**
Condition: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES OF THE ORAL, ANAL AND GENITOURINARY TRACT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A54.00-A54.29,A54.40-A54.81,A54.83,A54.85,A54.89-A54.9,A55,A56.00-A56.8,A57-A58,A60.00-A60.9,A63.8, A64,A74.81-A74.9,N34.1
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **57**
Condition: PREVENTIVE DENTAL SERVICES (See Guideline Notes 17,64,65)
Treatment: CLEANING, FLUORIDE AND SEALANTS
ICD-10: K00.4,K08.55,Z01.20-Z01.21
CPT: 98966-98969,99051,99060,99070,99078,99188,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: D0120,D0145,D0150,D0180,D0191,D0601-D0603,D1110-D1310,D1330,D1351,D1510-D1555,D4355,D5986, D9920,G0396,G0397,G0463,G0466,G0467

**Line:** **58**
Condition: DENTAL CONDITIONS (EG. INFECTION, PAIN, TRAUMA)
Treatment: EMERGENCY DENTAL SERVICES
ICD-10: S02.5XXA-S02.5XXB,S03.2XXA-S03.2XXD
HCPCS: D0140,D0160,D0170,D3110,D3221,D7140,D7210,D7260-D7270,D7510,D7520,D7530,D7560,D7670,D7770, D7910,D7911,D7997,D9110,D9410,D9420,D9440,D9610,D9612

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **59**
Condition: COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K56.3,K80.00-K80.19,K80.21-K80.47,K80.51-K80.67,K80.71,K80.81,K81.0-K81.9,K82.0-K82.3,K82.8,K83.0-K83.3
CPT: 43260-43265,43273-43278,47015,47420-47490,47533-47540,47542,47544,47554-47620,47701-47900,48548, 49422,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **60**
Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 9,64,65,77)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I85.00-I85.11,I86.4,K22.11,K22.6,K22.8,K25.0-K25.9,K26.0-K26.9,K27.0-K27.9,K28.0-K28.9,K29.00-K29.91, K31.1,K31.3,K31.5,K31.811-K31.82,K52.0,K55.20-K55.21,K57.11,K57.31,K57.51,K57.91,K62.5,K92.2,P78.82
CPT: 15731,37145,37160,37181-37183,37244,38100,43107-43124,43192,43201,43204,43205,43210,43227,43241, 43243-43245,43255,43280,43327,43328,43400,43401,43410,43415,43460,43501,43502,43520,43610-43641, 43800,43820,43825,43840,43850,43855,43865,43870,44160,44186,44320,44391-44401,44404,44602,44603, 44620-44626,45308-45320,45333-45335,45346,45381-45384,45388,64680,65778-65782,68371,77014,87338, 91110,96150-96154,96900-96913,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **61**
Condition: BURN, FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Notes 6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-10: L00,L49.7,T20.30XA-T20.30XD,T20.311A-T20.311D,T20.312A-T20.312D,T20.319A-T20.319D,T20.32XA-T20.32XD,T20.33XA-T20.33XD,T20.34XA-T20.34XD,T20.35XA-T20.35XD,T20.36XA-T20.36XD,T20.37XA-T20.37XD,T20.39XA-T20.39XD,T20.70XA-T20.70XD,T20.711A-T20.711D,T20.712A-T20.712D,T20.719A-T20.719D,T20.72XA-T20.72XD,T20.73XA-T20.73XD,T20.74XA-T20.74XD,T20.75XA-T20.75XD,T20.76XA-T20.76XD,T20.77XA-T20.77XD,T20.79XA-T20.79XD,T21.30XA-T21.30XD,T21.31XA-T21.31XD,T21.32XA-T21.32XD,T21.33XA-T21.33XD,T21.34XA-T21.34XD,T21.35XA-T21.35XD,T21.36XA-T21.36XD,T21.37XA-T21.37XD,T21.39XA-T21.39XD,T21.70XA-T21.70XD,T21.71XA-T21.71XD,T21.72XA-T21.72XD,T21.73XA-T21.73XD,T21.74XA-T21.74XD,T21.75XA-T21.75XD,T21.76XA-T21.76XD,T21.77XA-T21.77XD,T21.79XA-T21.79XD,T22.30XA-T22.30XD,T22.311A-T22.311D,T22.312A-T22.312D,T22.319A-T22.319D,T22.321A-T22.321D,T22.322A-T22.322D,T22.329A-T22.329D,T22.331A-T22.331D,T22.332A-T22.332D,T22.339A-T22.339D,T22.341A-T22.341D,T22.342A-T22.342D,T22.349A-T22.349D,T22.351A-T22.351D,T22.352A-T22.352D,T22.359A-T22.359D,T22.361A-T22.361D,T22.362A-T22.362D,T22.369A-T22.369D,T22.391A-T22.391D,T22.392A-T22.392D,T22.399A-T22.399D,T22.70XA-T22.70XD,T22.711A-T22.711D,T22.712A-T22.712D,T22.719A-T22.719D,T22.721A-T22.721D,T22.722A-T22.722D,T22.729A-T22.729D,T22.731A-T22.731D,T22.732A-T22.732D,T22.739A-T22.739D,T22.741A-T22.741D,T22.742A-T22.742D,T22.749A-T22.749D,T22.751A-T22.751D,T22.752A-T22.752D,T22.759A-T22.759D,T22.761A-T22.761D,T22.762A-T22.762D,T22.769A-T22.769D,T22.791A-T22.791D,T22.792A-T22.792D,T22.799A-T22.799D,T23.301A-T23.301D,T23.302A-T23.302D,T23.309A-T23.309D,T23.311A-T23.311D,T23.312A-T23.312D,T23.319A-T23.319D,T23.321A-T23.321D,T23.322A-T23.322D,T23.329A-T23.329D,T23.331A-T23.331D,T23.332A-T23.332D,T23.339A-T23.339D,T23.341A-T23.341D,T23.342A-T23.342D,T23.349A-T23.349D,T23.351A-T23.351D,T23.352A-T23.352D,T23.359A-T23.359D,T23.361A-T23.361D,T23.362A-T23.362D,T23.369A-T23.369D,T23.371A-T23.371D,T23.372A-T23.372D,T23.379A-T23.379D,T23.391A-T23.391D,T23.392A-T23.392D,T23.399A-T23.399D,T23.701A-T23.701D,T23.702A-T23.702D,T23.709A-T23.709D,T23.711A-T23.711D,T23.712A-T23.712D,T23.719A-T23.719D,T23.721A-T23.721D,T23.722A-T23.722D,T23.729A-T23.729D,T23.731A-T23.731D,T23.732A-T23.732D,T23.739A-T23.739D,T23.741A-T23.741D,T23.742A-T23.742D,T23.749A-T23.749D,T23.751A-T23.751D,T23.752A-T23.752D,T23.759A-T23.759D,T23.761A-T23.761D,T23.762A-T23.762D,T23.769A-T23.769D,T23.771A-T23.771D,T23.772A-T23.772D,T23.779A-T23.779D,T23.791A-T23.791D,T23.792A-T23.792D,T23.799A-T23.799D,T24.301A-T24.301D,T24.302A-T24.302D,T24.309A-T24.309D,T24.311A-T24.311D,T24.312A-T24.312D,T24.319A-T24.319D,T24.321A-T24.321D,T24.322A-T24.322D,T24.329A-T24.329D,T24.331A-T24.331D,T24.332A-T24.332D,T24.339A-T24.339D,T24.391A-T24.391D,T24.392A-T24.392D,T24.399A-T24.399D,T24.701A-T24.701D,T24.702A-T24.702D,T24.709A-T24.709D,T24.711A-T24.711D,T24.712A-T24.712D,T24.719A-T24.719D,T24.721A-T24.721D,T24.722A-T24.722D,T24.729A-T24.729D,T24.731A-T24.731D,T24.732A-T24.732D,T24.739A-T24.739D,T24.791A-T24.791D,T24.792A-T24.792D,T24.799A-T24.799D,T25.311A-T25.311D,T25.312A-T25.312D,T25.319A-T25.319D,T25.321A-T25.321D,T25.322A-T25.322D,T25.329A-T25.329D,T25.331A-T25.331D,T25.332A-T25.332D,T25.339A-T25.339D,T25.391A-T25.391D,T25.392A-T25.392D,T25.399A-T25.399D,T25.711A-T25.711D,T25.712A-T25.712D,T25.719A-T25.719D,T25.721A-T25.721D,T25.722A-T25.722D,T25.729A-T25.729D,T25.731A-T25.731D,T25.732A-T25.732D,T25.739A-T25.739D,T25.791A-T25.791D,T25.792A-T25.792D,T25.799A-T25.799D,T26.00XA-T26.00XD,T26.01XA-T26.01XD,T26.02XA-T26.02XD,T26.10XA-T26.10XD,T26.11XA-T26.11XD,T26.12XA-T26.12XD,T26.20XA-T26.20XD,T26.21XA-T26.21XD,T26.22XA-T26.22XD,T26.30XA-T26.30XD,T26.31XA-T26.31XD,T26.32XA-T26.32XD,T26.40XA-T26.40XD,T26.41XA-T26.41XD,T26.42XA-T26.42XD,T26.50XA-T26.50XD,T26.51XA-T26.51XD,T26.52XA-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T26.52XD,T26.60XA-T26.60XD,T26.61XA-T26.61XD,T26.62XA-T26.62XD,T26.70XA-T26.70XD,T26.71XA-T26.71XD,T26.72XA-T26.72XD,T26.80XA-T26.80XD,T26.81XA-T26.81XD,T26.82XA-T26.82XD,T26.90XA-T26.90XD,T26.91XA-T26.91XD,T26.92XA-T26.92XD,T27.0XXA-T27.0XXD,T27.1XXA-T27.1XXD,T27.2XXA-T27.2XXD,T27.3XXA-T27.3XXD,T27.4XXA-T27.4XXD,T27.5XXA-T27.5XXD,T27.6XXA-T27.6XXD,T27.7XXA-T27.7XXD,T28.0XXA-T28.0XXD,T28.1XXA-T28.1XXD,T28.2XXA-T28.2XXD,T28.3XXA-T28.3XXD,T28.40XA-T28.40XD,T28.411A-T28.411D,T28.412A-T28.412D,T28.419A-T28.419D,T28.49XA-T28.49XD,T28.5XXA-T28.5XXD,T28.6XXA-T28.6XXD,T28.7XXA-T28.7XXD,T28.8XXA-T28.8XXD,T28.90XA-T28.90XD,T28.911A-T28.911D,T28.912A-T28.912D,T28.919A-T28.919D,T28.99XA-T28.99XD,T31.11,T31.21-T31.22,T31.31-T31.33,T31.41-T31.44,T31.51-T31.55,T31.61-T31.66,T31.71-T31.77,T31.81-T31.88,T31.91-T31.99,T32.11,T32.21-T32.22,T32.31-T32.33,T32.41-T32.44,T32.51-T32.55,T32.61-T32.66,T32.71-T32.77,T32.81-T32.88,T32.91-T32.99

CPT: 11000,11042,11045,11960-11971,14000-14302,15002-15574,15770,16000-16036,25900-25931,26910-26952,27888,28800-28825,65778-65782,68371,92002-92014,92507,92508,92521-92524,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line: 62**
Condition: BRONCHIECTASIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J47.0-J47.9
CPT: 31645,31646,32320,32480-32488,32501,32505-32507,32663,32666-32670,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,G0466,G0467

**Line: 63**
Condition: END STAGE RENAL DISEASE (See Guideline Notes 7,64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-10: E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,M32.14-M32.15,M35.04,N05.0-N05.1,N18.6
CPT: 36147,36148,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0420,G0421,G0425-G0427,G0463,G0466,G0467,S9339,S9537

**Line: 64**
Condition: METABOLIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D81.810,D84.1,E71.310-E71.548,E75.00-E75.09,E75.11-E75.22,E75.240-E75.249,E75.3-E75.4,E75.6,E76.01-E76.1,E76.210-E76.9,E77.0,E77.8,E78.70,E78.9,E80.0-E80.1,E80.20-E80.3,E88.40-E88.89,H49.811-H49.819
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9357

**Line: 65**
Condition: TORSION OF OVARY (See Guideline Notes 64,65)
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-10: N83.51-N83.53
CPT: 58660-58662,58700-58740,58770,58925-58943,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **66**
Condition: SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.14,F10.150-F10.180,F10.188,F10.24,F10.250-F10.259,F10.280,F10.288,F10.94,F10.950-F10.959,F10.980,F10.988,F11.14,F11.150-F11.159,F11.188,F11.24,F11.250-F11.259,F11.288,F11.94,F11.950-F11.959,F11.988,F12.150-F12.180,F12.250-F12.280,F12.950-F12.980,F13.14,F13.150-F13.180,F13.188,F13.24,F13.250-F13.259,F13.280,F13.288,F13.94,F13.950-F13.959,F13.980,F13.988,F14.14,F14.150-F14.180,F14.188,F14.24,F14.250-F14.280,F14.288,F14.94,F14.950-F14.980,F14.988,F15.14,F15.150-F15.180,F15.188,F15.24,F15.250-F15.280,F15.288,F15.94,F15.950-F15.980,F15.988,F16.14,F16.150-F16.188,F16.24,F16.250-F16.288,F16.94,F16.950-F16.988,F18.14,F18.150-F18.159,F18.180-F18.188,F18.24,F18.250-F18.259,F18.280-F18.288,F18.94,F18.950-F18.959,F18.980-F18.988,F19.14,F19.150-F19.159,F19.180,F19.188,F19.24,F19.250-F19.259,F19.280,F19.288,F19.94,F19.950-F19.959,F19.980,F19.988
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99184,99201-99239,99281-99285,99291,99292,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0005,H0010,H0011,H0013-H0016,H0020,H0033-H0035,H0045,H0048,H2013,T1006,T1007

**Line:** **67**
Condition: SPONTANEOUS ABORTION; MISSED ABORTION (See Guideline Notes 64,65,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: O02.0-O02.1,O02.81-O02.9,O03.0-O03.2,O03.30-O03.86,O03.88-O03.9,O36.80X0-O36.80X9,Z31.82
CPT: 58150,58152,58520,59135,59136,59200,59812-59830,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **68**
Condition: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: Q38.4-Q38.8,Q39.0-Q39.9,Q40.0-Q40.9,Q93.81
CPT: 31750,31760,42145,42200,42215,42815-42826,42950,43112-43124,43196,43226,43248,43249,43279,43283,43300-43331,43338-43361,43420,43450,43453,43496,43520,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **69**
Condition: SUBSTANCE-INDUCED DELIRIUM; SUBSTANCE INTOXICATION AND WITHDRAWAL
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.120-F10.129,F10.220-F10.239,F10.920-F10.929,F11.120-F11.129,F11.220-F11.23,F11.920-F11.93,F12.120-F12.129,F12.220-F12.229,F12.920-F12.929,F13.120-F13.129,F13.220-F13.239,F13.26-F13.27,F13.920-F13.939,F13.96-F13.97,F14.120-F14.129,F14.220-F14.23,F14.920-F14.929,F15.120-F15.129,F15.220-F15.23,F15.920-F15.93,F16.120-F16.129,F16.220-F16.229,F16.920-F16.929,F18.120-F18.129,F18.17,F18.220-F18.229,F18.27,F18.920-F18.929,F18.97,F19.120-F19.129,F19.16-F19.17,F19.220-F19.239,F19.26-F19.27,F19.920-F19.939,F19.96-F19.97
CPT: 90785,90832-90840,97810-97814,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,H0010,H0011,H0013-H0015,H0033,H0035,H0048,H2013

**Line:** **70**
Condition: LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS (See Guideline Notes 64,65,141)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-10: J38.01-J38.02,J38.6
CPT: 31528,31529,31561,31582,31588,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **71**
Condition: VENTRICULAR SEPTAL DEFECT (See Guideline Notes 64,65)
Treatment: CLOSURE
ICD-10: Q21.0,Z79.01
CPT: 33610,33620,33621,33647,33665,33675-33688,33735-33737,33946-33966,33969,33984-33989,75557-75565, 75573,92960-92971,92978-92998,93355,93581,93797,93798,96154,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **72**
Condition: ACUTE BACTERIAL MENINGITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: A02.21,A20.3,A32.11-A32.12,A39.0,A39.3,A39.81-A39.82,G00.0-G00.9,G01-G02,G04.2
CPT: 61000-61070,61107,61210,61215,92507,92508,92521-92526,92607-92609,92633,97001-97004,97012,97022, 97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **73**
Condition: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 49,64,65,111)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I20.0,I21.01-I21.4,I22.0-I22.9,I23.1-I23.5,I23.7-I23.8,I24.0-I24.9,I25.110,I25.700,I25.710,I25.720,I25.730,I25.750, I25.760,I25.790,I51.81,R57.0,T81.11XA-T81.11XD,Z45.010-Z45.09
CPT: 33202,33206-33210,33212-33229,33233-33238,33310,33315,33361-33430,33465,33475,33477,33500,33508-33545,33572,33681,33922,33946-33974,33984-33989,35001,35182,35189,35226,35256,35286,35572,35600, 92920-92944,92960-92998,93279-93284,93286-93289,93292-93296,93355,93724,93745,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467,K0606-K0609, S0340-S0342,S2205-S2209

**Line:** **74**
Condition: CONGENITAL PULMONARY VALVE ANOMALIES (See Guideline Notes 64,65)
Treatment: PULMONARY VALVE REPAIR
ICD-10: Q22.1-Q22.3,Q24.3
CPT: 33470-33474,33476,33478,33496,33530,33608,33620,33621,33768,33946-33966,33969,33984-33989,35452, 75557-75565,75573,92986-92990,93355,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **75**
Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES (See Guideline Notes 6,64,65,129)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.15,A52.17-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.3,D81.5,E00.0-E00.9,E45,E70.20-E70.29,E70.330-E70.331,E70.8-E70.9,E71.0,E71.110-E71.548,E72.00-E72.51,E72.59-E72.9,E74.00-E74.09,E75.00-E75.09, E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8, F07.89,F71-F79,F84.0-F84.3,F84.8,G04.1,G04.81-G04.91,G10,G11.0-G11.4,G12.0-G12.1,G12.21-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9, G32.0,G32.81-G32.89,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219, G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.1,G60.3-G60.8,G61.0-G61.1, G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7, G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.30-G83.9,G90.01-G90.1,G90.3-G90.4,G91.0-G91.9, G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G96.8,G97.0,G97.2,G97.31-G97.32, G97.48-G97.49,G97.81-G97.82,G98.0-G98.8,G99.0-G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30, I63.311-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.01,I69.020-I69.022,I69.051-I69.069,I69.091-I69.092,I69.11, I69.121-I69.122,I69.128,I69.151-I69.169,I69.191-I69.192,I69.21,I69.221-I69.222,I69.251-I69.269,I69.291-I69.292, I69.31,I69.321-I69.322,I69.351-I69.369,I69.391-I69.392,I69.81,I69.822,I69.851-I69.869,I69.891-I69.892,I69.91, I69.922,I69.951-I69.969,I69.991-I69.992,I97.810-I97.821,K59.2,M62.3,M62.58-M62.59,M62.89,N31.0-N31.9, P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21, P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

P52.21-P52.9,P54.0-P54.9,P55.0-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,
Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q74.3,Q77.3,Q77.6,
Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,
Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.7,Q93.81-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,
Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R13.0,R13.10-R13.19,R15.0,R15.2-R15.9,R41.4,R41.81,R53.2,R54,
S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,
S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,
S06.819A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,
S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,
S06.829A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,
S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,
S06.899A-S06.899D,S06.9X0A-S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D,
S06.9X4A-S06.9X4D,S06.9X5A-S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-S06.9X7D,S06.9X8A-S06.9X8D,
S06.9X9A-S06.9X9D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,
S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,
S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,
S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,
S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,
S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,
S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,
S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,
S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,
S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,
S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,
S14.159A-S14.159D,S14.2XXA-S14.2XXD,S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,
S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,
S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,
S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,
S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,
S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,
S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,
S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,
S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,
S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,
S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,
S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,
T40.0X4A-T40.0X4D,T40.1X1A-T40.1X1D,T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,
T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,
T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,
T40.4X3A-T40.4X3D,T40.4X4A-T40.4X4D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,
T40.5X4A-T40.5X4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,
T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,
T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,
T40.8X3A-T40.8X3D,T40.8X4A-T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,
T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,
T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,
T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,
T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,
T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,
T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,
T71.21XA-T71.21XD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,
T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,
T71.9XXA-T71.9XXD,T74.4XXA-T74.4XXD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,
T75.4XXA-T75.4XXD,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,
T78.04XA-T78.04XD,T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,
T78.09XA-T78.09XD,T78.3XXA-T78.3XXD,T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,
T79.6XXA-T79.6XXD,T88.2XXA-T88.2XXD,T88.51XA-T88.51XD,T88.6XXA-T88.6XXD,Z43.0-Z43.4,Z43.8,Z46.59

CPT: 15845,31600-31614,31630,31631,31636-31638,31641,31730-31760,31820-31830,43810-43825,44130,44139-44160,44186-44188,44204-44213,44300-44320,44620-44626,44701,46750-46754,49442,51040,51102,51705,51710,51880,51960,52277,53431-53442,53445,61215,62310,62311,62350-62362,62367-62370,77387,77401-77432,77469,77470,92526,94002-94005,94640,94660-94668,95990,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: D5937,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **76**
Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS, LESS THAN 10% OF BODY SURFACE (See Guideline Notes 6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-10: L00,L49.7,T20.20XA-T20.20XD,T20.211A-T20.211D,T20.212A-T20.212D,T20.219A-T20.219D,T20.22XA-T20.22XD,T20.23XA-T20.23XD,T20.24XA-T20.24XD,T20.25XA-T20.25XD,T20.26XA-T20.26XD,T20.27XA-T20.27XD,T20.29XA-T20.29XD,T20.30XA-T20.30XD,T20.311A-T20.311D,T20.312A-T20.312D,T20.319A-T20.319D,T20.32XA-T20.32XD,T20.33XA-T20.33XD,T20.34XA-T20.34XD,T20.37XA-T20.37XD,T20.39XA-T20.39XD,T20.60XA-T20.60XD,T20.611A-T20.611D,T20.612A-T20.612D,T20.619A-T20.619D,T20.62XA-T20.62XD,T20.63XA-T20.63XD,T20.64XA-T20.64XD,T20.65XA-T20.65XD,T20.66XA-T20.66XD,T20.67XA-T20.67XD,T20.69XA-T20.69XD,T20.70XA-T20.70XD,T20.711A-T20.711D,T20.712A-T20.712D,T20.719A-T20.719D,T20.72XA-T20.72XD,T20.73XA-T20.73XD,T20.74XA-T20.74XD,T20.77XA-T20.77XD,T20.79XA-T20.79XD,T21.20XA-T21.20XD,T21.21XA-T21.21XD,T21.22XA-T21.22XD,T21.23XA-T21.23XD,T21.24XA-T21.24XD,T21.25XA-T21.25XD,T21.26XA-T21.26XD,T21.27XA-T21.27XD,T21.29XA-T21.29XD,T21.36XA-T21.36XD,T21.37XA-T21.37XD,T21.60XA-T21.60XD,T21.61XA-T21.61XD,T21.62XA-T21.62XD,T21.63XA-T21.63XD,T21.64XA-T21.64XD,T21.65XA-T21.65XD,T21.66XA-T21.66XD,T21.67XA-T21.67XD,T21.69XA-T21.69XD,T21.76XA-T21.76XD,T21.77XA-T21.77XD,T22.20XA-T22.20XD,T22.211A-T22.211D,T22.212A-T22.212D,T22.219A-T22.219D,T22.221A-T22.221D,T22.222A-T22.222D,T22.229A-T22.229D,T22.231A-T22.231D,T22.232A-T22.232D,T22.239A-T22.239D,T22.241A-T22.241D,T22.242A-T22.242D,T22.249A-T22.249D,T22.251A-T22.251D,T22.252A-T22.252D,T22.259A-T22.259D,T22.261A-T22.261D,T22.262A-T22.262D,T22.269A-T22.269D,T22.291A-T22.291D,T22.292A-T22.292D,T22.299A-T22.299D,T22.60XA-T22.60XD,T22.611A-T22.611D,T22.612A-T22.612D,T22.619A-T22.619D,T22.621A-T22.621D,T22.622A-T22.622D,T22.629A-T22.629D,T22.631A-T22.631D,T22.632A-T22.632D,T22.639A-T22.639D,T22.641A-T22.641D,T22.642A-T22.642D,T22.649A-T22.649D,T22.651A-T22.651D,T22.652A-T22.652D,T22.659A-T22.659D,T22.661A-T22.661D,T22.662A-T22.662D,T22.669A-T22.669D,T22.691A-T22.691D,T22.692A-T22.692D,T22.699A-T22.699D,T23.201A-T23.201D,T23.202A-T23.202D,T23.209A-T23.209D,T23.211A-T23.211D,T23.212A-T23.212D,T23.219A-T23.219D,T23.221A-T23.221D,T23.222A-T23.222D,T23.229A-T23.229D,T23.231A-T23.231D,T23.232A-T23.232D,T23.239A-T23.239D,T23.241A-T23.241D,T23.242A-T23.242D,T23.249A-T23.249D,T23.251A-T23.251D,T23.252A-T23.252D,T23.259A-T23.259D,T23.261A-T23.261D,T23.262A-T23.262D,T23.269A-T23.269D,T23.271A-T23.271D,T23.272A-T23.272D,T23.279A-T23.279D,T23.291A-T23.291D,T23.292A-T23.292D,T23.299A-T23.299D,T23.351A-T23.351D,T23.352A-T23.352D,T23.359A-T23.359D,T23.601A-T23.601D,T23.602A-T23.602D,T23.609A-T23.609D,T23.611A-T23.611D,T23.612A-T23.612D,T23.619A-T23.619D,T23.621A-T23.621D,T23.622A-T23.622D,T23.629A-T23.629D,T23.631A-T23.631D,T23.632A-T23.632D,T23.639A-T23.639D,T23.641A-T23.641D,T23.642A-T23.642D,T23.649A-T23.649D,T23.651A-T23.651D,T23.652A-T23.652D,T23.659A-T23.659D,T23.661A-T23.661D,T23.662A-T23.662D,T23.669A-T23.669D,T23.671A-T23.671D,T23.672A-T23.672D,T23.679A-T23.679D,T23.691A-T23.691D,T23.692A-T23.692D,T23.699A-T23.699D,T23.751A-T23.751D,T23.752A-T23.752D,T23.759A-T23.759D,T24.201A-T24.201D,T24.202A-T24.202D,T24.209A-T24.209D,T24.211A-T24.211D,T24.212A-T24.212D,T24.219A-T24.219D,T24.221A-T24.221D,T24.222A-T24.222D,T24.229A-T24.229D,T24.231A-T24.231D,T24.232A-T24.232D,T24.239A-T24.239D,T24.291A-T24.291D,T24.292A-T24.292D,T24.299A-T24.299D,T24.601A-T24.601D,T24.602A-T24.602D,T24.609A-T24.609D,T24.611A-T24.611D,T24.612A-T24.612D,T24.619A-T24.619D,T24.621A-T24.621D,T24.622A-T24.622D,T24.629A-T24.629D,T24.631A-T24.631D,T24.632A-T24.632D,T24.639A-T24.639D,T24.691A-T24.691D,T24.692A-T24.692D,T24.699A-T24.699D,T25.211A-T25.211D,T25.212A-T25.212D,T25.219A-T25.219D,T25.221A-T25.221D,T25.222A-T25.222D,T25.229A-T25.229D,T25.231A-T25.231D,T25.232A-T25.232D,T25.239A-T25.239D,T25.291A-T25.291D,T25.292A-T25.292D,T25.299A-T25.299D,T25.321A-T25.321D,T25.322A-T25.322D,T25.329A-T25.329D,T25.611A-T25.611D,T25.612A-T25.612D,T25.619A-T25.619D,T25.621A-T25.621D,T25.622A-T25.622D,T25.629A-T25.629D,T25.631A-T25.631D,T25.632A-T25.632D,T25.639A-T25.639D,T25.691A-T25.691D,T25.692A-T25.692D,T25.699A-T25.699D,T25.721A-T25.721D,T25.722A-T25.722D,T25.729A-T25.729D,T31.0,T31.10,T31.20,T31.30,T31.40,T31.50,T31.60,T31.70,T31.80,T31.90,T32.0,T32.10,T32.20,T32.30,T32.40,T32.50,T32.60,T32.70,T32.80,T32.90
CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,15756-15758,15770,16020-16036,92507,92508,92521-92524,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **77**
Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P61.1
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **78**
Condition: DERMATOMYOSITIS, POLYMYOSITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M33.00-M33.99,M35.8,M36.0
CPT: 90284,96150-96154,97001-97004,97110,97116,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **79**
Condition: ADDISON'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E27.1-E27.3,E27.40-E27.49,E31.0,E31.8-E31.9,E89.6
CPT: 92081-92083,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **80**
Condition: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: I10,I11.0-I11.9,I15.2-I15.9,I67.4
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **81**
Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW (See Guideline Notes 64,65)
Treatment: LIGATION
ICD-10: P29.3,Q21.4,Q25.0
CPT: 33500-33504,33702,33710,33813-33824,33946-33966,33969,33984-33989,92960-92971,92978-92998,93355, 93582,93797,93798,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **82**
Condition: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES AND NECK
Treatment: LIGATION/REPAIR
ICD-10: S15.001A-S15.001D,S15.002A-S15.002D,S15.009A-S15.009D,S15.011A-S15.011D,S15.012A-S15.012D, S15.019A-S15.019D,S15.021A-S15.021D,S15.022A-S15.022D,S15.029A-S15.029D,S15.091A-S15.091D, S15.092A-S15.092D,S15.099A-S15.099D,S15.101A-S15.101D,S15.102A-S15.102D,S15.109A-S15.109D, S15.111A-S15.111D,S15.112A-S15.112D,S15.119A-S15.119D,S15.121A-S15.121D,S15.122A-S15.122D, S15.129A-S15.129D,S15.191A-S15.191D,S15.192A-S15.192D,S15.199A-S15.199D,S15.201A-S15.201D, S15.202A-S15.202D,S15.209A-S15.209D,S15.211A-S15.211D,S15.212A-S15.212D,S15.219A-S15.219D, S15.221A-S15.221D,S15.222A-S15.222D,S15.229A-S15.229D,S15.291A-S15.291D,S15.292A-S15.292D, S15.299A-S15.299D,S15.301A-S15.301D,S15.302A-S15.302D,S15.309A-S15.309D,S15.311A-S15.311D, S15.312A-S15.312D,S15.319A-S15.319D,S15.321A-S15.321D,S15.322A-S15.322D,S15.329A-S15.329D, S15.391A-S15.391D,S15.392A-S15.392D,S15.399A-S15.399D,S15.8XXA-S15.8XXD,S15.9XXA-S15.9XXD, S45.001A-S45.001D,S45.002A-S45.002D,S45.009A-S45.009D,S45.011A-S45.011D,S45.012A-S45.012D, S45.019A-S45.019D,S45.091A-S45.091D,S45.092A-S45.092D,S45.099A-S45.099D,S45.101A-S45.101D, S45.102A-S45.102D,S45.109A-S45.109D,S45.111A-S45.111D,S45.112A-S45.112D,S45.119A-S45.119D, S45.191A-S45.191D,S45.192A-S45.192D,S45.199A-S45.199D,S45.201A-S45.201D,S45.202A-S45.202D, S45.209A-S45.209D,S45.211A-S45.211D,S45.212A-S45.212D,S45.219A-S45.219D,S45.291A-S45.291D, S45.292A-S45.292D,S45.299A-S45.299D,S45.301A-S45.301D,S45.302A-S45.302D,S45.309A-S45.309D, S45.311A-S45.311D,S45.312A-S45.312D,S45.319A-S45.319D,S45.391A-S45.391D,S45.392A-S45.392D, S45.399A-S45.399D,S45.801A-S45.801D,S45.802A-S45.802D,S45.809A-S45.809D,S45.811A-S45.811D, S45.812A-S45.812D,S45.819A-S45.819D,S45.891A-S45.891D,S45.892A-S45.892D,S45.899A-S45.899D, S45.901A-S45.901D,S45.902A-S45.902D,S45.909A-S45.909D,S45.911A-S45.911D,S45.912A-S45.912D, S45.919A-S45.919D,S45.991A-S45.991D,S45.992A-S45.992D,S45.999A-S45.999D,S55.001A-S55.001D, S55.002A-S55.002D,S55.009A-S55.009D,S55.011A-S55.011D,S55.012A-S55.012D,S55.019A-S55.019D, S55.091A-S55.091D,S55.092A-S55.092D,S55.099A-S55.099D,S55.101A-S55.101D,S55.102A-S55.102D, S55.109A-S55.109D,S55.111A-S55.111D,S55.112A-S55.112D,S55.119A-S55.119D,S55.191A-S55.191D, S55.192A-S55.192D,S55.199A-S55.199D,S55.201A-S55.201D,S55.202A-S55.202D,S55.209A-S55.209D, S55.211A-S55.211D,S55.212A-S55.212D,S55.219A-S55.219D,S55.291A-S55.291D,S55.292A-S55.292D, S55.299A-S55.299D,S55.801A-S55.801D,S55.802A-S55.802D,S55.809A-S55.809D,S55.811A-S55.811D, S55.812A-S55.812D,S55.819A-S55.819D,S55.891A-S55.891D,S55.892A-S55.892D,S55.899A-S55.899D, S55.901A-S55.901D,S55.902A-S55.902D,S55.909A-S55.909D,S55.911A-S55.911D,S55.912A-S55.912D, S55.919A-S55.919D,S55.991A-S55.991D,S55.992A-S55.992D,S55.999A-S55.999D,S65.001A-S65.001D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S65.002A-S65.002D,S65.009A-S65.009D,S65.011A-S65.011D,S65.012A-S65.012D,S65.019A-S65.019D,
S65.091A-S65.091D,S65.092A-S65.092D,S65.099A-S65.099D,S65.101A-S65.101D,S65.102A-S65.102D,
S65.109A-S65.109D,S65.111A-S65.111D,S65.112A-S65.112D,S65.119A-S65.119D,S65.191A-S65.191D,
S65.192A-S65.192D,S65.199A-S65.199D,S65.201A-S65.201D,S65.202A-S65.202D,S65.209A-S65.209D,
S65.211A-S65.211D,S65.212A-S65.212D,S65.219A-S65.219D,S65.291A-S65.291D,S65.292A-S65.292D,
S65.299A-S65.299D,S65.301A-S65.301D,S65.302A-S65.302D,S65.309A-S65.309D,S65.311A-S65.311D,
S65.312A-S65.312D,S65.319A-S65.319D,S65.391A-S65.391D,S65.392A-S65.392D,S65.399A-S65.399D,
S65.401A-S65.401D,S65.402A-S65.402D,S65.409A-S65.409D,S65.411A-S65.411D,S65.412A-S65.412D,
S65.419A-S65.419D,S65.491A-S65.491D,S65.492A-S65.492D,S65.499A-S65.499D,S65.500A-S65.500D,
S65.501A-S65.501D,S65.502A-S65.502D,S65.503A-S65.503D,S65.504A-S65.504D,S65.505A-S65.505D,
S65.506A-S65.506D,S65.507A-S65.507D,S65.508A-S65.508D,S65.509A-S65.509D,S65.510A-S65.510D,
S65.511A-S65.511D,S65.512A-S65.512D,S65.513A-S65.513D,S65.514A-S65.514D,S65.515A-S65.515D,
S65.516A-S65.516D,S65.517A-S65.517D,S65.518A-S65.518D,S65.519A-S65.519D,S65.590A-S65.590D,
S65.591A-S65.591D,S65.592A-S65.592D,S65.593A-S65.593D,S65.594A-S65.594D,S65.595A-S65.595D,
S65.596A-S65.596D,S65.597A-S65.597D,S65.598A-S65.598D,S65.599A-S65.599D,S65.801A-S65.801D,
S65.802A-S65.802D,S65.809A-S65.809D,S65.811A-S65.811D,S65.812A-S65.812D,S65.819A-S65.819D,
S65.891A-S65.891D,S65.892A-S65.892D,S65.899A-S65.899D,S65.901A-S65.901D,S65.902A-S65.902D,
S65.909A-S65.909D,S65.911A-S65.911D,S65.912A-S65.912D,S65.919A-S65.919D,S65.991A-S65.991D,
S65.992A-S65.992D,S65.999A-S65.999D,S75.001A-S75.001D,S75.002A-S75.002D,S75.009A-S75.009D,
S75.011A-S75.011D,S75.012A-S75.012D,S75.019A-S75.019D,S75.021A-S75.021D,S75.022A-S75.022D,
S75.029A-S75.029D,S75.091A-S75.091D,S75.092A-S75.092D,S75.099A-S75.099D,S75.101A-S75.101D,
S75.102A-S75.102D,S75.109A-S75.109D,S75.111A-S75.111D,S75.112A-S75.112D,S75.119A-S75.119D,
S75.121A-S75.121D,S75.122A-S75.122D,S75.129A-S75.129D,S75.191A-S75.191D,S75.192A-S75.192D,
S75.199A-S75.199D,S75.201A-S75.201D,S75.202A-S75.202D,S75.209A-S75.209D,S75.211A-S75.211D,
S75.212A-S75.212D,S75.219A-S75.219D,S75.221A-S75.221D,S75.222A-S75.222D,S75.229A-S75.229D,
S75.291A-S75.291D,S75.292A-S75.292D,S75.299A-S75.299D,S75.801A-S75.801D,S75.802A-S75.802D,
S75.809A-S75.809D,S75.811A-S75.811D,S75.812A-S75.812D,S75.819A-S75.819D,S75.891A-S75.891D,
S75.892A-S75.892D,S75.899A-S75.899D,S75.901A-S75.901D,S75.902A-S75.902D,S75.909A-S75.909D,
S75.911A-S75.911D,S75.912A-S75.912D,S75.919A-S75.919D,S75.991A-S75.991D,S75.992A-S75.992D,
S75.999A-S75.999D,S85.001A-S85.001D,S85.002A-S85.002D,S85.009A-S85.009D,S85.011A-S85.011D,
S85.012A-S85.012D,S85.019A-S85.019D,S85.091A-S85.091D,S85.092A-S85.092D,S85.099A-S85.099D,
S85.101A-S85.101D,S85.102A-S85.102D,S85.109A-S85.109D,S85.111A-S85.111D,S85.112A-S85.112D,
S85.119A-S85.119D,S85.121A-S85.121D,S85.122A-S85.122D,S85.129A-S85.129D,S85.131A-S85.131D,
S85.132A-S85.132D,S85.139A-S85.139D,S85.141A-S85.141D,S85.142A-S85.142D,S85.149A-S85.149D,
S85.151A-S85.151D,S85.152A-S85.152D,S85.159A-S85.159D,S85.161A-S85.161D,S85.162A-S85.162D,
S85.169A-S85.169D,S85.171A-S85.171D,S85.172A-S85.172D,S85.179A-S85.179D,S85.181A-S85.181D,
S85.182A-S85.182D,S85.189A-S85.189D,S85.201A-S85.201D,S85.202A-S85.202D,S85.209A-S85.209D,
S85.211A-S85.211D,S85.212A-S85.212D,S85.219A-S85.219D,S85.291A-S85.291D,S85.292A-S85.292D,
S85.299A-S85.299D,S85.301A-S85.301D,S85.302A-S85.302D,S85.309A-S85.309D,S85.311A-S85.311D,
S85.312A-S85.312D,S85.319A-S85.319D,S85.391A-S85.391D,S85.392A-S85.392D,S85.399A-S85.399D,
S85.401A-S85.401D,S85.402A-S85.402D,S85.409A-S85.409D,S85.411A-S85.411D,S85.412A-S85.412D,
S85.419A-S85.419D,S85.491A-S85.491D,S85.492A-S85.492D,S85.499A-S85.499D,S85.501A-S85.501D,
S85.502A-S85.502D,S85.509A-S85.509D,S85.511A-S85.511D,S85.512A-S85.512D,S85.519A-S85.519D,
S85.591A-S85.591D,S85.592A-S85.592D,S85.599A-S85.599D,S85.801A-S85.801D,S85.802A-S85.802D,
S85.809A-S85.809D,S85.811A-S85.811D,S85.812A-S85.812D,S85.819A-S85.819D,S85.891A-S85.891D,
S85.892A-S85.892D,S85.899A-S85.899D,S85.901A-S85.901D,S85.902A-S85.902D,S85.909A-S85.909D,
S85.911A-S85.911D,S85.912A-S85.912D,S85.919A-S85.919D,S85.991A-S85.991D,S85.992A-S85.992D,
S85.999A-S85.999D

CPT: 35189-35207,35226-35236,35256,35266,35286,35500,37565,37615,37618,37650,98966-98969,99051,99060,
99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-
99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **83**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP (See Guideline Notes 64,65,147)
Treatment: MEDICAL THERAPY
ICD-10: I80.10-I80.13,I80.201-I80.299,I82.401-I82.5Z9,Z79.01
CPT: 11042,11045,32661,35476,35700,35860,35875,35876,35903,37187-37193,37212-37214,37500,37650,37660,
37735-37761,37785,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,
99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **84**
Condition: INJURY TO INTERNAL ORGANS (See Guideline Notes 62,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: B51.0,S21.301A-S21.301D,S21.302A-S21.302D,S21.309A-S21.309D,S21.311A-S21.311D,S21.312A-S21.312D,
S21.319A-S21.319D,S21.321A-S21.321D,S21.322A-S21.322D,S21.329A-S21.329D,S21.331A-S21.331D,
S21.332A-S21.332D,S21.339A-S21.339D,S21.341A-S21.341D,S21.342A-S21.342D,S21.349A-S21.349D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S21.351A-S21.351D,S21.352A-S21.352D,S21.359A-S21.359D,S21.401A-S21.401D,S21.402A-S21.402D,
S21.409A-S21.409D,S21.411A-S21.411D,S21.412A-S21.412D,S21.419A-S21.419D,S21.421A-S21.421D,
S21.422A-S21.422D,S21.429A-S21.429D,S21.431A-S21.431D,S21.432A-S21.432D,S21.439A-S21.439D,
S21.441A-S21.441D,S21.442A-S21.442D,S21.449A-S21.449D,S21.451A-S21.451D,S21.452A-S21.452D,
S21.459A-S21.459D,S26.00XA-S26.00XD,S26.01XA-S26.01XD,S26.020A-S26.020D,S26.021A-S26.021D,
S26.022A-S26.022D,S26.09XA-S26.09XD,S26.10XA-S26.10XD,S26.11XA-S26.11XD,S26.12XA-S26.12XD,
S26.19XA-S26.19XD,S26.90XA-S26.90XD,S26.91XA-S26.91XD,S26.92XA-S26.92XD,S26.99XA-S26.99XD,
S27.301A-S27.301D,S27.302A-S27.302D,S27.309A-S27.309D,S27.311A-S27.311D,S27.312A-S27.312D,
S27.319A-S27.319D,S27.321A-S27.321D,S27.322A-S27.322D,S27.329A-S27.329D,S27.331A-S27.331D,
S27.332A-S27.332D,S27.339A-S27.339D,S27.391A-S27.391D,S27.392A-S27.392D,S27.399A-S27.399D,
S27.401A-S27.401D,S27.402A-S27.402D,S27.409A-S27.409D,S27.411A-S27.411D,S27.412A-S27.412D,
S27.419A-S27.419D,S27.421A-S27.421D,S27.422A-S27.422D,S27.429A-S27.429D,S27.431A-S27.431D,
S27.432A-S27.432D,S27.439A-S27.439D,S27.491A-S27.491D,S27.492A-S27.492D,S27.499A-S27.499D,
S27.50XA-S27.50XD,S27.51XA-S27.51XD,S27.52XA-S27.52XD,S27.53XA-S27.53XD,S27.59XA-S27.59XD,
S27.60XA-S27.60XD,S27.63XA-S27.63XD,S27.69XA-S27.69XD,S27.802A-S27.802D,S27.803A-S27.803D,
S27.808A-S27.808D,S27.809A-S27.809D,S27.892A-S27.892D,S27.893A-S27.893D,S27.898A-S27.898D,
S27.899A-S27.899D,S31.001A-S31.001D,S31.011A-S31.011D,S31.021A-S31.021D,S31.031A-S31.031D,
S31.041A-S31.041D,S31.051A-S31.051D,S31.600A-S31.600D,S31.601A-S31.601D,S31.602A-S31.602D,
S31.603A-S31.603D,S31.604A-S31.604D,S31.605A-S31.605D,S31.609A-S31.609D,S31.610A-S31.610D,
S31.611A-S31.611D,S31.612A-S31.612D,S31.613A-S31.613D,S31.614A-S31.614D,S31.615A-S31.615D,
S31.619A-S31.619D,S31.620A-S31.620D,S31.621A-S31.621D,S31.622A-S31.622D,S31.623A-S31.623D,
S31.624A-S31.624D,S31.625A-S31.625D,S31.629A-S31.629D,S31.630A-S31.630D,S31.631A-S31.631D,
S31.632A-S31.632D,S31.633A-S31.633D,S31.634A-S31.634D,S31.635A-S31.635D,S31.639A-S31.639D,
S31.640A-S31.640D,S31.641A-S31.641D,S31.642A-S31.642D,S31.643A-S31.643D,S31.644A-S31.644D,
S31.645A-S31.645D,S31.649A-S31.649D,S31.650A-S31.650D,S31.651A-S31.651D,S31.652A-S31.652D,
S31.653A-S31.653D,S31.654A-S31.654D,S31.655A-S31.655D,S31.659A-S31.659D,S36.00XA-S36.00XD,
S36.020A-S36.020D,S36.021A-S36.021D,S36.029A-S36.029D,S36.030A-S36.030D,S36.031A-S36.031D,
S36.032A-S36.032D,S36.039A-S36.039D,S36.09XA-S36.09XD,S36.112A-S36.112D,S36.113A-S36.113D,
S36.114A-S36.114D,S36.115A-S36.115D,S36.116A-S36.116D,S36.118A-S36.118D,S36.119A-S36.119D,
S36.122A-S36.122D,S36.123A-S36.123D,S36.128A-S36.128D,S36.129A-S36.129D,S36.13XA-S36.13XD,
S36.200A-S36.200D,S36.201A-S36.201D,S36.202A-S36.202D,S36.209A-S36.209D,S36.220A-S36.220D,
S36.221A-S36.221D,S36.222A-S36.222D,S36.229A-S36.229D,S36.230A-S36.230D,S36.231A-S36.231D,
S36.232A-S36.232D,S36.239A-S36.239D,S36.240A-S36.240D,S36.241A-S36.241D,S36.242A-S36.242D,
S36.249A-S36.249D,S36.250A-S36.250D,S36.251A-S36.251D,S36.252A-S36.252D,S36.259A-S36.259D,
S36.260A-S36.260D,S36.261A-S36.261D,S36.262A-S36.262D,S36.269A-S36.269D,S36.290A-S36.290D,
S36.291A-S36.291D,S36.292A-S36.292D,S36.299A-S36.299D,S36.30XA-S36.30XD,S36.32XA-S36.32XD,
S36.33XA-S36.33XD,S36.39XA-S36.39XD,S36.400A-S36.400D,S36.408A-S36.408D,S36.409A-S36.409D,
S36.410A-S36.410D,S36.418A-S36.418D,S36.419A-S36.419D,S36.420A-S36.420D,S36.428A-S36.428D,
S36.429A-S36.429D,S36.430A-S36.430D,S36.438A-S36.438D,S36.439A-S36.439D,S36.490A-S36.490D,
S36.498A-S36.498D,S36.499A-S36.499D,S36.500A-S36.500D,S36.501A-S36.501D,S36.502A-S36.502D,
S36.503A-S36.503D,S36.508A-S36.508D,S36.509A-S36.509D,S36.510A-S36.510D,S36.511A-S36.511D,
S36.512A-S36.512D,S36.513A-S36.513D,S36.518A-S36.518D,S36.519A-S36.519D,S36.520A-S36.520D,
S36.521A-S36.521D,S36.522A-S36.522D,S36.523A-S36.523D,S36.528A-S36.528D,S36.529A-S36.529D,
S36.530A-S36.530D,S36.531A-S36.531D,S36.532A-S36.532D,S36.533A-S36.533D,S36.538A-S36.538D,
S36.539A-S36.539D,S36.590A-S36.590D,S36.591A-S36.591D,S36.592A-S36.592D,S36.593A-S36.593D,
S36.598A-S36.598D,S36.599A-S36.599D,S36.60XA-S36.60XD,S36.61XA-S36.61XD,S36.62XA-S36.62XD,
S36.63XA-S36.63XD,S36.69XA-S36.69XD,S36.81XA-S36.81XD,S36.892A-S36.892D,S36.893A-S36.893D,
S36.898A-S36.898D,S36.899A-S36.899D,S36.90XA-S36.90XD,S36.92XA-S36.92XD,S36.93XA-S36.93XD,
S36.99XA-S36.99XD,S37.001A-S37.001D,S37.002A-S37.002D,S37.009A-S37.009D,S37.011A-S37.011D,
S37.012A-S37.012D,S37.019A-S37.019D,S37.021A-S37.021D,S37.022A-S37.022D,S37.029A-S37.029D,
S37.031A-S37.031D,S37.032A-S37.032D,S37.039A-S37.039D,S37.041A-S37.041D,S37.042A-S37.042D,
S37.049A-S37.049D,S37.051A-S37.051D,S37.052A-S37.052D,S37.059A-S37.059D,S37.061A-S37.061D,
S37.062A-S37.062D,S37.069A-S37.069D,S37.091A-S37.091D,S37.092A-S37.092D,S37.099A-S37.099D,
S37.10XA-S37.10XD,S37.12XA-S37.12XD,S37.13XA-S37.13XD,S37.19XA-S37.19XD,S37.20XA-S37.20XD,
S37.22XA-S37.22XD,S37.23XA-S37.23XD,S37.29XA-S37.29XD,S37.30XA-S37.30XD,S37.32XA-S37.32XD,
S37.33XA-S37.33XD,S37.39XA-S37.39XD,S37.401A-S37.401D,S37.402A-S37.402D,S37.409A-S37.409D,
S37.421A-S37.421D,S37.422A-S37.422D,S37.429A-S37.429D,S37.431A-S37.431D,S37.432A-S37.432D,
S37.439A-S37.439D,S37.491A-S37.491D,S37.492A-S37.492D,S37.499A-S37.499D,S37.501A-S37.501D,
S37.502A-S37.502D,S37.509A-S37.509D,S37.511A-S37.511D,S37.512A-S37.512D,S37.519A-S37.519D,
S37.521A-S37.521D,S37.522A-S37.522D,S37.529A-S37.529D,S37.531A-S37.531D,S37.532A-S37.532D,
S37.539A-S37.539D,S37.591A-S37.591D,S37.592A-S37.592D,S37.599A-S37.599D,S37.60XA-S37.60XD,
S37.62XA-S37.62XD,S37.63XA-S37.63XD,S37.69XA-S37.69XD,S37.812A-S37.812D,S37.813A-S37.813D,
S37.818A-S37.818D,S37.819A-S37.819D,S37.822A-S37.822D,S37.823A-S37.823D,S37.828A-S37.828D,
S37.829A-S37.829D,S37.892A-S37.892D,S37.893A-S37.893D,S37.898A-S37.898D,S37.899A-S37.899D,
S37.90XA-S37.90XD,S37.92XA-S37.92XD,S37.93XA-S37.93XD,S37.99XA-S37.99XD,T79.4XXA-T79.4XXD,
T79.7XXA-T79.7XXD

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

CPT: 31775,31805,32110-32124,32653,32654,32658,32820,33300-33335,34839-34848,37619,39501,39540,39545,43840,44015,44120-44125,44139-44160,44227,44320,44602-44605,44620-44626,44701,45562,45563,47120-47130,47350-47362,47533,47537,47802,47900,48545,50220,50546,50693-50695,50740-50760,50947,50948,51102,51860,51865,52310,52315,52332,53502-53515,58520,97605-97608,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 85**
Condition: FRACTURE OF HIP (See Guideline Notes 6,15,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M84.359A-M84.359G,M84.459A-M84.459G,M84.559A-M84.559G,M84.659A-M84.659G,M91.10-M91.92,S72.001A-S72.001J,S72.002A-S72.002J,S72.009A-S72.009J,S72.011A-S72.011J,S72.012A-S72.012J,S72.019A-S72.019J,S72.021A-S72.021J,S72.022A-S72.022J,S72.023A-S72.023J,S72.024A-S72.024J,S72.025A-S72.025J,S72.026A-S72.026J,S72.031A-S72.031J,S72.032A-S72.032J,S72.033A-S72.033J,S72.034A-S72.034J,S72.035A-S72.035J,S72.036A-S72.036J,S72.041A-S72.041J,S72.042A-S72.042J,S72.043A-S72.043J,S72.044A-S72.044J,S72.045A-S72.045J,S72.046A-S72.046J,S72.051A-S72.051J,S72.052A-S72.052J,S72.059A-S72.059J,S72.061A-S72.061J,S72.062A-S72.062J,S72.063A-S72.063J,S72.064A-S72.064J,S72.065A-S72.065J,S72.066A-S72.066J,S72.091A-S72.091J,S72.092A-S72.092J,S72.099A-S72.099J,S72.101A-S72.101J,S72.102A-S72.102J,S72.109A-S72.109J,S72.111A-S72.111J,S72.112A-S72.112J,S72.113A-S72.113J,S72.114A-S72.114J,S72.115A-S72.115J,S72.116A-S72.116J,S72.121A-S72.121J,S72.122A-S72.122J,S72.123A-S72.123J,S72.124A-S72.124J,S72.125A-S72.125J,S72.126A-S72.126J,S72.131A-S72.131J,S72.132A-S72.132J,S72.133A-S72.133J,S72.134A-S72.134J,S72.135A-S72.135J,S72.136A-S72.136J,S72.141A-S72.141J,S72.142A-S72.142J,S72.143A-S72.143J,S72.144A-S72.144J,S72.145A-S72.145J,S72.146A-S72.146J,S72.21XA-S72.21XJ,S72.22XA-S72.22XJ,S72.23XA-S72.23XJ,S72.24XA-S72.24XJ,S72.25XA-S72.25XJ,S72.26XA-S72.26XJ,S79.001A-S79.001G,S79.002A-S79.002G,S79.009A-S79.009G,S79.011A-S79.011G,S79.012A-S79.012G,S79.019A-S79.019G,S79.091A-S79.091G,S79.092A-S79.092G,S79.099A-S79.099G,Z47.1-Z47.2,Z47.32
CPT: 20680,20900,27125-27132,27230-27248,27267,27268,27506,27656,29035-29046,29305,29325,29700,29710,29720,77014,77261-77290,77295,77300,77331-77336,77387,77401-77417,77427,77470,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 86**
Condition: MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS (See Guideline Notes 18,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A18.84,A32.82,A39.50-A39.53,A52.03,A52.06,B26.82,B37.6,B57.0,D86.85,I09.0,I09.2,I23.0,I30.0-I30.9,I31.0-I31.9,I32,I33.0-I33.9,I39,I40.0-I40.9,I41,I51.4,I97.0,M32.11-M32.12
CPT: 31750,31760,32659,32661,33010-33050,33361-33403,33405-33413,33418,33419,33425-33465,33475,33477,33530,33946-33966,33969,33975-33993,35820,92960-92971,92978-92998,93355,93750,93797,93798,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467,S9348

**Line: 87**
Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-10: S11.011A-S11.011D,S11.012A-S11.012D,S11.013A-S11.013D,S11.014A-S11.014D,S11.015A-S11.015D,S11.019A-S11.019D,S11.021A-S11.021D,S11.022A-S11.022D,S11.023A-S11.023D,S11.024A-S11.024D,S11.025A-S11.025D,S11.029A-S11.029D,S11.031A-S11.031D,S11.032A-S11.032D,S11.033A-S11.033D,S11.034A-S11.034D,S11.035A-S11.035D,S11.039A-S11.039D,S11.10XA-S11.10XD,S11.11XA-S11.11XD,S11.12XA-S11.12XD,S11.13XA-S11.13XD,S11.14XA-S11.14XD,S11.15XA-S11.15XD,S11.20XA-S11.20XD,S11.21XA-S11.21XD,S11.22XA-S11.22XD,S11.23XA-S11.23XD,S11.24XA-S11.24XD,S11.25XA-S11.25XD,S11.80XA-S11.80XD,S11.81XA-S11.81XD,S11.82XA-S11.82XD,S11.83XA-S11.83XD,S11.84XA-S11.84XD,S11.85XA-S11.85XD,S11.89XA-S11.89XD,S11.90XA-S11.90XD,S11.91XA-S11.91XD,S11.92XA-S11.92XD,S11.93XA-S11.93XD,S11.94XA-S11.94XD,S11.95XA-S11.95XD,S12.8XXA-S12.8XXD,S13.20XA-S13.20XD,S13.29XA-S13.29XD,S16.2XXA-S16.2XXD
CPT: 11010-11012,12001-12007,13131-13133,15004-15040,15115-15121,15135,15136,15155-15157,15240,15241,20100,21495,31528,31529,31584,31630,31766,31780,31781,31800,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **88**
Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
ICD-10: E10.21-E10.29,T86.10-T86.19,T86.850-T86.899,Z48.22,Z48.288
CPT: 48160,48550-48556,50300-50365,76776,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2065

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

**Line:** **89**
Condition: ENDOCARDIAL CUSHION DEFECTS (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-10: Q20.6-Q20.8,Q21.2,Q21.8-Q21.9
CPT: 33620,33621,33645-33670,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **90**
Condition: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Notes 64,65)
Treatment: SHUNT/REPAIR
ICD-10: Q22.0
CPT: 33470-33474,33530,33608,33620,33621,33750-33766,33920,33925,33926,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **91**
Condition: CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM (See Guideline Notes 64,65)
Treatment: RECONSTRUCTION
ICD-10: Q55.23,Q55.3,Q61.00-Q61.9,Q62.63-Q62.69,Q62.8,Q64.10,Q64.12-Q64.6,Q64.71,Q64.73-Q64.74,Q64.79
CPT: 14020,14301,14302,15002-15261,15570-15574,15600-15620,15650,15736,15738,45820,50040,50045,50100,50125,50135,50220-50290,50390,50400,50405,50540,50542-50546,50548,50553,50572,50650,50722-50728,50825-50845,50947,50948,50970,51020-51045,51080-51597,51715,51800-51980,52214,52290,52300,53020,53025,53080,53085,53210,53215,53400-53460,53621,55175,55180,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **92**
Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: P77.1-P77.9,Z46.59
CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,49442,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **93**
Condition: DISCORDANT CARDIOVASCULAR CONNECTIONS (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-10: Q20.1-Q20.3,Q20.5,Q20.8-Q20.9,Q93.81
CPT: 33418,33419,33611,33612,33620,33621,33684,33735-33766,33770-33783,33946-33966,33969,33984-33989,42225,42226,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **94**
Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Notes 64,65)
Treatment: MITRAL VALVE REPAIR/REPLACEMENT
ICD-10: Q23.2-Q23.3,Z79.01
CPT: 33418-33430,33496,33620,33621,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **95**
Condition: GUILLAIN-BARRE SYNDROME (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: G61.0
CPT: 31600,31610,36514-36516,90284,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **96**
Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH PERSISTENT SYMPTOMS (See Guideline Notes 6,64,65,90,121)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S02.0XXA-S02.0XXG,S02.10XA-S02.10XG,S02.110A-S02.110G,S02.111A-S02.111G,S02.112A-S02.112G,S02.113A-S02.113G,S02.118A-S02.118G,S02.119A-S02.119G,S02.19XB-S02.19XG,S02.8XXA-S02.8XXG,S02.91XA-S02.91XG,S04.041A-S04.041D,S04.042A-S04.042D,S04.049A-S04.049D,S06.0X0A-S06.0X0D,S06.0X1A-S06.0X1D,S06.0X2A-S06.0X2D,S06.0X3A-S06.0X3D,S06.0X4A-S06.0X4D,S06.0X5A-S06.0X5D,S06.0X6A-S06.0X6D,S06.0X7A-S06.0X7D,S06.0X8A-S06.0X8D,S06.0X9A-S06.0X9D,S06.1X7A-S06.1X7D,S06.1X8A-S06.1X8D,S06.2X0A-S06.2X0D,S06.2X1A-S06.2X1D,S06.2X2A-S06.2X2D,S06.2X3A-S06.2X3D,S06.2X4A-S06.2X4D,S06.2X5A-S06.2X5D,S06.2X6A-S06.2X6D,S06.2X7A-S06.2X7D,S06.2X8A-S06.2X8D,S06.2X9A-S06.2X9D,S06.300A-S06.300D,S06.301A-S06.301D,S06.302A-S06.302D,S06.303A-S06.303D,S06.304A-S06.304D,S06.305A-S06.305D,S06.306A-S06.306D,S06.307A-S06.307D,S06.308A-S06.308D,S06.309A-S06.309D,S06.310A-S06.310D,S06.311A-S06.311D,S06.312A-S06.312D,S06.313A-S06.313D,S06.314A-S06.314D,S06.315A-S06.315D,S06.316A-S06.316D,S06.317A-S06.317D,S06.318A-S06.318D,S06.319A-S06.319D,S06.320A-S06.320D,S06.321A-S06.321D,S06.322A-S06.322D,S06.323A-S06.323D,S06.324A-S06.324D,S06.325A-S06.325D,S06.326A-S06.326D,S06.327A-S06.327D,S06.328A-S06.328D,S06.329A-S06.329D,S06.330A-S06.330D,S06.331A-S06.331D,S06.332A-S06.332D,S06.333A-S06.333D,S06.334A-S06.334D,S06.335A-S06.335D,S06.336A-S06.336D,S06.337A-S06.337D,S06.338A-S06.338D,S06.339A-S06.339D,S06.5X8A-S06.5X8D,S06.6X7A-S06.6X7D,S06.6X8A-S06.6X8D
CPT: 11010-11012,11971,14041,14301,14302,21100,21110,61107,61108,61210,61312-61322,61340,61345,61571,62000-62010,62140-62148,92507,92508,92521-92526,92607-92609,92633,96118,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **97**
Condition: CHILDHOOD LEUKEMIAS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C90.10-C90.12,C91.00-C91.02,C92.00-C92.02,C93.30-C93.32,C95.00-C95.02,D46.20-D46.22,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,49411,62350-62370,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77427,77469,81246,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **98**
Condition: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
ICD-10: Q53.00-Q53.9
CPT: 54512-54522,54550,54560,54620-54660,54690,54692,55200,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **99**
Condition: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 7,11,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: D61.810,D81.0-D81.4,D81.6-D81.7,D81.89-D81.9,D82.0-D82.1,T86.01-T86.09,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450, 96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line:** **100**
Condition: DIABETIC AND OTHER RETINOPATHY (See Guideline Notes 64,65,116)
Treatment: MEDICAL, SURGICAL, AND LASER TREATMENT
ICD-10: E08.311-E08.359,E08.39,E09.311-E09.359,E09.39,E10.311-E10.359,E10.39,E11.311-E11.359,E11.39,E13.311-E13.359,E13.39,H31.401-H31.8,H35.021-H35.09,H35.20-H35.23,H35.60-H35.63
CPT: 67027,67028,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92140, 92225-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **101**
Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.3
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239, 99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125, S9480,S9484,T1005,T1016

**Line:** **102**
Condition: HEART FAILURE (See Guideline Notes 18,64,65)
Treatment: MEDICAL THERAPY
ICD-10: I09.81,I27.0-I27.2,I27.81,I27.89-I27.9,I50.1,I50.20-I50.9,I97.110-I97.111,I97.130-I97.191,J81.0-J81.1,Z79.01
CPT: 33946-33993,92920-92938,92943,92944,92960-92998,93355,93750,93797,93798,96150-96154,97802-97804, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467,S9348

**Line:** **103**
Condition: CARDIOMYOPATHY (See Guideline Notes 49,64,65,124)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: B57.2,I42.0-I42.9,I43,I51.5,Z45.010-Z45.09,Z79.01
CPT: 21630,33010,33215,33216,33218,33220,33223-33226,33230,33231,33240-33249,33262-33264,33270-33273, 33414-33416,33508-33530,92960-92971,92978-92998,93282-93284,93287,93289,93292,93295,93296,93583, 93644,93724,93745,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463,G0466,G0467,K0606-K0609,S0340-S0342,S9348

**Line:** **104**
Condition: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
ICD-10: D30.9,D57.1,D59.3,D69.0,E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,E75.21-E75.22,E75.240-E75.249,E75.3,E77.0,E77.8,E78.71-E78.72,I12.0,M30.0-M30.2,M30.8,M31.0,M31.31,M31.7, M32.14-M32.19,M35.04,N00.8,N01.0-N01.9,N02.0-N02.9,N03.0-N03.9,N04.0-N04.9,N05.0-N05.9,N06.0-N06.9, N07.0-N07.9,N08,N11.0-N11.8,N14.0-N14.4,N15.0,N15.8-N15.9,N16,N17.0-N17.9,N18.5-N18.6,N26.1,N26.9, N28.0,Q60.0-Q60.2,Q60.4-Q60.6,Q61.19-Q61.5,Q62.0,Q62.10-Q62.39,Q79.4,Q79.51,Q87.2-Q87.3,Q87.5, Q87.81-Q87.89,Q89.8,T86.10-T86.19,Z48.22,Z52.4
CPT: 36825,36830,50300-50370,50547,76776,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **105**
Condition: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K31.6,P76.0-P76.9,P78.1,P78.81,P78.89,Q40.0,Q41.0-Q41.9,Q42.0-Q42.9,Q43.0-Q43.9,Q45.0-Q45.9,T86.890-T86.899,Z46.59
CPT: 31750,31760,32905,32906,39503,39545,43500-43520,43620-43640,43800-43825,43840,43850,43860,43870,43880,44005-44021,44050,44055,44110-44130,44139-44227,44300-44346,44363-44370,44378,44379,44381,44384,44391-44402,44404,44405,44408-44701,44715-44721,44800-44955,45000-45020,45108-45123,45130-45150,45303,45308-45320,45327,45333-45335,45338,45340,45346,45347,45381-45389,45393-45397,45800,45905,45910,46040,46045,46060-46080,46270,46275,46604,46610-46614,46705-46754,47300,47533-47540,47542,47544,47554-47556,47600-47620,47701,47715-47999,48120-48146,48150,48500-48556,49203-49250,49324,49325,49421-49424,49442,49600-49611,49904,49905,51500,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **106**
Condition: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E80.4-E80.7,P50.0-P50.9,P51.0-P51.9,P54.1-P54.3,P55.0-P55.9,P57.0-P57.9,P58.0-P58.3,P58.41-P58.9,P59.0-P59.1,P59.20-P59.9,P61.3-P61.4
CPT: 96900,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **107**
Condition: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E67.0,E67.3,P93.0-P93.8,T36.0X1A-T36.0X1D,T36.0X2A-T36.0X2D,T36.0X3A-T36.0X3D,T36.0X4A-T36.0X4D,T36.0X5A-T36.0X5D,T36.1X1A-T36.1X1D,T36.1X2A-T36.1X2D,T36.1X3A-T36.1X3D,T36.1X4A-T36.1X4D,T36.1X5A-T36.1X5D,T36.2X1A-T36.2X1D,T36.2X2A-T36.2X2D,T36.2X3A-T36.2X3D,T36.2X4A-T36.2X4D,T36.2X5A-T36.2X5D,T36.3X1A-T36.3X1D,T36.3X2A-T36.3X2D,T36.3X3A-T36.3X3D,T36.3X4A-T36.3X4D,T36.3X5A-T36.3X5D,T36.4X1A-T36.4X1D,T36.4X2A-T36.4X2D,T36.4X3A-T36.4X3D,T36.4X4A-T36.4X4D,T36.4X5A-T36.4X5D,T36.5X1A-T36.5X1D,T36.5X2A-T36.5X2D,T36.5X3A-T36.5X3D,T36.5X4A-T36.5X4D,T36.5X5A-T36.5X5D,T36.6X1A-T36.6X1D,T36.6X2A-T36.6X2D,T36.6X3A-T36.6X3D,T36.6X4A-T36.6X4D,T36.6X5A-T36.6X5D,T36.7X1A-T36.7X1D,T36.7X2A-T36.7X2D,T36.7X3A-T36.7X3D,T36.7X4A-T36.7X4D,T36.7X5A-T36.7X5D,T36.8X1A-T36.8X1D,T36.8X2A-T36.8X2D,T36.8X3A-T36.8X3D,T36.8X4A-T36.8X4D,T36.8X5A-T36.8X5D,T36.91XA-T36.91XD,T36.92XA-T36.92XD,T36.93XA-T36.93XD,T36.94XA-T36.94XD,T36.95XA-T36.95XD,T37.0X1A-T37.0X1D,T37.0X2A-T37.0X2D,T37.0X3A-T37.0X3D,T37.0X4A-T37.0X4D,T37.0X5A-T37.0X5D,T37.1X1A-T37.1X1D,T37.1X2A-T37.1X2D,T37.1X3A-T37.1X3D,T37.1X4A-T37.1X4D,T37.1X5A-T37.1X5D,T37.2X1A-T37.2X1D,T37.2X2A-T37.2X2D,T37.2X3A-T37.2X3D,T37.2X4A-T37.2X4D,T37.2X5A-T37.2X5D,T37.3X1A-T37.3X1D,T37.3X2A-T37.3X2D,T37.3X3A-T37.3X3D,T37.3X4A-T37.3X4D,T37.3X5A-T37.3X5D,T37.4X1A-T37.4X1D,T37.4X2A-T37.4X2D,T37.4X3A-T37.4X3D,T37.4X4A-T37.4X4D,T37.4X5A-T37.4X5D,T37.5X1A-T37.5X1D,T37.5X2A-T37.5X2D,T37.5X3A-T37.5X3D,T37.5X4A-T37.5X4D,T37.5X5A-T37.5X5D,T37.8X1A-T37.8X1D,T37.8X2A-T37.8X2D,T37.8X3A-T37.8X3D,T37.8X4A-T37.8X4D,T37.8X5A-T37.8X5D,T37.91XA-T37.91XD,T37.92XA-T37.92XD,T37.93XA-T37.93XD,T37.94XA-T37.94XD,T37.95XA-T37.95XD,T38.0X1A-T38.0X1D,T38.0X2A-T38.0X2D,T38.0X3A-T38.0X3D,T38.0X4A-T38.0X4D,T38.0X5A-T38.0X5D,T38.1X1A-T38.1X1D,T38.1X2A-T38.1X2D,T38.1X3A-T38.1X3D,T38.1X4A-T38.1X4D,T38.1X5A-T38.1X5D,T38.1X6A-T38.1X6D,T38.2X1A-T38.2X1D,T38.2X2A-T38.2X2D,T38.2X3A-T38.2X3D,T38.2X4A-T38.2X4D,T38.2X5A-T38.2X5D,T38.2X6A-T38.2X6D,T38.3X1A-T38.3X1D,T38.3X2A-T38.3X2D,T38.3X3A-T38.3X3D,T38.3X4A-T38.3X4D,T38.3X5A-T38.3X5D,T38.4X1A-T38.4X1D,T38.4X2A-T38.4X2D,T38.4X3A-T38.4X3D,T38.4X4A-T38.4X4D,T38.4X5A-T38.4X5D,T38.5X1A-T38.5X1D,T38.5X2A-T38.5X2D,T38.5X3A-T38.5X3D,T38.5X4A-T38.5X4D,T38.5X5A-T38.5X5D,T38.6X1A-T38.6X1D,T38.6X2A-T38.6X2D,T38.6X3A-T38.6X3D,T38.6X4A-T38.6X4D,T38.6X5A-T38.6X5D,T38.7X1A-T38.7X1D,T38.7X2A-T38.7X2D,T38.7X3A-T38.7X3D,T38.7X4A-T38.7X4D,T38.7X5A-T38.7X5D,T38.801A-T38.801D,T38.802A-T38.802D,T38.803A-T38.803D,T38.804A-T38.804D,T38.805A-T38.805D,T38.811A-T38.811D,T38.812A-T38.812D,T38.813A-T38.813D,T38.814A-T38.814D,T38.815A-T38.815D,T38.891A-T38.891D,T38.892A-T38.892D,T38.893A-T38.893D,T38.894A-T38.894D,T38.895A-T38.895D,T38.901A-T38.901D,T38.902A-T38.902D,T38.903A-T38.903D,T38.904A-T38.904D,T38.905A-T38.905D,T38.991A-T38.991D,T38.992A-T38.992D,T38.993A-T38.993D,T38.994A-T38.994D,T38.995A-T38.995D,T39.011A-T39.011D,T39.012A-T39.012D,T39.013A-T39.013D,T39.014A-T39.014D,T39.015A-T39.015D,T39.091A-T39.091D,T39.092A-T39.092D,T39.093A-T39.093D,T39.094A-T39.094D,T39.095A-T39.095D,T39.1X1A-T39.1X1D,T39.1X2A-T39.1X2D,T39.1X3A-T39.1X3D,T39.1X4A-T39.1X4D,T39.1X5A-T39.1X5D,T39.2X1A-T39.2X1D,T39.2X2A-T39.2X2D,T39.2X3A-T39.2X3D,T39.2X4A-T39.2X4D,T39.2X5A-T39.2X5D,T39.311A-T39.311D,T39.312A-T39.312D,T39.313A-T39.313D,T39.314A-T39.314D,T39.315A-T39.315D,T39.391A-T39.391D,T39.392A-T39.392D,T39.393A-T39.393D,T39.394A-T39.394D,T39.395A-T39.395D,T39.4X1A-T39.4X1D,T39.4X2A-T39.4X2D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T39.4X3A-T39.4X3D,T39.4X4A-T39.4X4D,T39.4X5A-T39.4X5D,T39.8X1A-T39.8X1D,T39.8X2A-T39.8X2D,
T39.8X3A-T39.8X3D,T39.8X4A-T39.8X4D,T39.8X5A-T39.8X5D,T39.91XA-T39.91XD,T39.92XA-T39.92XD,
T39.93XA-T39.93XD,T39.94XA-T39.94XD,T39.95XA-T39.95XD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,
T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.0X5A-T40.0X5D,T40.1X1A-T40.1X1D,T40.1X2A-T40.1X2D,
T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,T40.2X3A-T40.2X3D,
T40.2X4A-T40.2X4D,T40.2X5A-T40.2X5D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,
T40.3X4A-T40.3X4D,T40.3X5A-T40.3X5D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,
T40.4X4A-T40.4X4D,T40.4X5A-T40.4X5D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,
T40.5X4A-T40.5X4D,T40.5X5A-T40.5X5D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,
T40.604A-T40.604D,T40.605A-T40.605D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,
T40.694A-T40.694D,T40.695A-T40.695D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,
T40.7X4A-T40.7X4D,T40.7X5A-T40.7X5D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,
T40.8X4A-T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,
T40.905A-T40.905D,T40.991A-T40.991D,T40.992A-T40.992D,T40.993A-T40.993D,T40.994A-T40.994D,
T40.995A-T40.995D,T41.0X1A-T41.0X1D,T41.0X2A-T41.0X2D,T41.0X3A-T41.0X3D,T41.0X4A-T41.0X4D,
T41.0X5A-T41.0X5D,T41.1X1A-T41.1X1D,T41.1X2A-T41.1X2D,T41.1X3A-T41.1X3D,T41.1X4A-T41.1X4D,
T41.1X5A-T41.1X5D,T41.201A-T41.201D,T41.202A-T41.202D,T41.203A-T41.203D,T41.204A-T41.204D,
T41.205A-T41.205D,T41.291A-T41.291D,T41.292A-T41.292D,T41.293A-T41.293D,T41.294A-T41.294D,
T41.295A-T41.295D,T41.3X1A-T41.3X1D,T41.3X2A-T41.3X2D,T41.3X3A-T41.3X3D,T41.3X4A-T41.3X4D,
T41.3X5A-T41.3X5D,T41.41XA-T41.41XD,T41.42XA-T41.42XD,T41.43XA-T41.43XD,T41.44XA-T41.44XD,
T41.45XA-T41.45XD,T41.5X1A-T41.5X1D,T41.5X2A-T41.5X2D,T41.5X3A-T41.5X3D,T41.5X4A-T41.5X4D,
T41.5X5A-T41.5X5D,T42.0X1A-T42.0X1D,T42.0X2A-T42.0X2D,T42.0X3A-T42.0X3D,T42.0X4A-T42.0X4D,
T42.0X5A-T42.0X5D,T42.1X1A-T42.1X1D,T42.1X2A-T42.1X2D,T42.1X3A-T42.1X3D,T42.1X4A-T42.1X4D,
T42.1X5A-T42.1X5D,T42.2X1A-T42.2X1D,T42.2X2A-T42.2X2D,T42.2X3A-T42.2X3D,T42.2X4A-T42.2X4D,
T42.2X5A-T42.2X5D,T42.3X1A-T42.3X1D,T42.3X2A-T42.3X2D,T42.3X3A-T42.3X3D,T42.3X4A-T42.3X4D,
T42.3X5A-T42.3X5D,T42.4X1A-T42.4X1D,T42.4X2A-T42.4X2D,T42.4X3A-T42.4X3D,T42.4X4A-T42.4X4D,
T42.4X5A-T42.4X5D,T42.5X1A-T42.5X1D,T42.5X2A-T42.5X2D,T42.5X3A-T42.5X3D,T42.5X4A-T42.5X4D,
T42.5X5A-T42.5X5D,T42.6X1A-T42.6X1D,T42.6X2A-T42.6X2D,T42.6X3A-T42.6X3D,T42.6X4A-T42.6X4D,
T42.6X5A-T42.6X5D,T42.71XA-T42.71XD,T42.72XA-T42.72XD,T42.73XA-T42.73XD,T42.74XA-T42.74XD,
T42.75XA-T42.75XD,T42.8X1A-T42.8X1D,T42.8X2A-T42.8X2D,T42.8X3A-T42.8X3D,T42.8X4A-T42.8X4D,
T42.8X5A-T42.8X5D,T43.011A-T43.011D,T43.012A-T43.012D,T43.013A-T43.013D,T43.014A-T43.014D,
T43.015A-T43.015D,T43.021A-T43.021D,T43.022A-T43.022D,T43.023A-T43.023D,T43.024A-T43.024D,
T43.025A-T43.025D,T43.1X1A-T43.1X1D,T43.1X2A-T43.1X2D,T43.1X3A-T43.1X3D,T43.1X4A-T43.1X4D,
T43.1X5A-T43.1X5D,T43.201A-T43.201D,T43.202A-T43.202D,T43.203A-T43.203D,T43.204A-T43.204D,
T43.205A-T43.205D,T43.211A-T43.211D,T43.212A-T43.212D,T43.213A-T43.213D,T43.214A-T43.214D,
T43.215A-T43.215D,T43.221A-T43.221D,T43.222A-T43.222D,T43.223A-T43.223D,T43.224A-T43.224D,
T43.225A-T43.225D,T43.291A-T43.291D,T43.292A-T43.292D,T43.293A-T43.293D,T43.294A-T43.294D,
T43.295A-T43.295D,T43.3X1A-T43.3X1D,T43.3X2A-T43.3X2D,T43.3X3A-T43.3X3D,T43.3X4A-T43.3X4D,
T43.3X5A-T43.3X5D,T43.4X1A-T43.4X1D,T43.4X2A-T43.4X2D,T43.4X3A-T43.4X3D,T43.4X4A-T43.4X4D,
T43.4X5A-T43.4X5D,T43.501A-T43.501D,T43.502A-T43.502D,T43.503A-T43.503D,T43.504A-T43.504D,
T43.505A-T43.505D,T43.591A-T43.591D,T43.592A-T43.592D,T43.593A-T43.593D,T43.594A-T43.594D,
T43.595A-T43.595D,T43.601A-T43.601D,T43.602A-T43.602D,T43.603A-T43.603D,T43.604A-T43.604D,
T43.605A-T43.605D,T43.611A-T43.611D,T43.612A-T43.612D,T43.613A-T43.613D,T43.614A-T43.614D,
T43.615A-T43.615D,T43.621A-T43.621D,T43.622A-T43.622D,T43.623A-T43.623D,T43.624A-T43.624D,
T43.625A-T43.625D,T43.631A-T43.631D,T43.632A-T43.632D,T43.633A-T43.633D,T43.634A-T43.634D,
T43.635A-T43.635D,T43.691A-T43.691D,T43.692A-T43.692D,T43.693A-T43.693D,T43.694A-T43.694D,
T43.695A-T43.695D,T43.8X1A-T43.8X1D,T43.8X2A-T43.8X2D,T43.8X3A-T43.8X3D,T43.8X4A-T43.8X4D,
T43.8X5A-T43.8X5D,T43.91XA-T43.91XD,T43.92XA-T43.92XD,T43.93XA-T43.93XD,T43.94XA-T43.94XD,
T43.95XA-T43.95XD,T44.0X1A-T44.0X1D,T44.0X2A-T44.0X2D,T44.0X3A-T44.0X3D,T44.0X4A-T44.0X4D,
T44.0X5A-T44.0X5D,T44.1X1A-T44.1X1D,T44.1X2A-T44.1X2D,T44.1X3A-T44.1X3D,T44.1X4A-T44.1X4D,
T44.1X5A-T44.1X5D,T44.2X1A-T44.2X1D,T44.2X2A-T44.2X2D,T44.2X3A-T44.2X3D,T44.2X4A-T44.2X4D,
T44.2X5A-T44.2X5D,T44.3X1A-T44.3X1D,T44.3X2A-T44.3X2D,T44.3X3A-T44.3X3D,T44.3X4A-T44.3X4D,
T44.3X5A-T44.3X5D,T44.4X1A-T44.4X1D,T44.4X2A-T44.4X2D,T44.4X3A-T44.4X3D,T44.4X4A-T44.4X4D,
T44.4X5A-T44.4X5D,T44.5X1A-T44.5X1D,T44.5X2A-T44.5X2D,T44.5X3A-T44.5X3D,T44.5X4A-T44.5X4D,
T44.5X5A-T44.5X5D,T44.6X1A-T44.6X1D,T44.6X2A-T44.6X2D,T44.6X3A-T44.6X3D,T44.6X4A-T44.6X4D,
T44.6X5A-T44.6X5D,T44.7X1A-T44.7X1D,T44.7X2A-T44.7X2D,T44.7X3A-T44.7X3D,T44.7X4A-T44.7X4D,
T44.7X5A-T44.7X5D,T44.8X1A-T44.8X1D,T44.8X2A-T44.8X2D,T44.8X3A-T44.8X3D,T44.8X4A-T44.8X4D,
T44.8X5A-T44.8X5D,T44.901A-T44.901D,T44.902A-T44.902D,T44.903A-T44.903D,T44.904A-T44.904D,
T44.905A-T44.905D,T44.991A-T44.991D,T44.992A-T44.992D,T44.993A-T44.993D,T44.994A-T44.994D,
T44.995A-T44.995D,T45.0X1A-T45.0X1D,T45.0X2A-T45.0X2D,T45.0X3A-T45.0X3D,T45.0X4A-T45.0X4D,
T45.0X5A-T45.0X5D,T45.1X1A-T45.1X1D,T45.1X2A-T45.1X2D,T45.1X3A-T45.1X3D,T45.1X4A-T45.1X4D,
T45.1X5A-T45.1X5D,T45.2X1A-T45.2X1D,T45.2X2A-T45.2X2D,T45.2X3A-T45.2X3D,T45.2X4A-T45.2X4D,
T45.2X5A-T45.2X5D,T45.3X1A-T45.3X1D,T45.3X2A-T45.3X2D,T45.3X3A-T45.3X3D,T45.3X4A-T45.3X4D,
T45.3X5A-T45.3X5D,T45.4X1A-T45.4X1D,T45.4X2A-T45.4X2D,T45.4X3A-T45.4X3D,T45.4X4A-T45.4X4D,
T45.4X5A-T45.4X5D,T45.511A-T45.511D,T45.512A-T45.512D,T45.513A-T45.513D,T45.514A-T45.514D,
T45.515A-T45.515D,T45.521A-T45.521D,T45.522A-T45.522D,T45.523A-T45.523D,T45.524A-T45.524D,
T45.525A-T45.525D,T45.601A-T45.601D,T45.602A-T45.602D,T45.603A-T45.603D,T45.604A-T45.604D,
T45.605A-T45.605D,T45.611A-T45.611D,T45.612A-T45.612D,T45.613A-T45.613D,T45.614A-T45.614D,
T45.615A-T45.615D,T45.621A-T45.621D,T45.622A-T45.622D,T45.623A-T45.623D,T45.624A-T45.624D,
T45.625A-T45.625D,T45.691A-T45.691D,T45.692A-T45.692D,T45.693A-T45.693D,T45.694A-T45.694D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T45.695A-T45.695D,T45.7X1A-T45.7X1D,T45.7X2A-T45.7X2D,T45.7X3A-T45.7X3D,T45.7X4A-T45.7X4D,
T45.7X5A-T45.7X5D,T45.8X1A-T45.8X1D,T45.8X2A-T45.8X2D,T45.8X3A-T45.8X3D,T45.8X4A-T45.8X4D,
T45.8X5A-T45.8X5D,T45.91XA-T45.91XD,T45.92XA-T45.92XD,T45.93XA-T45.93XD,T45.94XA-T45.94XD,
T45.95XA-T45.95XD,T46.0X1A-T46.0X1D,T46.0X2A-T46.0X2D,T46.0X3A-T46.0X3D,T46.0X4A-T46.0X4D,
T46.0X5A-T46.0X5D,T46.1X1A-T46.1X1D,T46.1X2A-T46.1X2D,T46.1X3A-T46.1X3D,T46.1X4A-T46.1X4D,
T46.1X5A-T46.1X5D,T46.2X1A-T46.2X1D,T46.2X2A-T46.2X2D,T46.2X3A-T46.2X3D,T46.2X4A-T46.2X4D,
T46.2X5A-T46.2X5D,T46.3X1A-T46.3X1D,T46.3X2A-T46.3X2D,T46.3X3A-T46.3X3D,T46.3X4A-T46.3X4D,
T46.3X5A-T46.3X5D,T46.4X1A-T46.4X1D,T46.4X2A-T46.4X2D,T46.4X3A-T46.4X3D,T46.4X4A-T46.4X4D,
T46.4X5A-T46.4X5D,T46.5X1A-T46.5X1D,T46.5X2A-T46.5X2D,T46.5X3A-T46.5X3D,T46.5X4A-T46.5X4D,
T46.5X5A-T46.5X5D,T46.6X1A-T46.6X1D,T46.6X2A-T46.6X2D,T46.6X3A-T46.6X3D,T46.6X4A-T46.6X4D,
T46.6X5A-T46.6X5D,T46.7X1A-T46.7X1D,T46.7X2A-T46.7X2D,T46.7X3A-T46.7X3D,T46.7X4A-T46.7X4D,
T46.7X5A-T46.7X5D,T46.8X1A-T46.8X1D,T46.8X2A-T46.8X2D,T46.8X3A-T46.8X3D,T46.8X4A-T46.8X4D,
T46.8X5A-T46.8X5D,T46.901A-T46.901D,T46.902A-T46.902D,T46.903A-T46.903D,T46.904A-T46.904D,
T46.905A-T46.905D,T46.991A-T46.991D,T46.992A-T46.992D,T46.993A-T46.993D,T46.994A-T46.994D,
T46.995A-T46.995D,T47.0X1A-T47.0X1D,T47.0X2A-T47.0X2D,T47.0X3A-T47.0X3D,T47.0X4A-T47.0X4D,
T47.0X5A-T47.0X5D,T47.1X1A-T47.1X1D,T47.1X2A-T47.1X2D,T47.1X3A-T47.1X3D,T47.1X4A-T47.1X4D,
T47.1X5A-T47.1X5D,T47.2X1A-T47.2X1D,T47.2X2A-T47.2X2D,T47.2X3A-T47.2X3D,T47.2X4A-T47.2X4D,
T47.2X5A-T47.2X5D,T47.3X1A-T47.3X1D,T47.3X2A-T47.3X2D,T47.3X3A-T47.3X3D,T47.3X4A-T47.3X4D,
T47.3X5A-T47.3X5D,T47.4X1A-T47.4X1D,T47.4X2A-T47.4X2D,T47.4X3A-T47.4X3D,T47.4X4A-T47.4X4D,
T47.4X5A-T47.4X5D,T47.5X1A-T47.5X1D,T47.5X2A-T47.5X2D,T47.5X3A-T47.5X3D,T47.5X4A-T47.5X4D,
T47.5X5A-T47.5X5D,T47.6X1A-T47.6X1D,T47.6X2A-T47.6X2D,T47.6X3A-T47.6X3D,T47.6X4A-T47.6X4D,
T47.6X5A-T47.6X5D,T47.7X1A-T47.7X1D,T47.7X2A-T47.7X2D,T47.7X3A-T47.7X3D,T47.7X4A-T47.7X4D,
T47.7X5A-T47.7X5D,T47.8X1A-T47.8X1D,T47.8X2A-T47.8X2D,T47.8X3A-T47.8X3D,T47.8X4A-T47.8X4D,
T47.8X5A-T47.8X5D,T47.91XA-T47.91XD,T47.92XA-T47.92XD,T47.93XA-T47.93XD,T47.94XA-T47.94XD,
T47.95XA-T47.95XD,T48.0X1A-T48.0X1D,T48.0X2A-T48.0X2D,T48.0X3A-T48.0X3D,T48.0X4A-T48.0X4D,
T48.0X5A-T48.0X5D,T48.1X1A-T48.1X1D,T48.1X2A-T48.1X2D,T48.1X3A-T48.1X3D,T48.1X4A-T48.1X4D,
T48.1X5A-T48.1X5D,T48.201A-T48.201D,T48.202A-T48.202D,T48.203A-T48.203D,T48.204A-T48.204D,
T48.205A-T48.205D,T48.291A-T48.291D,T48.292A-T48.292D,T48.293A-T48.293D,T48.294A-T48.294D,
T48.295A-T48.295D,T48.3X1A-T48.3X1D,T48.3X2A-T48.3X2D,T48.3X3A-T48.3X3D,T48.3X4A-T48.3X4D,
T48.3X5A-T48.3X5D,T48.4X1A-T48.4X1D,T48.4X2A-T48.4X2D,T48.4X3A-T48.4X3D,T48.4X4A-T48.4X4D,
T48.4X5A-T48.4X5D,T48.5X1A-T48.5X1D,T48.5X2A-T48.5X2D,T48.5X3A-T48.5X3D,T48.5X4A-T48.5X4D,
T48.5X5A-T48.5X5D,T48.6X1A-T48.6X1D,T48.6X2A-T48.6X2D,T48.6X3A-T48.6X3D,T48.6X4A-T48.6X4D,
T48.6X5A-T48.6X5D,T48.901A-T48.901D,T48.902A-T48.902D,T48.903A-T48.903D,T48.904A-T48.904D,
T48.905A-T48.905D,T48.991A-T48.991D,T48.992A-T48.992D,T48.993A-T48.993D,T48.994A-T48.994D,
T48.995A-T48.995D,T49.0X1A-T49.0X1D,T49.0X2A-T49.0X2D,T49.0X3A-T49.0X3D,T49.0X4A-T49.0X4D,
T49.0X5A-T49.0X5D,T49.1X1A-T49.1X1D,T49.1X2A-T49.1X2D,T49.1X3A-T49.1X3D,T49.1X4A-T49.1X4D,
T49.1X5A-T49.1X5D,T49.2X1A-T49.2X1D,T49.2X2A-T49.2X2D,T49.2X3A-T49.2X3D,T49.2X4A-T49.2X4D,
T49.2X5A-T49.2X5D,T49.3X1A-T49.3X1D,T49.3X2A-T49.3X2D,T49.3X3A-T49.3X3D,T49.3X4A-T49.3X4D,
T49.3X5A-T49.3X5D,T49.4X1A-T49.4X1D,T49.4X2A-T49.4X2D,T49.4X3A-T49.4X3D,T49.4X4A-T49.4X4D,
T49.4X5A-T49.4X5D,T49.5X1A-T49.5X1D,T49.5X2A-T49.5X2D,T49.5X3A-T49.5X3D,T49.5X4A-T49.5X4D,
T49.5X5A-T49.5X5D,T49.6X1A-T49.6X1D,T49.6X2A-T49.6X2D,T49.6X3A-T49.6X3D,T49.6X4A-T49.6X4D,
T49.6X5A-T49.6X5D,T49.7X1A-T49.7X1D,T49.7X2A-T49.7X2D,T49.7X3A-T49.7X3D,T49.7X4A-T49.7X4D,
T49.7X5A-T49.7X5D,T49.8X1A-T49.8X1D,T49.8X2A-T49.8X2D,T49.8X3A-T49.8X3D,T49.8X4A-T49.8X4D,
T49.8X5A-T49.8X5D,T49.91XA-T49.91XD,T49.92XA-T49.92XD,T49.93XA-T49.93XD,T49.94XA-T49.94XD,
T49.95XA-T49.95XD,T50.0X1A-T50.0X1D,T50.0X2A-T50.0X2D,T50.0X3A-T50.0X3D,T50.0X4A-T50.0X4D,
T50.0X5A-T50.0X5D,T50.1X1A-T50.1X1D,T50.1X2A-T50.1X2D,T50.1X3A-T50.1X3D,T50.1X4A-T50.1X4D,
T50.1X5A-T50.1X5D,T50.2X1A-T50.2X1D,T50.2X2A-T50.2X2D,T50.2X3A-T50.2X3D,T50.2X4A-T50.2X4D,
T50.2X5A-T50.2X5D,T50.3X1A-T50.3X1D,T50.3X2A-T50.3X2D,T50.3X3A-T50.3X3D,T50.3X4A-T50.3X4D,
T50.3X5A-T50.3X5D,T50.4X1A-T50.4X1D,T50.4X2A-T50.4X2D,T50.4X3A-T50.4X3D,T50.4X4A-T50.4X4D,
T50.4X5A-T50.4X5D,T50.5X1A-T50.5X1D,T50.5X2A-T50.5X2D,T50.5X3A-T50.5X3D,T50.5X4A-T50.5X4D,
T50.5X5A-T50.5X5D,T50.6X1A-T50.6X1D,T50.6X2A-T50.6X2D,T50.6X3A-T50.6X3D,T50.6X4A-T50.6X4D,
T50.6X5A-T50.6X5D,T50.7X1A-T50.7X1D,T50.7X2A-T50.7X2D,T50.7X3A-T50.7X3D,T50.7X4A-T50.7X4D,
T50.7X5A-T50.7X5D,T50.8X1A-T50.8X1D,T50.8X2A-T50.8X2D,T50.8X3A-T50.8X3D,T50.8X4A-T50.8X4D,
T50.8X5A-T50.8X5D,T50.A11A-T50.A11D,T50.A12A-T50.A12D,T50.A13A-T50.A13D,T50.A14A-T50.A14D,
T50.A15A-T50.A15D,T50.A21A-T50.A21D,T50.A22A-T50.A22D,T50.A23A-T50.A23D,T50.A24A-T50.A24D,
T50.A25A-T50.A25D,T50.A91A-T50.A91D,T50.A92A-T50.A92D,T50.A93A-T50.A93D,T50.A94A-T50.A94D,
T50.A95A-T50.A95D,T50.B11A-T50.B11D,T50.B12A-T50.B12D,T50.B13A-T50.B13D,T50.B14A-T50.B14D,
T50.B15A-T50.B15D,T50.B91A-T50.B91D,T50.B92A-T50.B92D,T50.B93A-T50.B93D,T50.B94A-T50.B94D,
T50.B95A-T50.B95D,T50.Z11A-T50.Z11D,T50.Z12A-T50.Z12D,T50.Z13A-T50.Z13D,T50.Z14A-T50.Z14D,
T50.Z15A-T50.Z15D,T50.Z91A-T50.Z91D,T50.Z92A-T50.Z92D,T50.Z93A-T50.Z93D,T50.Z94A-T50.Z94D,
T50.Z95A-T50.Z95D,T50.901A-T50.901D,T50.902A-T50.902D,T50.903A-T50.903D,T50.904A-T50.904D,
T50.905A-T50.905D,T50.991A-T50.991D,T50.992A-T50.992D,T50.993A-T50.993D,T50.994A-T50.994D,
T50.995A-T50.995D,T51.0X1A-T51.0X1D,T51.0X2A-T51.0X2D,T51.0X3A-T51.0X3D,T51.0X4A-T51.0X4D,
T51.1X1A-T51.1X1D,T51.1X2A-T51.1X2D,T51.1X3A-T51.1X3D,T51.1X4A-T51.1X4D,T51.2X1A-T51.2X1D,
T51.2X2A-T51.2X2D,T51.2X3A-T51.2X3D,T51.2X4A-T51.2X4D,T51.3X1A-T51.3X1D,T51.3X2A-T51.3X2D,
T51.3X3A-T51.3X3D,T51.3X4A-T51.3X4D,T51.8X1A-T51.8X1D,T51.8X2A-T51.8X2D,T51.8X3A-T51.8X3D,
T51.8X4A-T51.8X4D,T51.91XA-T51.91XD,T51.92XA-T51.92XD,T51.93XA-T51.93XD,T51.94XA-T51.94XD,
T52.0X1A-T52.0X1D,T52.0X2A-T52.0X2D,T52.0X3A-T52.0X3D,T52.0X4A-T52.0X4D,T52.1X1A-T52.1X1D,
T52.1X2A-T52.1X2D,T52.1X3A-T52.1X3D,T52.1X4A-T52.1X4D,T52.2X1A-T52.2X1D,T52.2X2A-T52.2X2D,
T52.2X3A-T52.2X3D,T52.2X4A-T52.2X4D,T52.3X1A-T52.3X1D,T52.3X2A-T52.3X2D,T52.3X3A-T52.3X3D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T52.3X4A-T52.3X4D,T52.4X1A-T52.4X1D,T52.4X2A-T52.4X2D,T52.4X3A-T52.4X3D,T52.4X4A-T52.4X4D,
T52.8X1A-T52.8X1D,T52.8X2A-T52.8X2D,T52.8X3A-T52.8X3D,T52.8X4A-T52.8X4D,T52.91XA-T52.91XD,
T52.92XA-T52.92XD,T52.93XA-T52.93XD,T52.94XA-T52.94XD,T53.0X1A-T53.0X1D,T53.0X2A-T53.0X2D,
T53.0X3A-T53.0X3D,T53.0X4A-T53.0X4D,T53.1X1A-T53.1X1D,T53.1X2A-T53.1X2D,T53.1X3A-T53.1X3D,
T53.1X4A-T53.1X4D,T53.2X1A-T53.2X1D,T53.2X2A-T53.2X2D,T53.2X3A-T53.2X3D,T53.2X4A-T53.2X4D,
T53.3X1A-T53.3X1D,T53.3X2A-T53.3X2D,T53.3X3A-T53.3X3D,T53.3X4A-T53.3X4D,T53.4X1A-T53.4X1D,
T53.4X2A-T53.4X2D,T53.4X3A-T53.4X3D,T53.4X4A-T53.4X4D,T53.5X1A-T53.5X1D,T53.5X2A-T53.5X2D,
T53.5X3A-T53.5X3D,T53.5X4A-T53.5X4D,T53.6X1A-T53.6X1D,T53.6X2A-T53.6X2D,T53.6X3A-T53.6X3D,
T53.6X4A-T53.6X4D,T53.7X1A-T53.7X1D,T53.7X2A-T53.7X2D,T53.7X3A-T53.7X3D,T53.7X4A-T53.7X4D,
T53.91XA-T53.91XD,T53.92XA-T53.92XD,T53.93XA-T53.93XD,T53.94XA-T53.94XD,T54.0X1A-T54.0X1D,
T54.0X2A-T54.0X2D,T54.0X3A-T54.0X3D,T54.0X4A-T54.0X4D,T54.1X1A-T54.1X1D,T54.1X2A-T54.1X2D,
T54.1X3A-T54.1X3D,T54.1X4A-T54.1X4D,T54.2X1A-T54.2X1D,T54.2X2A-T54.2X2D,T54.2X3A-T54.2X3D,
T54.2X4A-T54.2X4D,T54.3X1A-T54.3X1D,T54.3X2A-T54.3X2D,T54.3X3A-T54.3X3D,T54.3X4A-T54.3X4D,
T54.91XA-T54.91XD,T54.92XA-T54.92XD,T54.93XA-T54.93XD,T54.94XA-T54.94XD,T55.0X1A-T55.0X1D,
T55.0X2A-T55.0X2D,T55.0X3A-T55.0X3D,T55.0X4A-T55.0X4D,T55.1X1A-T55.1X1D,T55.1X2A-T55.1X2D,
T55.1X3A-T55.1X3D,T55.1X4A-T55.1X4D,T56.0X1A-T56.0X1D,T56.0X2A-T56.0X2D,T56.0X3A-T56.0X3D,
T56.0X4A-T56.0X4D,T56.1X1A-T56.1X1D,T56.1X2A-T56.1X2D,T56.1X3A-T56.1X3D,T56.1X4A-T56.1X4D,
T56.2X1A-T56.2X1D,T56.2X2A-T56.2X2D,T56.2X3A-T56.2X3D,T56.2X4A-T56.2X4D,T56.3X1A-T56.3X1D,
T56.3X2A-T56.3X2D,T56.3X3A-T56.3X3D,T56.3X4A-T56.3X4D,T56.4X1A-T56.4X1D,T56.4X2A-T56.4X2D,
T56.4X3A-T56.4X3D,T56.4X4A-T56.4X4D,T56.5X1A-T56.5X1D,T56.5X2A-T56.5X2D,T56.5X3A-T56.5X3D,
T56.5X4A-T56.5X4D,T56.6X1A-T56.6X1D,T56.6X2A-T56.6X2D,T56.6X3A-T56.6X3D,T56.6X4A-T56.6X4D,
T56.7X1A-T56.7X1D,T56.7X2A-T56.7X2D,T56.7X3A-T56.7X3D,T56.7X4A-T56.7X4D,T56.811A-T56.811D,
T56.812A-T56.812D,T56.813A-T56.813D,T56.814A-T56.814D,T56.891A-T56.891D,T56.892A-T56.892D,
T56.893A-T56.893D,T56.894A-T56.894D,T56.91XA-T56.91XD,T56.92XA-T56.92XD,T56.93XA-T56.93XD,
T56.94XA-T56.94XD,T57.0X1A-T57.0X1D,T57.0X2A-T57.0X2D,T57.0X3A-T57.0X3D,T57.0X4A-T57.0X4D,
T57.1X1A-T57.1X1D,T57.1X2A-T57.1X2D,T57.1X3A-T57.1X3D,T57.1X4A-T57.1X4D,T57.2X1A-T57.2X1D,
T57.2X2A-T57.2X2D,T57.2X3A-T57.2X3D,T57.2X4A-T57.2X4D,T57.3X1A-T57.3X1D,T57.3X2A-T57.3X2D,
T57.3X3A-T57.3X3D,T57.3X4A-T57.3X4D,T57.8X1A-T57.8X1D,T57.8X2A-T57.8X2D,T57.8X3A-T57.8X3D,
T57.8X4A-T57.8X4D,T57.91XA-T57.91XD,T57.92XA-T57.92XD,T57.93XA-T57.93XD,T57.94XA-T57.94XD,
T58.01XA-T58.01XD,T58.02XA-T58.02XD,T58.03XA-T58.03XD,T58.04XA-T58.04XD,T58.11XA-T58.11XD,
T58.12XA-T58.12XD,T58.13XA-T58.13XD,T58.14XA-T58.14XD,T58.2X1A-T58.2X1D,T58.2X2A-T58.2X2D,
T58.2X3A-T58.2X3D,T58.2X4A-T58.2X4D,T58.8X1A-T58.8X1D,T58.8X2A-T58.8X2D,T58.8X3A-T58.8X3D,
T58.8X4A-T58.8X4D,T58.91XA-T58.91XD,T58.92XA-T58.92XD,T58.93XA-T58.93XD,T58.94XA-T58.94XD,
T59.0X1A-T59.0X1D,T59.0X2A-T59.0X2D,T59.0X3A-T59.0X3D,T59.0X4A-T59.0X4D,T59.1X1A-T59.1X1D,
T59.1X2A-T59.1X2D,T59.1X3A-T59.1X3D,T59.1X4A-T59.1X4D,T59.2X1A-T59.2X1D,T59.2X2A-T59.2X2D,
T59.2X3A-T59.2X3D,T59.2X4A-T59.2X4D,T59.3X1A-T59.3X1D,T59.3X2A-T59.3X2D,T59.3X3A-T59.3X3D,
T59.3X4A-T59.3X4D,T59.4X1A-T59.4X1D,T59.4X2A-T59.4X2D,T59.4X3A-T59.4X3D,T59.4X4A-T59.4X4D,
T59.5X1A-T59.5X1D,T59.5X2A-T59.5X2D,T59.5X3A-T59.5X3D,T59.5X4A-T59.5X4D,T59.6X1A-T59.6X1D,
T59.6X2A-T59.6X2D,T59.6X3A-T59.6X3D,T59.6X4A-T59.6X4D,T59.7X1A-T59.7X1D,T59.7X2A-T59.7X2D,
T59.7X3A-T59.7X3D,T59.7X4A-T59.7X4D,T59.811A-T59.811D,T59.812A-T59.812D,T59.813A-T59.813D,
T59.814A-T59.814D,T59.891A-T59.891D,T59.892A-T59.892D,T59.893A-T59.893D,T59.894A-T59.894D,
T59.91XA-T59.91XD,T59.92XA-T59.92XD,T59.93XA-T59.93XD,T59.94XA-T59.94XD,T60.0X1A-T60.0X1D,
T60.0X2A-T60.0X2D,T60.0X3A-T60.0X3D,T60.0X4A-T60.0X4D,T60.1X1A-T60.1X1D,T60.1X2A-T60.1X2D,
T60.1X3A-T60.1X3D,T60.1X4A-T60.1X4D,T60.2X1A-T60.2X1D,T60.2X2A-T60.2X2D,T60.2X3A-T60.2X3D,
T60.2X4A-T60.2X4D,T60.3X1A-T60.3X1D,T60.3X2A-T60.3X2D,T60.3X3A-T60.3X3D,T60.3X4A-T60.3X4D,
T60.4X1A-T60.4X1D,T60.4X2A-T60.4X2D,T60.4X3A-T60.4X3D,T60.4X4A-T60.4X4D,T60.8X1A-T60.8X1D,
T60.8X2A-T60.8X2D,T60.8X3A-T60.8X3D,T60.8X4A-T60.8X4D,T60.91XA-T60.91XD,T60.92XA-T60.92XD,
T60.93XA-T60.93XD,T60.94XA-T60.94XD,T61.01XA-T61.01XD,T61.02XA-T61.02XD,T61.03XA-T61.03XD,
T61.04XA-T61.04XD,T61.11XA-T61.11XD,T61.12XA-T61.12XD,T61.13XA-T61.13XD,T61.14XA-T61.14XD,
T61.771A-T61.771D,T61.772A-T61.772D,T61.773A-T61.773D,T61.774A-T61.774D,T61.781A-T61.781D,
T61.782A-T61.782D,T61.783A-T61.783D,T61.784A-T61.784D,T61.8X1A-T61.8X1D,T61.8X2A-T61.8X2D,
T61.8X3A-T61.8X3D,T61.8X4A-T61.8X4D,T61.91XA-T61.91XD,T61.92XA-T61.92XD,T61.93XA-T61.93XD,
T61.94XA-T61.94XD,T62.0X1A-T62.0X1D,T62.0X2A-T62.0X2D,T62.0X3A-T62.0X3D,T62.0X4A-T62.0X4D,
T62.1X1A-T62.1X1D,T62.1X2A-T62.1X2D,T62.1X3A-T62.1X3D,T62.1X4A-T62.1X4D,T62.2X1A-T62.2X1D,
T62.2X2A-T62.2X2D,T62.2X3A-T62.2X3D,T62.2X4A-T62.2X4D,T62.8X1A-T62.8X1D,T62.8X2A-T62.8X2D,
T62.8X3A-T62.8X3D,T62.8X4A-T62.8X4D,T62.91XA-T62.91XD,T62.92XA-T62.92XD,T62.93XA-T62.93XD,
T62.94XA-T62.94XD,T63.001A-T63.001D,T63.002A-T63.002D,T63.003A-T63.003D,T63.004A-T63.004D,
T63.011A-T63.011D,T63.012A-T63.012D,T63.013A-T63.013D,T63.014A-T63.014D,T63.021A-T63.021D,
T63.022A-T63.022D,T63.023A-T63.023D,T63.024A-T63.024D,T63.031A-T63.031D,T63.032A-T63.032D,
T63.033A-T63.033D,T63.034A-T63.034D,T63.041A-T63.041D,T63.042A-T63.042D,T63.043A-T63.043D,
T63.044A-T63.044D,T63.061A-T63.061D,T63.062A-T63.062D,T63.063A-T63.063D,T63.064A-T63.064D,
T63.071A-T63.071D,T63.072A-T63.072D,T63.073A-T63.073D,T63.074A-T63.074D,T63.081A-T63.081D,
T63.082A-T63.082D,T63.083A-T63.083D,T63.084A-T63.084D,T63.091A-T63.091D,T63.092A-T63.092D,
T63.093A-T63.093D,T63.094A-T63.094D,T63.111A-T63.111D,T63.112A-T63.112D,T63.113A-T63.113D,
T63.114A-T63.114D,T63.121A-T63.121D,T63.122A-T63.122D,T63.123A-T63.123D,T63.124A-T63.124D,
T63.191A-T63.191D,T63.192A-T63.192D,T63.193A-T63.193D,T63.194A-T63.194D,T63.2X1A-T63.2X1D,
T63.2X2A-T63.2X2D,T63.2X3A-T63.2X3D,T63.2X4A-T63.2X4D,T63.301A-T63.301D,T63.302A-T63.302D,
T63.303A-T63.303D,T63.304A-T63.304D,T63.311A-T63.311D,T63.312A-T63.312D,T63.313A-T63.313D,
T63.314A-T63.314D,T63.321A-T63.321D,T63.322A-T63.322D,T63.323A-T63.323D,T63.324A-T63.324D,
T63.331A-T63.331D,T63.332A-T63.332D,T63.333A-T63.333D,T63.334A-T63.334D,T63.391A-T63.391D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T63.392A-T63.392D,T63.393A-T63.393D,T63.394A-T63.394D,T63.411A-T63.411D,T63.412A-T63.412D,
T63.413A-T63.413D,T63.414A-T63.414D,T63.421A-T63.421D,T63.422A-T63.422D,T63.423A-T63.423D,
T63.424A-T63.424D,T63.431A-T63.431D,T63.432A-T63.432D,T63.433A-T63.433D,T63.434A-T63.434D,
T63.441A-T63.441D,T63.442A-T63.442D,T63.443A-T63.443D,T63.444A-T63.444D,T63.451A-T63.451D,
T63.452A-T63.452D,T63.453A-T63.453D,T63.454A-T63.454D,T63.461A-T63.461D,T63.462A-T63.462D,
T63.463A-T63.463D,T63.464A-T63.464D,T63.481A-T63.481D,T63.482A-T63.482D,T63.483A-T63.483D,
T63.484A-T63.484D,T63.511A-T63.511D,T63.512A-T63.512D,T63.513A-T63.513D,T63.514A-T63.514D,
T63.591A-T63.591D,T63.592A-T63.592D,T63.593A-T63.593D,T63.594A-T63.594D,T63.611A-T63.611D,
T63.612A-T63.612D,T63.613A-T63.613D,T63.614A-T63.614D,T63.621A-T63.621D,T63.622A-T63.622D,
T63.623A-T63.623D,T63.624A-T63.624D,T63.631A-T63.631D,T63.632A-T63.632D,T63.633A-T63.633D,
T63.634A-T63.634D,T63.691A-T63.691D,T63.692A-T63.692D,T63.693A-T63.693D,T63.694A-T63.694D,
T63.711A-T63.711D,T63.712A-T63.712D,T63.713A-T63.713D,T63.714A-T63.714D,T63.791A-T63.791D,
T63.792A-T63.792D,T63.793A-T63.793D,T63.794A-T63.794D,T63.811A-T63.811D,T63.812A-T63.812D,
T63.813A-T63.813D,T63.814A-T63.814D,T63.821A-T63.821D,T63.822A-T63.822D,T63.823A-T63.823D,
T63.824A-T63.824D,T63.831A-T63.831D,T63.832A-T63.832D,T63.833A-T63.833D,T63.834A-T63.834D,
T63.891A-T63.891D,T63.892A-T63.892D,T63.893A-T63.893D,T63.894A-T63.894D,T63.91XA-T63.91XD,
T63.92XA-T63.92XD,T63.93XA-T63.93XD,T63.94XA-T63.94XD,T64.01XA-T64.01XD,T64.02XA-T64.02XD,
T64.03XA-T64.03XD,T64.04XA-T64.04XD,T64.81XA-T64.81XD,T64.82XA-T64.82XD,T64.83XA-T64.83XD,
T64.84XA-T64.84XD,T65.0X1A-T65.0X1D,T65.0X2A-T65.0X2D,T65.0X3A-T65.0X3D,T65.0X4A-T65.0X4D,
T65.1X1A-T65.1X1D,T65.1X2A-T65.1X2D,T65.1X3A-T65.1X3D,T65.1X4A-T65.1X4D,T65.211A-T65.211D,
T65.212A-T65.212D,T65.213A-T65.213D,T65.214A-T65.214D,T65.221A-T65.221D,T65.222A-T65.222D,
T65.223A-T65.223D,T65.224A-T65.224D,T65.291A-T65.291D,T65.292A-T65.292D,T65.293A-T65.293D,
T65.294A-T65.294D,T65.3X1A-T65.3X1D,T65.3X2A-T65.3X2D,T65.3X3A-T65.3X3D,T65.3X4A-T65.3X4D,
T65.4X1A-T65.4X1D,T65.4X2A-T65.4X2D,T65.4X3A-T65.4X3D,T65.4X4A-T65.4X4D,T65.5X1A-T65.5X1D,
T65.5X2A-T65.5X2D,T65.5X3A-T65.5X3D,T65.5X4A-T65.5X4D,T65.6X1A-T65.6X1D,T65.6X2A-T65.6X2D,
T65.6X3A-T65.6X3D,T65.6X4A-T65.6X4D,T65.811A-T65.811D,T65.812A-T65.812D,T65.813A-T65.813D,
T65.814A-T65.814D,T65.821A-T65.821D,T65.822A-T65.822D,T65.823A-T65.823D,T65.824A-T65.824D,
T65.831A-T65.831D,T65.832A-T65.832D,T65.833A-T65.833D,T65.834A-T65.834D,T65.891A-T65.891D,
T65.892A-T65.892D,T65.893A-T65.893D,T65.894A-T65.894D,T65.91XA-T65.91XD,T65.92XA-T65.92XD,
T65.93XA-T65.93XD,T65.94XA-T65.94XD,T78.41XA-T78.41XD

CPT: 43241,43247,49435,49436,90935-90947,90989-90997,94640,95017,95018,95076,95079,96154,98966-98969,
99051,99060,99070,99078,99175,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,
99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9355

**Line: 108**

Condition: BOTULISM (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

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

CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 109**

Condition: TETRALOGY OF FALLOT (TOF); CONGENITAL VENOUS ABNORMALITIES (See Guideline Notes 64,65)

Treatment: REPAIR

ICD-10: Q21.3,Q25.5-Q25.6,Q25.71-Q25.79,Q26.0-Q26.1,Q26.3-Q26.9,Z79.01

CPT: 33606,33608,33620,33621,33692-33697,33726,33735-33750,33764,33917,33924-33926,33946-33966,33969,
33984-33989,34502,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,96154,98966-98969,
99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line: 110**

Condition: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Notes 64,65)

Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY

ICD-10: Q23.0-Q23.1,Q24.4,Q25.3

CPT: 33361-33400,33404-33417,33496,33530,33620,33621,33946-33966,33969,33984-33989,35452,75557-75565,
75573,92960-92971,92978-92998,93355,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **111**
Condition: GIANT CELL ARTERITIS, POLYMYALGIA RHEUMATICA AND KAWASAKI DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M30.3,M31.0,M31.4-M31.6,M35.3
CPT: 36514-36516,37609,90284,92002-92014,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **112**
Condition: FRACTURE OF RIBS AND STERNUM, OPEN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S22.20XB,S22.21XB,S22.22XB,S22.23XB,S22.24XB,S22.31XB,S22.32XB,S22.39XB,S22.41XB,S22.42XB,S22.43XB,S22.49XB,S22.5XXB,S22.9XXB
CPT: 11010-11012,21811-21813,21825,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **113**
Condition: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A01.01,A17.0-A17.1,A17.81-A17.89,A27.81,A42.81-A42.82,B37.5,B45.8,B57.40-B57.49,B58.2,B60.0,G02,G03.0-G03.1,G03.8-G03.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **114**
Condition: COAGULATION DEFECTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D66-D67,D68.0-D68.2,D68.311-D68.4,D68.8-D68.9,M25.00,M25.011-M25.08,Z14.02
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9345

**Line:** **115**
Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Notes 49,64,65)
Treatment: MEDICAL THERAPY
ICD-10: Q23.8-Q23.9,Q24.6-Q24.8,Q28.8,Z45.010-Z45.09,Z79.01
CPT: 33202-33249,33262-33264,33270-33273,33418-33496,33530,33620,33621,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93355,93644,93745,93797,93798,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467,K0606-K0609

**Line:** **116**
Condition: CANCER OF TESTIS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C62.00-C62.92,D40.10-D40.12,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.47
CPT: 32553,38564,38571,38572,38780,49327,49411,49412,54512-54535,54690,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77431,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **117**
Condition: CANCER OF EYE AND ORBIT (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C69.00-C69.92,D09.20-D09.22,D48.7,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.840
CPT: 11420,11440,13132,15756-15758,20969,32553,49411,65091,65101-65114,65900,66600,66605,66770,67208-67218,67412,67414,67445,68135,68320-68328,68335,68340,77014,77261-77295,77300-77370,77385-77387,77401-77432,77469,77470,77520-77525,77750,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **118**
Condition: APLASTIC ANEMIAS; AGRANULOCYTOSIS (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: D60.0-D60.9,D61.01-D61.3,D61.810,D61.82-D61.9,T86.01-T86.09,Z48.290,Z52.000-Z52.008,Z52.090-Z52.098,Z52.3
CPT: 36680,38204-38215,38240,38242,86825,86826,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line:** **119**
Condition: CHRONIC MYELOID LEUKEMIA (See Guideline Notes 7,11,12)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C92.10-C92.32,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,79101,90284,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **120**
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14,19)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C81.00-C81.99,D61.810,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3,Z85.71
CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line:** **121**
Condition: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS (See Guideline Notes 64,65)
Treatment: REMOVAL OF FOREIGN BODY
ICD-10: T17.200A-T17.200D,T17.208A-T17.208D,T17.210A-T17.210D,T17.220A-T17.220D,T17.228A-T17.228D,T17.290A-T17.290D,T17.298A-T17.298D,T17.300A-T17.300D,T17.308A-T17.308D,T17.310A-T17.310D,T17.320A-T17.320D,T17.328A-T17.328D,T17.390A-T17.390D,T17.398A-T17.398D,T17.400A-T17.400D,T17.408A-T17.408D,T17.410A-T17.410D,T17.418A-T17.418D,T17.420A-T17.420D,T17.428A-T17.428D,T17.490A-T17.490D,T17.498A-T17.498D,T17.500A-T17.500D,T17.508A-T17.508D,T17.510A-T17.510D,T17.518A-T17.518D,T17.520A-T17.520D,T17.528A-T17.528D,T17.590A-T17.590D,T17.598A-T17.598D,T17.800A-T17.800D,T17.808A-T17.808D,T17.810A-T17.810D,T17.820A-T17.820D,T17.828A-T17.828D,T17.890A-T17.890D,T17.898A-T17.898D,T17.900A-T17.900D,T17.908A-T17.908D,T17.910A-T17.910D,T17.920A-T17.920D,T17.928A-T17.928D,T17.990A-T17.990D,T17.998A-T17.998D,T18.0XXA-T18.0XXD,T18.100A-T18.100D,T18.108A-T18.108D,T18.110A-T18.110D,T18.120A-T18.120D,T18.128A-T18.128D,T18.190A-T18.190D,T18.198A-T18.198D
CPT: 31511,31512,31530,31531,31635,32150,32151,40804,41805,42809,43020,43045,43194,43215,43247,43249,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **122**
Condition: NUTRITIONAL DEFICIENCIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D50.0-D50.9,D51.0-D51.9,D52.0-D52.9,D53.0-D53.9,D62,D64.0-D64.3,D81.818-D81.819,E40-E43,E44.0-E44.1, E45-E46,E50.4-E50.9,E51.11-E51.12,E51.8-E51.9,E52,E53.0-E53.9,E54,E55.0-E55.9,E56.0-E56.8,E58-E60, E61.0-E61.6,E63.0-E63.8
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378, 99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **123**
Condition: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Notes 64,65)
Treatment: REPAIR SEPTAL DEFECT
ICD-10: Q21.1
CPT: 33641,33647,33946-33966,33969,33984-33989,92960-92971,92978-92998,93355,93580,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **124**
Condition: CHOANAL ATRESIA (See Guideline Notes 64,65)
Treatment: REPAIR OF CHOANAL ATRESIA
ICD-10: Q30.0
CPT: 30520-30545,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **125**
Condition: ABUSE AND NEGLECT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: T73.0XXA-T73.0XXD,T73.1XXA-T73.1XXD,T74.01XA-T74.01XD,T74.02XA-T74.02XD,T74.11XA-T74.11XD, T74.12XA-T74.12XD,T74.21XA-T74.21XD,T74.22XA-T74.22XD,T74.31XA-T74.31XD,T74.32XA-T74.32XD, T74.4XXA-T74.4XXD,T74.91XA-T74.91XD,T74.92XA-T74.92XD,T76.01XA-T76.01XD,T76.02XA-T76.02XD, T76.11XA-T76.11XD,T76.12XA-T76.12XD,T76.21XA-T76.21XD,T76.22XA-T76.22XD,T76.31XA-T76.31XD, T76.32XA-T76.32XD,T76.91XA-T76.91XD,T76.92XA-T76.92XD,Z04.41-Z04.42,Z04.71-Z04.72,Z69.010,Z69.020, Z69.11
CPT: 46700,46706,46707,56800,56810,57023,57200,57210,57415,90785,90832-90840,90846-90853,90882,90887, 96101,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **126**
Condition: ATTENTION DEFICIT/HYPERACTIVITY DISORDERS (See Guideline Notes 20,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F90.0-F90.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

**Line:** **127**
Condition: MALARIA, CHAGAS' DISEASE AND TRYPANOSOMIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B50.0-B50.9,B51.8-B51.9,B52.0-B52.9,B53.0-B53.8,B54,B56.0-B56.9,B57.1,B57.30-B57.39,B57.5
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **128**
Condition: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J38.4,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD, T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD, T78.2XXA-T78.2XXD,T88.2XXA-T88.2XXD,T88.6XXA-T88.6XXD
CPT: 86486,95004,95017-95180,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **129**
Condition: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS (See Guideline Notes 12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT WHICH INCLUDES RADIATION THERAPY
ICD-10: E05.00-E05.91,E06.0-E06.9,Z51.0
CPT: 32553,36514-36516,49411,60210-60240,60270,60271,60512,67414,67440,67445,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79445,92002-92014,92081,92082,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017

**Line:** **130**
Condition: BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD (See Guideline Notes 7,11,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: D18.02,D32.0-D32.9,D33.0-D33.7,D35.2-D35.3,D44.3-D44.4,D61.810,G89.3,H47.141-H47.149,Q85.00-Q85.09, Q85.8-Q85.9,Z51.0,Z51.12,Z86.011
CPT: 12034,14301,14302,20926,32553,49411,61312-61330,61333-61512,61516-61521,61524-61530,61534,61536-61564,61571-61626,61781,61782,61796-61800,62100,62140-62160,62163-62165,62223,62272,62350-62370, 63265,63275-63295,63615,77014,77261-77295,77300-77307,77321-77372,77385-77387,77402-77432,77469, 77470,77520-77763,77770-77790,79005-79445,95990,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017

**Line:** **131**
Condition: ACUTE KIDNEY INJURY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-10: N00.0-N00.9,N01.0-N01.9,N17.0-N17.9,Z49.01-Z49.32,Z99.2
CPT: 36147,36148,36514-36516,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791, 90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9339,S9537

**Line:** **132**
Condition: COMMON TRUNCUS (See Guideline Notes 64,65)
Treatment: TOTAL REPAIR/REPLANT ARTERY
ICD-10: Q20.0
CPT: 33608,33620,33621,33786,33788,33813,33814,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **133**
Condition: GRANULOMATOSIS WITH POLYANGIITIS (See Guideline Notes 12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-10: G89.3,M30.1,M31.2,M31.30-M31.31,M31.7,Z51.0
CPT: 31528,32553,36514-36516,49411,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427, 77469,77470,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **134**
Condition: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Notes 14,64,65)
Treatment: COMPLETE REPAIR
ICD-10: Q24.2,Q26.2
CPT: 33620,33621,33724,33730,33732,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **135**
Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME; INJURIES TO BLOOD VESSEL(S) OF THE NECK (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M60.000-M60.005,M60.011-M60.09,M62.82,M79.A11-M79.A9,S07.0XXA-S07.0XXD,S07.1XXA-S07.1XXD, S07.8XXA-S07.8XXD,S07.9XXA-S07.9XXD,S09.0XXA-S09.0XXD,S17.0XXA-S17.0XXD,S17.8XXA-S17.8XXD, S17.9XXA-S17.9XXD,S27.9XXA-S27.9XXD,S28.0XXA-S28.0XXD,S35.00XA-S35.00XD,S35.01XA-S35.01XD, S35.02XA-S35.02XD,S35.09XA-S35.09XD,S35.10XA-S35.10XD,S35.11XA-S35.11XD,S35.12XA-S35.12XD, S35.19XA-S35.19XD,S35.211A-S35.211D,S35.212A-S35.212D,S35.218A-S35.218D,S35.219A-S35.219D, S35.221A-S35.221D,S35.222A-S35.222D,S35.228A-S35.228D,S35.229A-S35.229D,S35.231A-S35.231D, S35.232A-S35.232D,S35.238A-S35.238D,S35.239A-S35.239D,S35.291A-S35.291D,S35.292A-S35.292D, S35.298A-S35.298D,S35.299A-S35.299D,S35.311A-S35.311D,S35.318A-S35.318D,S35.319A-S35.319D, S35.321A-S35.321D,S35.328A-S35.328D,S35.329A-S35.329D,S35.331A-S35.331D,S35.338A-S35.338D, S35.339A-S35.339D,S35.341A-S35.341D,S35.348A-S35.348D,S35.349A-S35.349D,S35.401A-S35.401D, S35.402A-S35.402D,S35.403A-S35.403D,S35.404A-S35.404D,S35.405A-S35.405D,S35.406A-S35.406D, S35.411A-S35.411D,S35.412A-S35.412D,S35.413A-S35.413D,S35.414A-S35.414D,S35.415A-S35.415D, S35.416A-S35.416D,S35.491A-S35.491D,S35.492A-S35.492D,S35.493A-S35.493D,S35.494A-S35.494D, S35.495A-S35.495D,S35.496A-S35.496D,S35.50XA-S35.50XD,S35.511A-S35.511D,S35.512A-S35.512D, S35.513A-S35.513D,S35.514A-S35.514D,S35.515A-S35.515D,S35.516A-S35.516D,S35.531A-S35.531D, S35.532A-S35.532D,S35.533A-S35.533D,S35.534A-S35.534D,S35.535A-S35.535D,S35.536A-S35.536D, S35.59XA-S35.59XD,S35.8X1A-S35.8X1D,S35.8X8A-S35.8X8D,S35.8X9A-S35.8X9D,S35.90XA-S35.90XD, S35.91XA-S35.91XD,S35.99XA-S35.99XD,S38.001A-S38.001D,S38.002A-S38.002D,S38.01XA-S38.01XD, S38.02XA-S38.02XD,S38.03XA-S38.03XD,S38.1XXA-S38.1XXD,S45.001A-S45.001D,S45.002A-S45.002D, S45.009A-S45.009D,S45.011A-S45.011D,S45.012A-S45.012D,S45.019A-S45.019D,S45.091A-S45.091D, S45.092A-S45.092D,S45.099A-S45.099D,S45.101A-S45.101D,S45.102A-S45.102D,S45.109A-S45.109D, S45.111A-S45.111D,S45.112A-S45.112D,S45.119A-S45.119D,S45.191A-S45.191D,S45.192A-S45.192D, S45.199A-S45.199D,S45.201A-S45.201D,S45.202A-S45.202D,S45.209A-S45.209D,S45.211A-S45.211D, S45.212A-S45.212D,S45.219A-S45.219D,S45.291A-S45.291D,S45.292A-S45.292D,S45.299A-S45.299D, S45.301A-S45.301D,S45.302A-S45.302D,S45.309A-S45.309D,S45.311A-S45.311D,S45.312A-S45.312D, S45.319A-S45.319D,S45.391A-S45.391D,S45.392A-S45.392D,S45.399A-S45.399D,S45.801A-S45.801D, S45.802A-S45.802D,S45.809A-S45.809D,S45.811A-S45.811D,S45.812A-S45.812D,S45.819A-S45.819D, S45.891A-S45.891D,S45.892A-S45.892D,S45.899A-S45.899D,S45.901A-S45.901D,S45.902A-S45.902D, S45.909A-S45.909D,S45.911A-S45.911D,S45.912A-S45.912D,S45.919A-S45.919D,S45.991A-S45.991D, S45.992A-S45.992D,S45.999A-S45.999D,S47.1XXA-S47.1XXD,S47.2XXA-S47.2XXD,S47.9XXA-S47.9XXD, S55.001A-S55.001D,S55.002A-S55.002D,S55.009A-S55.009D,S55.011A-S55.011D,S55.012A-S55.012D, S55.019A-S55.019D,S55.091A-S55.091D,S55.092A-S55.092D,S55.099A-S55.099D,S55.101A-S55.101D, S55.102A-S55.102D,S55.109A-S55.109D,S55.111A-S55.111D,S55.112A-S55.112D,S55.119A-S55.119D, S55.191A-S55.191D,S55.192A-S55.192D,S55.199A-S55.199D,S55.201A-S55.201D,S55.202A-S55.202D, S55.209A-S55.209D,S55.211A-S55.211D,S55.212A-S55.212D,S55.219A-S55.219D,S55.291A-S55.291D, S55.292A-S55.292D,S55.299A-S55.299D,S55.801A-S55.801D,S55.802A-S55.802D,S55.809A-S55.809D, S55.811A-S55.811D,S55.812A-S55.812D,S55.819A-S55.819D,S55.891A-S55.891D,S55.892A-S55.892D, S55.899A-S55.899D,S55.901A-S55.901D,S55.902A-S55.902D,S55.909A-S55.909D,S55.911A-S55.911D, S55.912A-S55.912D,S55.919A-S55.919D,S55.991A-S55.991D,S55.992A-S55.992D,S55.999A-S55.999D, S57.00XA-S57.00XD,S57.01XA-S57.01XD,S57.02XA-S57.02XD,S57.80XA-S57.80XD,S57.81XA-S57.81XD, S57.82XA-S57.82XD,S65.001A-S65.001D,S65.002A-S65.002D,S65.009A-S65.009D,S65.011A-S65.011D, S65.012A-S65.012D,S65.019A-S65.019D,S65.091A-S65.091D,S65.092A-S65.092D,S65.099A-S65.099D, S65.101A-S65.101D,S65.102A-S65.102D,S65.109A-S65.109D,S65.111A-S65.111D,S65.112A-S65.112D, S65.119A-S65.119D,S65.191A-S65.191D,S65.192A-S65.192D,S65.199A-S65.199D,S65.201A-S65.201D, S65.202A-S65.202D,S65.209A-S65.209D,S65.211A-S65.211D,S65.212A-S65.212D,S65.219A-S65.219D, S65.291A-S65.291D,S65.292A-S65.292D,S65.299A-S65.299D,S65.301A-S65.301D,S65.302A-S65.302D, S65.309A-S65.309D,S65.311A-S65.311D,S65.312A-S65.312D,S65.319A-S65.319D,S65.391A-S65.391D, S65.392A-S65.392D,S65.399A-S65.399D,S65.801A-S65.801D,S65.802A-S65.802D,S65.809A-S65.809D, S65.811A-S65.811D,S65.812A-S65.812D,S65.819A-S65.819D,S65.891A-S65.891D,S65.892A-S65.892D, S65.899A-S65.899D,S65.901A-S65.901D,S65.902A-S65.902D,S65.909A-S65.909D,S65.911A-S65.911D, S65.912A-S65.912D,S65.919A-S65.919D,S65.991A-S65.991D,S65.992A-S65.992D,S65.999A-S65.999D, S67.20XA-S67.20XD,S67.21XA-S67.21XD,S67.22XA-S67.22XD,S67.30XA-S67.30XD,S67.31XA-S67.31XD, S67.32XA-S67.32XD,S67.40XA-S67.40XD,S67.41XA-S67.41XD,S67.42XA-S67.42XD,S67.90XA-S67.90XD, S67.91XA-S67.91XD,S67.92XA-S67.92XD,S75.001A-S75.001D,S75.002A-S75.002D,S75.009A-S75.009D, S75.011A-S75.011D,S75.012A-S75.012D,S75.019A-S75.019D,S75.021A-S75.021D,S75.022A-S75.022D, S75.029A-S75.029D,S75.091A-S75.091D,S75.092A-S75.092D,S75.099A-S75.099D,S75.101A-S75.101D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S75.102A-S75.102D,S75.109A-S75.109D,S75.111A-S75.111D,S75.112A-S75.112D,S75.119A-S75.119D,
S75.121A-S75.121D,S75.122A-S75.122D,S75.129A-S75.129D,S75.191A-S75.191D,S75.192A-S75.192D,
S75.199A-S75.199D,S75.201A-S75.201D,S75.202A-S75.202D,S75.209A-S75.209D,S75.211A-S75.211D,
S75.212A-S75.212D,S75.219A-S75.219D,S75.221A-S75.221D,S75.222A-S75.222D,S75.229A-S75.229D,
S75.291A-S75.291D,S75.292A-S75.292D,S75.299A-S75.299D,S75.801A-S75.801D,S75.802A-S75.802D,
S75.809A-S75.809D,S75.811A-S75.811D,S75.812A-S75.812D,S75.819A-S75.819D,S75.891A-S75.891D,
S75.892A-S75.892D,S75.899A-S75.899D,S75.901A-S75.901D,S75.902A-S75.902D,S75.909A-S75.909D,
S75.911A-S75.911D,S75.912A-S75.912D,S75.919A-S75.919D,S75.991A-S75.991D,S75.992A-S75.992D,
S75.999A-S75.999D,S77.00XA-S77.00XD,S77.01XA-S77.01XD,S77.02XA-S77.02XD,S77.10XA-S77.10XD,
S77.11XA-S77.11XD,S77.12XA-S77.12XD,S77.20XA-S77.20XD,S77.21XA-S77.21XD,S77.22XA-S77.22XD,
S85.001A-S85.001D,S85.002A-S85.002D,S85.009A-S85.009D,S85.011A-S85.011D,S85.012A-S85.012D,
S85.019A-S85.019D,S85.091A-S85.091D,S85.092A-S85.092D,S85.099A-S85.099D,S85.101A-S85.101D,
S85.102A-S85.102D,S85.109A-S85.109D,S85.111A-S85.111D,S85.112A-S85.112D,S85.119A-S85.119D,
S85.121A-S85.121D,S85.122A-S85.122D,S85.129A-S85.129D,S85.131A-S85.131D,S85.132A-S85.132D,
S85.139A-S85.139D,S85.141A-S85.141D,S85.142A-S85.142D,S85.149A-S85.149D,S85.151A-S85.151D,
S85.152A-S85.152D,S85.159A-S85.159D,S85.161A-S85.161D,S85.162A-S85.162D,S85.169A-S85.169D,
S85.171A-S85.171D,S85.172A-S85.172D,S85.179A-S85.179D,S85.181A-S85.181D,S85.182A-S85.182D,
S85.189A-S85.189D,S85.201A-S85.201D,S85.202A-S85.202D,S85.209A-S85.209D,S85.211A-S85.211D,
S85.212A-S85.212D,S85.219A-S85.219D,S85.291A-S85.291D,S85.292A-S85.292D,S85.299A-S85.299D,
S85.301A-S85.301D,S85.302A-S85.302D,S85.309A-S85.309D,S85.311A-S85.311D,S85.312A-S85.312D,
S85.319A-S85.319D,S85.391A-S85.391D,S85.392A-S85.392D,S85.399A-S85.399D,S85.401A-S85.401D,
S85.402A-S85.402D,S85.409A-S85.409D,S85.411A-S85.411D,S85.412A-S85.412D,S85.419A-S85.419D,
S85.491A-S85.491D,S85.492A-S85.492D,S85.499A-S85.499D,S85.501A-S85.501D,S85.502A-S85.502D,
S85.509A-S85.509D,S85.511A-S85.511D,S85.512A-S85.512D,S85.519A-S85.519D,S85.591A-S85.591D,
S85.592A-S85.592D,S85.599A-S85.599D,S85.801A-S85.801D,S85.802A-S85.802D,S85.809A-S85.809D,
S85.811A-S85.811D,S85.812A-S85.812D,S85.819A-S85.819D,S85.891A-S85.891D,S85.892A-S85.892D,
S85.899A-S85.899D,S85.901A-S85.901D,S85.902A-S85.902D,S85.909A-S85.909D,S85.911A-S85.911D,
S85.912A-S85.912D,S85.919A-S85.919D,S85.991A-S85.991D,S85.992A-S85.992D,S85.999A-S85.999D,
S87.00XA-S87.00XD,S87.01XA-S87.01XD,S87.02XA-S87.02XD,S87.80XA-S87.80XD,S87.81XA-S87.81XD,
S87.82XA-S87.82XD,S95.001A-S95.001D,S95.002A-S95.002D,S95.009A-S95.009D,S95.011A-S95.011D,
S95.012A-S95.012D,S95.019A-S95.019D,S95.091A-S95.091D,S95.092A-S95.092D,S95.099A-S95.099D,
S95.101A-S95.101D,S95.102A-S95.102D,S95.109A-S95.109D,S95.111A-S95.111D,S95.112A-S95.112D,
S95.119A-S95.119D,S95.191A-S95.191D,S95.192A-S95.192D,S95.199A-S95.199D,S95.201A-S95.201D,
S95.202A-S95.202D,S95.209A-S95.209D,S95.211A-S95.211D,S95.212A-S95.212D,S95.219A-S95.219D,
S95.291A-S95.291D,S95.292A-S95.292D,S95.299A-S95.299D,S95.801A-S95.801D,S95.802A-S95.802D,
S95.809A-S95.809D,S95.811A-S95.811D,S95.812A-S95.812D,S95.819A-S95.819D,S95.891A-S95.891D,
S95.892A-S95.892D,S95.899A-S95.899D,S95.901A-S95.901D,S95.902A-S95.902D,S95.909A-S95.909D,
S95.911A-S95.911D,S95.912A-S95.912D,S95.919A-S95.919D,S95.991A-S95.991D,S95.992A-S95.992D,
S95.999A-S95.999D,S97.00XA-S97.00XD,S97.01XA-S97.01XD,S97.02XA-S97.02XD,S97.80XA-S97.80XD,
S97.81XA-S97.81XD,S97.82XA-S97.82XD,T79.5XXA-T79.5XXD,T79.6XXA-T79.6XXD,T79.A0XA-T79.A0XD,
T79.A11A-T79.A11D,T79.A12A-T79.A12D,T79.A19A-T79.A19D,T79.A21A-T79.A21D,T79.A22A-T79.A22D,
T79.A29A-T79.A29D,T79.A3XA-T79.A3XD,T79.A9XA-T79.A9XD,T79.8XXA-T79.8XXD,T79.9XXA-T79.9XXD

CPT: 11043-11047,11740,15040,15100-15261,20101-20103,20950,20972,21627,21630,23395,24495,25020-25025,
25274,25295,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26037,26357-26390,
26437,27025,27027,27057,27305,27465-27468,27496-27499,27600-27602,27656-27659,27665,27695-27698,
27892-27894,28008,35141,35206,35207,35221,35236,35261,35266,35521,36514-36516,37616-37618,54230,
74445,92960-92971,92978-92998,93797,93798,97001-97004,97012,97022,97110-97124,97140-97530,97535,
97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,
99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **136**

Condition: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Notes 6,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: S42.001B,S42.002B,S42.009B,S42.011B,S42.012B,S42.013B,S42.014B,S42.015B,S42.016B,S42.017B,
S42.018B,S42.019B,S42.021B,S42.022B,S42.023B,S42.024B,S42.025B,S42.026B,S42.031B,S42.032B,
S42.033B,S42.034B,S42.035B,S42.036B,S42.101B,S42.102B,S42.109B,S42.111B,S42.112B,S42.113B,
S42.114B,S42.115B,S42.116B,S42.121B,S42.122B,S42.123B,S42.124B,S42.125B,S42.126B,S42.131B,
S42.132B,S42.133B,S42.134B,S42.135B,S42.136B,S42.141B,S42.142B,S42.143B,S42.144B,S42.145B,
S42.146B,S42.151B,S42.152B,S42.153B,S42.154B,S42.155B,S42.156B,S42.191B,S42.192B,S42.199B,
S42.201B,S42.202B,S42.209B,S42.211B,S42.212B,S42.213B,S42.214B,S42.215B,S42.216B,S42.221B,
S42.222B,S42.223B,S42.224B,S42.225B,S42.226B,S42.231B,S42.232B,S42.239B,S42.241B,S42.242B,
S42.249B,S42.251B,S42.252B,S42.253B,S42.254B,S42.255B,S42.256B,S42.261B,S42.262B,S42.263B,
S42.264B,S42.265B,S42.266B,S42.291B,S42.292B,S42.293B,S42.294B,S42.295B,S42.296B,S42.301B,
S42.302B,S42.309B,S42.321B,S42.322B,S42.323B,S42.324B,S42.325B,S42.326B,S42.331B,S42.332B,
S42.333B,S42.334B,S42.335B,S42.336B,S42.341B,S42.342B,S42.343B,S42.344B,S42.345B,S42.346B,
S42.351B,S42.352B,S42.353B,S42.354B,S42.355B,S42.356B,S42.361B,S42.362B,S42.363B,S42.364B,
S42.365B,S42.366B,S42.391B,S42.392B,S42.399B,S42.401B,S42.402B,S42.409B,S42.411B,S42.412B,
S42.413B,S42.414B,S42.415B,S42.416B,S42.421B,S42.422B,S42.423B,S42.424B,S42.425B,S42.426B,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S42.431B,S42.432B,S42.433B,S42.434B,S42.435B,S42.436B,S42.441B,S42.442B,S42.443B,S42.444B,
S42.445B,S42.446B,S42.447B,S42.448B,S42.449B,S42.451B,S42.452B,S42.453B,S42.454B,S42.455B,
S42.456B,S42.461B,S42.462B,S42.463B,S42.464B,S42.465B,S42.466B,S42.471B,S42.472B,S42.473B,
S42.474B,S42.475B,S42.476B,S42.491B,S42.492B,S42.493B,S42.494B,S42.495B,S42.496B,S42.90XB,
S42.91XB,S42.92XB,S52.001B-S52.001C,S52.001E-S52.001F,S52.001H-S52.001J,S52.002B-S52.002C,
S52.002E-S52.002F,S52.002H-S52.002J,S52.009B-S52.009C,S52.009E-S52.009F,S52.009H-S52.009J,
S52.021B-S52.021C,S52.021E-S52.021F,S52.021H-S52.021J,S52.022B-S52.022C,S52.022E-S52.022F,
S52.022H-S52.022J,S52.023B-S52.023C,S52.023E-S52.023F,S52.023H-S52.023J,S52.024B-S52.024C,
S52.024E-S52.024F,S52.024H-S52.024J,S52.025B-S52.025C,S52.025E-S52.025F,S52.025H-S52.025J,
S52.026B-S52.026C,S52.026E-S52.026F,S52.026H-S52.026J,S52.031B-S52.031C,S52.031E-S52.031F,
S52.031H-S52.031J,S52.032B-S52.032C,S52.032E-S52.032F,S52.032H-S52.032J,S52.033B-S52.033C,
S52.033E-S52.033F,S52.033H-S52.033J,S52.034B-S52.034C,S52.034E-S52.034F,S52.034H-S52.034J,
S52.035B-S52.035C,S52.035E-S52.035F,S52.035H-S52.035J,S52.036B-S52.036C,S52.036E-S52.036F,
S52.036H-S52.036J,S52.041B-S52.041C,S52.041E-S52.041F,S52.041H-S52.041J,S52.042B-S52.042C,
S52.042E-S52.042F,S52.042H-S52.042J,S52.043B-S52.043C,S52.043E-S52.043F,S52.043H-S52.043J,
S52.044B-S52.044C,S52.044E-S52.044F,S52.044H-S52.044J,S52.045B-S52.045C,S52.045E-S52.045F,
S52.045H-S52.045J,S52.046B-S52.046C,S52.046E-S52.046F,S52.046H-S52.046J,S52.091B-S52.091C,
S52.091E-S52.091F,S52.091H-S52.091J,S52.092B-S52.092C,S52.092E-S52.092F,S52.092H-S52.092J,
S52.099B-S52.099C,S52.099E-S52.099F,S52.099H-S52.099J,S52.101B-S52.101C,S52.101E-S52.101F,
S52.101H-S52.101J,S52.102B-S52.102C,S52.102E-S52.102F,S52.102H-S52.102J,S52.109B-S52.109C,
S52.109E-S52.109F,S52.109H-S52.109J,S52.121B-S52.121C,S52.121E-S52.121F,S52.121H-S52.121J,
S52.122B-S52.122C,S52.122E-S52.122F,S52.122H-S52.122J,S52.123B-S52.123C,S52.123E-S52.123F,
S52.123H-S52.123J,S52.124B-S52.124C,S52.124E-S52.124F,S52.124H-S52.124J,S52.125B-S52.125C,
S52.125E-S52.125F,S52.125H-S52.125J,S52.126B-S52.126C,S52.126E-S52.126F,S52.126H-S52.126J,
S52.131B-S52.131C,S52.131E-S52.131F,S52.131H-S52.131J,S52.132B-S52.132C,S52.132E-S52.132F,
S52.132H-S52.132J,S52.133B-S52.133C,S52.133E-S52.133F,S52.133H-S52.133J,S52.134B-S52.134C,
S52.134E-S52.134F,S52.134H-S52.134J,S52.135B-S52.135C,S52.135E-S52.135F,S52.135H-S52.135J,
S52.136B-S52.136C,S52.136E-S52.136F,S52.136H-S52.136J,S52.181B-S52.181C,S52.181E-S52.181F,
S52.181H-S52.181J,S52.182B-S52.182C,S52.182E-S52.182F,S52.182H-S52.182J,S52.189B-S52.189C,
S52.189E-S52.189F,S52.189H-S52.189J,S52.201B-S52.201C,S52.201E-S52.201F,S52.201H-S52.201J,
S52.202B-S52.202C,S52.202E-S52.202F,S52.202H-S52.202J,S52.209B-S52.209C,S52.209E-S52.209F,
S52.209H-S52.209J,S52.221B-S52.221C,S52.221E-S52.221F,S52.221H-S52.221J,S52.222B-S52.222C,
S52.222E-S52.222F,S52.222H-S52.222J,S52.223B-S52.223C,S52.223E-S52.223F,S52.223H-S52.223J,
S52.224B-S52.224C,S52.224E-S52.224F,S52.224H-S52.224J,S52.225B-S52.225C,S52.225E-S52.225F,
S52.225H-S52.225J,S52.226B-S52.226C,S52.226E-S52.226F,S52.226H-S52.226J,S52.231B-S52.231C,
S52.231E-S52.231F,S52.231H-S52.231J,S52.232B-S52.232C,S52.232E-S52.232F,S52.232H-S52.232J,
S52.233B-S52.233C,S52.233E-S52.233F,S52.233H-S52.233J,S52.234B-S52.234C,S52.234E-S52.234F,
S52.234H-S52.234J,S52.235B-S52.235C,S52.235E-S52.235F,S52.235H-S52.235J,S52.236B-S52.236C,
S52.236E-S52.236F,S52.236H-S52.236J,S52.241B-S52.241C,S52.241E-S52.241F,S52.241H-S52.241J,
S52.242B-S52.242C,S52.242E-S52.242F,S52.242H-S52.242J,S52.243B-S52.243C,S52.243E-S52.243F,
S52.243H-S52.243J,S52.244B-S52.244C,S52.244E-S52.244F,S52.244H-S52.244J,S52.245B-S52.245C,
S52.245E-S52.245F,S52.245H-S52.245J,S52.246B-S52.246C,S52.246E-S52.246F,S52.246H-S52.246J,
S52.251B-S52.251C,S52.251E-S52.251F,S52.251H-S52.251J,S52.252B-S52.252C,S52.252E-S52.252F,
S52.252H-S52.252J,S52.253B-S52.253C,S52.253E-S52.253F,S52.253H-S52.253J,S52.254B-S52.254C,
S52.254E-S52.254F,S52.254H-S52.254J,S52.255B-S52.255C,S52.255E-S52.255F,S52.255H-S52.255J,
S52.256B-S52.256C,S52.256E-S52.256F,S52.256H-S52.256J,S52.261B-S52.261C,S52.261E-S52.261F,
S52.261H-S52.261J,S52.262B-S52.262C,S52.262E-S52.262F,S52.262H-S52.262J,S52.263B-S52.263C,
S52.263E-S52.263F,S52.263H-S52.263J,S52.264B-S52.264C,S52.264E-S52.264F,S52.264H-S52.264J,
S52.265B-S52.265C,S52.265E-S52.265F,S52.265H-S52.265J,S52.266B-S52.266C,S52.266E-S52.266F,
S52.266H-S52.266J,S52.271B-S52.271C,S52.271E-S52.271F,S52.271H-S52.271J,S52.272B-S52.272C,
S52.272E-S52.272F,S52.272H-S52.272J,S52.279B-S52.279C,S52.279E-S52.279F,S52.279H-S52.279J,
S52.281B-S52.281C,S52.281E-S52.281F,S52.281H-S52.281J,S52.282B-S52.282C,S52.282E-S52.282F,
S52.282H-S52.282J,S52.283B-S52.283C,S52.283E-S52.283F,S52.283H-S52.283J,S52.291B-S52.291C,
S52.291E-S52.291F,S52.291H-S52.291J,S52.292B-S52.292C,S52.292E-S52.292F,S52.292H-S52.292J,
S52.299B-S52.299C,S52.299E-S52.299F,S52.299H-S52.299J,S52.301B-S52.301C,S52.301E-S52.301F,
S52.301H-S52.301J,S52.302B-S52.302C,S52.302E-S52.302F,S52.302H-S52.302J,S52.309B-S52.309C,
S52.309E-S52.309F,S52.309H-S52.309J,S52.321B-S52.321C,S52.321E-S52.321F,S52.321H-S52.321J,
S52.322B-S52.322C,S52.322E-S52.322F,S52.322H-S52.322J,S52.323B-S52.323C,S52.323E-S52.323F,
S52.323H-S52.323J,S52.324B-S52.324C,S52.324E-S52.324F,S52.324H-S52.324J,S52.325B-S52.325C,
S52.325E-S52.325F,S52.325H-S52.325J,S52.326B-S52.326C,S52.326E-S52.326F,S52.326H-S52.326J,
S52.331B-S52.331C,S52.331E-S52.331F,S52.331H-S52.331J,S52.332B-S52.332C,S52.332E-S52.332F,
S52.332H-S52.332J,S52.333B-S52.333C,S52.333E-S52.333F,S52.333H-S52.333J,S52.334B-S52.334C,
S52.334E-S52.334F,S52.334H-S52.334J,S52.335B-S52.335C,S52.335E-S52.335F,S52.335H-S52.335J,
S52.336B-S52.336C,S52.336E-S52.336F,S52.336H-S52.336J,S52.341B-S52.341C,S52.341E-S52.341F,
S52.341H-S52.341J,S52.342B-S52.342C,S52.342E-S52.342F,S52.342H-S52.342J,S52.343B-S52.343C,
S52.343E-S52.343F,S52.343H-S52.343J,S52.344B-S52.344C,S52.344E-S52.344F,S52.344H-S52.344J,
S52.345B-S52.345C,S52.345E-S52.345F,S52.345H-S52.345J,S52.346B-S52.346C,S52.346E-S52.346F,
S52.346H-S52.346J,S52.351B-S52.351C,S52.351E-S52.351F,S52.351H-S52.351J,S52.352B-S52.352C,
S52.352E-S52.352F,S52.352H-S52.352J,S52.353B-S52.353C,S52.353E-S52.353F,S52.353H-S52.353J,
S52.354B-S52.354C,S52.354E-S52.354F,S52.354H-S52.354J,S52.355B-S52.355C,S52.355E-S52.355F,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S52.355H-S52.355J,S52.356B-S52.356C,S52.356E-S52.356F,S52.356H-S52.356J,S52.361B-S52.361C,
S52.361E-S52.361F,S52.361H-S52.361J,S52.362B-S52.362C,S52.362E-S52.362F,S52.362H-S52.362J,
S52.363B-S52.363C,S52.363E-S52.363F,S52.363H-S52.363J,S52.364B-S52.364C,S52.364E-S52.364F,
S52.364H-S52.364J,S52.365B-S52.365C,S52.365E-S52.365F,S52.365H-S52.365J,S52.366B-S52.366C,
S52.366E-S52.366F,S52.366H-S52.366J,S52.371B-S52.371C,S52.371E-S52.371F,S52.371H-S52.371J,
S52.372B-S52.372C,S52.372E-S52.372F,S52.372H-S52.372J,S52.379B-S52.379C,S52.379E-S52.379F,
S52.379H-S52.379J,S52.381B-S52.381C,S52.381E-S52.381F,S52.381H-S52.381J,S52.382B-S52.382C,
S52.382E-S52.382F,S52.382H-S52.382J,S52.389B-S52.389C,S52.389E-S52.389F,S52.389H-S52.389J,
S52.391B-S52.391C,S52.391E-S52.391F,S52.391H-S52.391J,S52.392B-S52.392C,S52.392E-S52.392F,
S52.392H-S52.392J,S52.399B-S52.399C,S52.399E-S52.399F,S52.399H-S52.399J,S52.501B-S52.501C,
S52.501E-S52.501F,S52.501H-S52.501J,S52.502B-S52.502C,S52.502E-S52.502F,S52.502H-S52.502J,
S52.509B-S52.509C,S52.509E-S52.509F,S52.509H-S52.509J,S52.511B-S52.511C,S52.511E-S52.511F,
S52.511H-S52.511J,S52.512B-S52.512C,S52.512E-S52.512F,S52.512H-S52.512J,S52.513B-S52.513C,
S52.513E-S52.513F,S52.513H-S52.513J,S52.514B-S52.514C,S52.514E-S52.514F,S52.514H-S52.514J,
S52.515B-S52.515C,S52.515E-S52.515F,S52.515H-S52.515J,S52.516B-S52.516C,S52.516E-S52.516F,
S52.516H-S52.516J,S52.531B-S52.531C,S52.531E-S52.531F,S52.531H-S52.531J,S52.532B-S52.532C,
S52.532E-S52.532F,S52.532H-S52.532J,S52.539B-S52.539C,S52.539E-S52.539F,S52.539H-S52.539J,
S52.541B-S52.541C,S52.541E-S52.541F,S52.541H-S52.541J,S52.542B-S52.542C,S52.542E-S52.542F,
S52.542H-S52.542J,S52.549B-S52.549C,S52.549E-S52.549F,S52.549H-S52.549J,S52.551B-S52.551C,
S52.551E-S52.551F,S52.551H-S52.551J,S52.552B-S52.552C,S52.552E-S52.552F,S52.552H-S52.552J,
S52.559B-S52.559C,S52.559E-S52.559F,S52.559H-S52.559J,S52.561B-S52.561C,S52.561E-S52.561F,
S52.561H-S52.561J,S52.562B-S52.562C,S52.562E-S52.562F,S52.562H-S52.562J,S52.569B-S52.569C,
S52.569E-S52.569F,S52.569H-S52.569J,S52.571B-S52.571C,S52.571E-S52.571F,S52.571H-S52.571J,
S52.572B-S52.572C,S52.572E-S52.572F,S52.572H-S52.572J,S52.579B-S52.579C,S52.579E-S52.579F,
S52.579H-S52.579J,S52.591B-S52.591C,S52.591E-S52.591F,S52.591H-S52.591J,S52.592B-S52.592C,
S52.592E-S52.592F,S52.592H-S52.592J,S52.599B-S52.599C,S52.599E-S52.599F,S52.599H-S52.599J,
S52.601B-S52.601C,S52.601E-S52.601F,S52.601H-S52.601J,S52.602B-S52.602C,S52.602E-S52.602F,
S52.602H-S52.602J,S52.609B-S52.609C,S52.609E-S52.609F,S52.609H-S52.609J,S52.611B-S52.611C,
S52.611E-S52.611F,S52.611H-S52.611J,S52.612B-S52.612C,S52.612E-S52.612F,S52.612H-S52.612J,
S52.613B-S52.613C,S52.613E-S52.613F,S52.613H-S52.613J,S52.614B-S52.614C,S52.614E-S52.614F,
S52.614H-S52.614J,S52.615B-S52.615C,S52.615E-S52.615F,S52.615H-S52.615J,S52.616B-S52.616C,
S52.616E-S52.616F,S52.616H-S52.616J,S52.691B-S52.691C,S52.691E-S52.691F,S52.691H-S52.691J,
S52.692B-S52.692C,S52.692E-S52.692F,S52.692H-S52.692J,S52.699B-S52.699C,S52.699E-S52.699F,
S52.699H-S52.699J,S52.90XB-S52.90XC,S52.90XE-S52.90XF,S52.90XH-S52.90XJ,S52.91XB-S52.91XC,
S52.91XE-S52.91XF,S52.91XH-S52.91XJ,S52.92XB-S52.92XC,S52.92XE-S52.92XF,S52.92XH-S52.92XJ,
S62.001B,S62.002B,S62.009B,S62.011B,S62.012B,S62.013B,S62.014B,S62.015B,S62.016B,S62.021B,
S62.022B,S62.023B,S62.024B,S62.025B,S62.026B,S62.031B,S62.032B,S62.033B,S62.034B,S62.035B,
S62.036B,S62.101B,S62.102B,S62.109B,S62.111B,S62.112B,S62.113B,S62.114B,S62.115B,S62.116B,
S62.121B,S62.122B,S62.123B,S62.124B,S62.125B,S62.126B,S62.131B,S62.132B,S62.133B,S62.134B,
S62.135B,S62.136B,S62.141B,S62.142B,S62.143B,S62.144B,S62.145B,S62.146B,S62.151B,S62.152B,
S62.153B,S62.154B,S62.155B,S62.156B,S62.161B,S62.162B,S62.163B,S62.164B,S62.165B,S62.166B,
S62.171B,S62.172B,S62.173B,S62.174B,S62.175B,S62.176B,S62.181B,S62.182B,S62.183B,S62.184B,
S62.185B,S62.186B,S62.201B,S62.202B,S62.209B,S62.211B,S62.212B,S62.213B,S62.221B,S62.222B,
S62.223B,S62.224B,S62.225B,S62.226B,S62.231B,S62.232B,S62.233B,S62.234B,S62.235B,S62.236B,
S62.241B,S62.242B,S62.243B,S62.244B,S62.245B,S62.246B,S62.251B,S62.252B,S62.253B,S62.254B,
S62.255B,S62.256B,S62.291B,S62.292B,S62.299B,S62.300B,S62.301B,S62.302B,S62.303B,S62.304B,
S62.305B,S62.306B,S62.307B,S62.308B,S62.309B,S62.310B,S62.311B,S62.312B,S62.313B,S62.314B,
S62.315B,S62.316B,S62.317B,S62.318B,S62.319B,S62.320B,S62.321B,S62.322B,S62.323B,S62.324B,
S62.325B,S62.326B,S62.327B,S62.328B,S62.329B,S62.330B,S62.331B,S62.332B,S62.333B,S62.334B,
S62.335B,S62.336B,S62.337B,S62.338B,S62.339B,S62.340B,S62.341B,S62.342B,S62.343B,S62.344B,
S62.345B,S62.346B,S62.347B,S62.348B,S62.349B,S62.350B,S62.351B,S62.352B,S62.353B,S62.354B,
S62.355B,S62.356B,S62.357B,S62.358B,S62.359B,S62.360B,S62.361B,S62.362B,S62.363B,S62.364B,
S62.365B,S62.366B,S62.367B,S62.368B,S62.369B,S62.390B,S62.391B,S62.392B,S62.393B,S62.394B,
S62.395B,S62.396B,S62.397B,S62.398B,S62.399B,S62.501B,S62.502B,S62.509B,S62.511B,S62.512B,
S62.513B,S62.514B,S62.515B,S62.516B,S62.521B,S62.522B,S62.523B,S62.524B,S62.525B,S62.526B,
S62.600B,S62.601B,S62.602B,S62.603B,S62.604B,S62.605B,S62.606B,S62.607B,S62.608B,S62.609B,
S62.610B,S62.611B,S62.612B,S62.613B,S62.614B,S62.615B,S62.616B,S62.617B,S62.618B,S62.619B,
S62.620B,S62.621B,S62.622B,S62.623B,S62.624B,S62.625B,S62.626B,S62.627B,S62.628B,S62.629B,
S62.630B,S62.631B,S62.632B,S62.633B,S62.634B,S62.635B,S62.636B,S62.637B,S62.638B,S62.639B,
S62.640B,S62.641B,S62.642B,S62.643B,S62.644B,S62.645B,S62.646B,S62.647B,S62.648B,S62.649B,
S62.650B,S62.651B,S62.652B,S62.653B,S62.654B,S62.655B,S62.656B,S62.657B,S62.658B,S62.659B,
S62.660B,S62.661B,S62.662B,S62.663B,S62.664B,S62.665B,S62.666B,S62.667B,S62.668B,S62.669B,
S62.90XB,S62.91XB,S62.92XB,S72.301B-S72.301C,S72.301E-S72.301F,S72.301H-S72.301J,S72.302B-
S72.302C,S72.302E-S72.302F,S72.302H-S72.302J,S72.309B-S72.309C,S72.309E-S72.309F,S72.309H-
S72.309J,S72.321B-S72.321C,S72.321E-S72.321F,S72.321H-S72.321J,S72.322B-S72.322C,S72.322E-
S72.322F,S72.322H-S72.322J,S72.323B-S72.323C,S72.323E-S72.323F,S72.323H-S72.323J,S72.324B-
S72.324C,S72.324E-S72.324F,S72.324H-S72.324J,S72.325B-S72.325C,S72.325E-S72.325F,S72.325H-
S72.325J,S72.326B-S72.326C,S72.326E-S72.326F,S72.326H-S72.326J,S72.331B-S72.331C,S72.331E-
S72.331F,S72.331H-S72.331J,S72.332B-S72.332C,S72.332E-S72.332F,S72.332H-S72.332J,S72.333B-
S72.333C,S72.333E-S72.333F,S72.333H-S72.333J,S72.334B-S72.334C,S72.334E-S72.334F,S72.334H-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S72.334J,S72.335B-S72.335C,S72.335E-S72.335F,S72.335H-S72.335J,S72.336B-S72.336C,S72.336E-S72.336F,S72.336H-S72.336J,S72.341B-S72.341C,S72.341E-S72.341F,S72.341H-S72.341J,S72.342B-S72.342C,S72.342E-S72.342F,S72.342H-S72.342J,S72.343B-S72.343C,S72.343E-S72.343F,S72.343H-S72.343J,S72.344B-S72.344C,S72.344E-S72.344F,S72.344H-S72.344J,S72.345B-S72.345C,S72.345E-S72.345F,S72.345H-S72.345J,S72.346B-S72.346C,S72.346E-S72.346F,S72.346H-S72.346J,S72.351B-S72.351C,S72.351E-S72.351F,S72.351H-S72.351J,S72.352B-S72.352C,S72.352E-S72.352F,S72.352H-S72.352J,S72.353B-S72.353C,S72.353E-S72.353F,S72.353H-S72.353J,S72.354B-S72.354C,S72.354E-S72.354F,S72.354H-S72.354J,S72.355B-S72.355C,S72.355E-S72.355F,S72.355H-S72.355J,S72.356B-S72.356C,S72.356E-S72.356F,S72.356H-S72.356J,S72.361B-S72.361C,S72.361E-S72.361F,S72.361H-S72.361J,S72.362B-S72.362C,S72.362E-S72.362F,S72.362H-S72.362J,S72.363B-S72.363C,S72.363E-S72.363F,S72.363H-S72.363J,S72.364B-S72.364C,S72.364E-S72.364F,S72.364H-S72.364J,S72.365B-S72.365C,S72.365E-S72.365F,S72.365H-S72.365J,S72.366B-S72.366C,S72.366E-S72.366F,S72.366H-S72.366J,S72.391B-S72.391C,S72.391E-S72.391F,S72.391H-S72.391J,S72.392B-S72.392C,S72.392E-S72.392F,S72.392H-S72.392J,S72.399B-S72.399C,S72.399E-S72.399F,S72.399H-S72.399J,S72.401B-S72.401C,S72.401E-S72.401F,S72.401H-S72.401J,S72.402B-S72.402C,S72.402E-S72.402F,S72.402H-S72.402J,S72.409B-S72.409C,S72.409E-S72.409F,S72.409H-S72.409J,S72.411B-S72.411C,S72.411E-S72.411F,S72.411H-S72.411J,S72.412B-S72.412C,S72.412E-S72.412F,S72.412H-S72.412J,S72.413B-S72.413C,S72.413E-S72.413F,S72.413H-S72.413J,S72.414B-S72.414C,S72.414E-S72.414F,S72.414H-S72.414J,S72.415B-S72.415C,S72.415E-S72.415F,S72.415H-S72.415J,S72.416B-S72.416C,S72.416E-S72.416F,S72.416H-S72.416J,S72.421B-S72.421C,S72.421E-S72.421F,S72.421H-S72.421J,S72.422B-S72.422C,S72.422E-S72.422F,S72.422H-S72.422J,S72.423B-S72.423C,S72.423E-S72.423F,S72.423H-S72.423J,S72.424B-S72.424C,S72.424E-S72.424F,S72.424H-S72.424J,S72.425B-S72.425C,S72.425E-S72.425F,S72.425H-S72.425J,S72.426B-S72.426C,S72.426E-S72.426F,S72.426H-S72.426J,S72.431B-S72.431C,S72.431E-S72.431F,S72.431H-S72.431J,S72.432B-S72.432C,S72.432E-S72.432F,S72.432H-S72.432J,S72.433B-S72.433C,S72.433E-S72.433F,S72.433H-S72.433J,S72.434B-S72.434C,S72.434E-S72.434F,S72.434H-S72.434J,S72.435B-S72.435C,S72.435E-S72.435F,S72.435H-S72.435J,S72.436B-S72.436C,S72.436E-S72.436F,S72.436H-S72.436J,S72.441B-S72.441C,S72.441E-S72.441F,S72.441H-S72.441J,S72.442B-S72.442C,S72.442E-S72.442F,S72.442H-S72.442J,S72.443B-S72.443C,S72.443E-S72.443F,S72.443H-S72.443J,S72.444B-S72.444C,S72.444E-S72.444F,S72.444H-S72.444J,S72.445B-S72.445C,S72.445E-S72.445F,S72.445H-S72.445J,S72.446B-S72.446C,S72.446E-S72.446F,S72.446H-S72.446J,S72.451B-S72.451C,S72.451E-S72.451F,S72.451H-S72.451J,S72.452B-S72.452C,S72.452E-S72.452F,S72.452H-S72.452J,S72.453B-S72.453C,S72.453E-S72.453F,S72.453H-S72.453J,S72.454B-S72.454C,S72.454E-S72.454F,S72.454H-S72.454J,S72.455B-S72.455C,S72.455E-S72.455F,S72.455H-S72.455J,S72.456B-S72.456C,S72.456E-S72.456F,S72.456H-S72.456J,S72.461B-S72.461C,S72.461E-S72.461F,S72.461H-S72.461J,S72.462B-S72.462C,S72.462E-S72.462F,S72.462H-S72.462J,S72.463B-S72.463C,S72.463E-S72.463F,S72.463H-S72.463J,S72.464B-S72.464C,S72.464E-S72.464F,S72.464H-S72.464J,S72.465B-S72.465C,S72.465E-S72.465F,S72.465H-S72.465J,S72.466B-S72.466C,S72.466E-S72.466F,S72.466H-S72.466J,S72.491B-S72.491C,S72.491E-S72.491F,S72.491H-S72.491J,S72.492B-S72.492C,S72.492E-S72.492F,S72.492H-S72.492J,S72.499B-S72.499C,S72.499E-S72.499F,S72.499H-S72.499J,S72.8X1B-S72.8X1C,S72.8X1E-S72.8X1F,S72.8X1H-S72.8X1J,S72.8X2B-S72.8X2C,S72.8X2E-S72.8X2F,S72.8X2H-S72.8X2J,S72.8X9B-S72.8X9C,S72.8X9E-S72.8X9F,S72.8X9H-S72.8X9J,S72.90XB-S72.90XC,S72.90XE-S72.90XF,S72.90XH-S72.90XJ,S72.91XB-S72.91XC,S72.91XE-S72.91XF,S72.91XH-S72.91XJ,S72.92XB-S72.92XC,S72.92XE-S72.92XF,S72.92XH-S72.92XJ,S82.001B-S82.001C,S82.001E-S82.001F,S82.001H-S82.001J,S82.002B-S82.002C,S82.002E-S82.002F,S82.002H-S82.002J,S82.009B-S82.009C,S82.009E-S82.009F,S82.009H-S82.009J,S82.011B-S82.011C,S82.011E-S82.011F,S82.011H-S82.011J,S82.012B-S82.012C,S82.012E-S82.012F,S82.012H-S82.012J,S82.013B-S82.013C,S82.013E-S82.013F,S82.013H-S82.013J,S82.014B-S82.014C,S82.014E-S82.014F,S82.014H-S82.014J,S82.015B-S82.015C,S82.015E-S82.015F,S82.015H-S82.015J,S82.016B-S82.016C,S82.016E-S82.016F,S82.016H-S82.016J,S82.021B-S82.021C,S82.021E-S82.021F,S82.021H-S82.021J,S82.022B-S82.022C,S82.022E-S82.022F,S82.022H-S82.022J,S82.023B-S82.023C,S82.023E-S82.023F,S82.023H-S82.023J,S82.024B-S82.024C,S82.024E-S82.024F,S82.024H-S82.024J,S82.025B-S82.025C,S82.025E-S82.025F,S82.025H-S82.025J,S82.026B-S82.026C,S82.026E-S82.026F,S82.026H-S82.026J,S82.031B-S82.031C,S82.031E-S82.031F,S82.031H-S82.031J,S82.032B-S82.032C,S82.032E-S82.032F,S82.032H-S82.032J,S82.033B-S82.033C,S82.033E-S82.033F,S82.033H-S82.033J,S82.034B-S82.034C,S82.034E-S82.034F,S82.034H-S82.034J,S82.035B-S82.035C,S82.035E-S82.035F,S82.035H-S82.035J,S82.036B-S82.036C,S82.036E-S82.036F,S82.036H-S82.036J,S82.041B-S82.041C,S82.041E-S82.041F,S82.041H-S82.041J,S82.042B-S82.042C,S82.042E-S82.042F,S82.042H-S82.042J,S82.043B-S82.043C,S82.043E-S82.043F,S82.043H-S82.043J,S82.044B-S82.044C,S82.044E-S82.044F,S82.044H-S82.044J,S82.045B-S82.045C,S82.045E-S82.045F,S82.045H-S82.045J,S82.046B-S82.046C,S82.046E-S82.046F,S82.046H-S82.046J,S82.091B-S82.091C,S82.091E-S82.091F,S82.091H-S82.091J,S82.092B-S82.092C,S82.092E-S82.092F,S82.092H-S82.092J,S82.099B-S82.099C,S82.099E-S82.099F,S82.099H-S82.099J,S82.101B-S82.101C,S82.101E-S82.101F,S82.101H-S82.101J,S82.102B-S82.102C,S82.102E-S82.102F,S82.102H-S82.102J,S82.109B-S82.109C,S82.109E-S82.109F,S82.109H-S82.109J,S82.111B-S82.111C,S82.111E-S82.111F,S82.111H-S82.111J,S82.112B-S82.112C,S82.112E-S82.112F,S82.112H-S82.112J,S82.113B-S82.113C,S82.113E-S82.113F,S82.113H-S82.113J,S82.114B-S82.114C,S82.114E-S82.114F,S82.114H-S82.114J,S82.115B-S82.115C,S82.115E-S82.115F,S82.115H-S82.115J,S82.116B-S82.116C,S82.116E-S82.116F,S82.116H-S82.116J,S82.121B-S82.121C,S82.121E-S82.121F,S82.121H-S82.121J,S82.122B-S82.122C,S82.122E-S82.122F,S82.122H-S82.122J,S82.123B-S82.123C,S82.123E-S82.123F,S82.123H-S82.123J,S82.124B-S82.124C,S82.124E-S82.124F,S82.124H-S82.124J,S82.125B-S82.125C,S82.125E-S82.125F,S82.125H-S82.125J,S82.126B-S82.126C,S82.126E-S82.126F,S82.126H-S82.126J,S82.131B-S82.131C,S82.131E-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S82.131F,S82.131H-S82.131J,S82.132B-S82.132C,S82.132E-S82.132F,S82.132H-S82.132J,S82.133B-S82.133C,S82.133E-S82.133F,S82.133H-S82.133J,S82.134B-S82.134C,S82.134E-S82.134F,S82.134H-S82.134J,S82.135B-S82.135C,S82.135E-S82.135F,S82.135H-S82.135J,S82.136B-S82.136C,S82.136E-S82.136F,S82.136H-S82.136J,S82.141B-S82.141C,S82.141E-S82.141F,S82.141H-S82.141J,S82.142B-S82.142C,S82.142E-S82.142F,S82.142H-S82.142J,S82.143B-S82.143C,S82.143E-S82.143F,S82.143H-S82.143J,S82.144B-S82.144C,S82.144E-S82.144F,S82.144H-S82.144J,S82.145B-S82.145C,S82.145E-S82.145F,S82.145H-S82.145J,S82.146B-S82.146C,S82.146E-S82.146F,S82.146H-S82.146J,S82.151B-S82.151C,S82.151E-S82.151F,S82.151H-S82.151J,S82.152B-S82.152C,S82.152E-S82.152F,S82.152H-S82.152J,S82.153B-S82.153C,S82.153E-S82.153F,S82.153H-S82.153J,S82.154B-S82.154C,S82.154E-S82.154F,S82.154H-S82.154J,S82.155B-S82.155C,S82.155E-S82.155F,S82.155H-S82.155J,S82.156B-S82.156C,S82.156E-S82.156F,S82.156H-S82.156J,S82.191B-S82.191C,S82.191E-S82.191F,S82.191H-S82.191J,S82.192B-S82.192C,S82.192E-S82.192F,S82.192H-S82.192J,S82.199B-S82.199C,S82.199E-S82.199F,S82.199H-S82.199J,S82.201B-S82.201C,S82.201E-S82.201F,S82.201H-S82.201J,S82.202B-S82.202C,S82.202E-S82.202F,S82.202H-S82.202J,S82.209B-S82.209C,S82.209E-S82.209F,S82.209H-S82.209J,S82.221B-S82.221C,S82.221E-S82.221F,S82.221H-S82.221J,S82.222B-S82.222C,S82.222E-S82.222F,S82.222H-S82.222J,S82.223B-S82.223C,S82.223E-S82.223F,S82.223H-S82.223J,S82.224B-S82.224C,S82.224E-S82.224F,S82.224H-S82.224J,S82.225B-S82.225C,S82.225E-S82.225F,S82.225H-S82.225J,S82.226B-S82.226C,S82.226E-S82.226F,S82.226H-S82.226J,S82.231B-S82.231C,S82.231E-S82.231F,S82.231H-S82.231J,S82.232B-S82.232C,S82.232E-S82.232F,S82.232H-S82.232J,S82.233B-S82.233C,S82.233E-S82.233F,S82.233H-S82.233J,S82.234B-S82.234C,S82.234E-S82.234F,S82.234H-S82.234J,S82.235B-S82.235C,S82.235E-S82.235F,S82.235H-S82.235J,S82.236B-S82.236C,S82.236E-S82.236F,S82.236H-S82.236J,S82.241B-S82.241C,S82.241E-S82.241F,S82.241H-S82.241J,S82.242B-S82.242C,S82.242E-S82.242F,S82.242H-S82.242J,S82.243B-S82.243C,S82.243E-S82.243F,S82.243H-S82.243J,S82.244B-S82.244C,S82.244E-S82.244F,S82.244H-S82.244J,S82.245B-S82.245C,S82.245E-S82.245F,S82.245H-S82.245J,S82.246B-S82.246C,S82.246E-S82.246F,S82.246H-S82.246J,S82.251B-S82.251C,S82.251E-S82.251F,S82.251H-S82.251J,S82.252B-S82.252C,S82.252E-S82.252F,S82.252H-S82.252J,S82.253B-S82.253C,S82.253E-S82.253F,S82.253H-S82.253J,S82.254B-S82.254C,S82.254E-S82.254F,S82.254H-S82.254J,S82.255B-S82.255C,S82.255E-S82.255F,S82.255H-S82.255J,S82.256B-S82.256C,S82.256E-S82.256F,S82.256H-S82.256J,S82.261B-S82.261C,S82.261E-S82.261F,S82.261H-S82.261J,S82.262B-S82.262C,S82.262E-S82.262F,S82.262H-S82.262J,S82.263B-S82.263C,S82.263E-S82.263F,S82.263H-S82.263J,S82.264B-S82.264C,S82.264E-S82.264F,S82.264H-S82.264J,S82.265B-S82.265C,S82.265E-S82.265F,S82.265H-S82.265J,S82.266B-S82.266C,S82.266E-S82.266F,S82.266H-S82.266J,S82.291B-S82.291C,S82.291E-S82.291F,S82.291H-S82.291J,S82.292B-S82.292C,S82.292E-S82.292F,S82.292H-S82.292J,S82.299B-S82.299C,S82.299E-S82.299F,S82.299H-S82.299J,S82.301B-S82.301C,S82.301E-S82.301F,S82.301H-S82.301J,S82.302B-S82.302C,S82.302E-S82.302F,S82.302H-S82.302J,S82.309B-S82.309C,S82.309E-S82.309F,S82.309H-S82.309J,S82.391B-S82.391C,S82.391E-S82.391F,S82.391H-S82.391J,S82.392B-S82.392C,S82.392E-S82.392F,S82.392H-S82.392J,S82.399B-S82.399C,S82.399E-S82.399F,S82.399H-S82.399J,S82.401B-S82.401C,S82.401E-S82.401F,S82.401H-S82.401J,S82.402B-S82.402C,S82.402E-S82.402F,S82.402H-S82.402J,S82.409B-S82.409C,S82.409E-S82.409F,S82.409H-S82.409J,S82.421B-S82.421C,S82.421E-S82.421F,S82.421H-S82.421J,S82.422B-S82.422C,S82.422E-S82.422F,S82.422H-S82.422J,S82.423B-S82.423C,S82.423E-S82.423F,S82.423H-S82.423J,S82.424B-S82.424C,S82.424E-S82.424F,S82.424H-S82.424J,S82.425B-S82.425C,S82.425E-S82.425F,S82.425H-S82.425J,S82.426B-S82.426C,S82.426E-S82.426F,S82.426H-S82.426J,S82.431B-S82.431C,S82.431E-S82.431F,S82.431H-S82.431J,S82.432B-S82.432C,S82.432E-S82.432F,S82.432H-S82.432J,S82.433B-S82.433C,S82.433E-S82.433F,S82.433H-S82.433J,S82.434B-S82.434C,S82.434E-S82.434F,S82.434H-S82.434J,S82.435B-S82.435C,S82.435E-S82.435F,S82.435H-S82.435J,S82.436B-S82.436C,S82.436E-S82.436F,S82.436H-S82.436J,S82.441B-S82.441C,S82.441E-S82.441F,S82.441H-S82.441J,S82.442B-S82.442C,S82.442E-S82.442F,S82.442H-S82.442J,S82.443B-S82.443C,S82.443E-S82.443F,S82.443H-S82.443J,S82.444B-S82.444C,S82.444E-S82.444F,S82.444H-S82.444J,S82.445B-S82.445C,S82.445E-S82.445F,S82.445H-S82.445J,S82.446B-S82.446C,S82.446E-S82.446F,S82.446H-S82.446J,S82.451B-S82.451C,S82.451E-S82.451F,S82.451H-S82.451J,S82.452B-S82.452C,S82.452E-S82.452F,S82.452H-S82.452J,S82.453B-S82.453C,S82.453E-S82.453F,S82.453H-S82.453J,S82.454B-S82.454C,S82.454E-S82.454F,S82.454H-S82.454J,S82.455B-S82.455C,S82.455E-S82.455F,S82.455H-S82.455J,S82.456B-S82.456C,S82.456E-S82.456F,S82.456H-S82.456J,S82.461B-S82.461C,S82.461E-S82.461F,S82.461H-S82.461J,S82.462B-S82.462C,S82.462E-S82.462F,S82.462H-S82.462J,S82.463B-S82.463C,S82.463E-S82.463F,S82.463H-S82.463J,S82.464B-S82.464C,S82.464E-S82.464F,S82.464H-S82.464J,S82.465B-S82.465C,S82.465E-S82.465F,S82.465H-S82.465J,S82.466B-S82.466C,S82.466E-S82.466F,S82.466H-S82.466J,S82.491B-S82.491C,S82.491E-S82.491F,S82.491H-S82.491J,S82.492B-S82.492C,S82.492E-S82.492F,S82.492H-S82.492J,S82.499B-S82.499C,S82.499E-S82.499F,S82.499H-S82.499J,S82.51XB-S82.51XC,S82.51XE-S82.51XF,S82.51XH-S82.51XJ,S82.52XB-S82.52XC,S82.52XE-S82.52XF,S82.52XH-S82.52XJ,S82.53XB-S82.53XC,S82.53XE-S82.53XF,S82.53XH-S82.53XJ,S82.54XB-S82.54XC,S82.54XE-S82.54XF,S82.54XH-S82.54XJ,S82.55XB-S82.55XC,S82.55XE-S82.55XF,S82.55XH-S82.55XJ,S82.56XB-S82.56XC,S82.56XE-S82.56XF,S82.56XH-S82.56XJ,S82.61XB-S82.61XC,S82.61XE-S82.61XF,S82.61XH-S82.61XJ,S82.62XB-S82.62XC,S82.62XE-S82.62XF,S82.62XH-S82.62XJ,S82.63XB-S82.63XC,S82.63XE-S82.63XF,S82.63XH-S82.63XJ,S82.64XB-S82.64XC,S82.64XE-S82.64XF,S82.64XH-S82.64XJ,S82.65XB-S82.65XC,S82.65XE-S82.65XF,S82.65XH-S82.65XJ,S82.66XB-S82.66XC,S82.66XE-S82.66XF,S82.66XH-S82.66XJ,S82.831B-S82.831C,S82.831E-S82.831F,S82.831H-S82.831J,S82.832B-S82.832C,S82.832E-S82.832F,S82.832H-S82.832J,S82.839B-S82.839C,S82.839E-S82.839F,S82.839H-S82.839J,S82.841B-S82.841C,S82.841E-S82.841F,S82.841H-S82.841J,S82.842B-S82.842C,S82.842E-S82.842F,S82.842H-S82.842J,S82.843B-S82.843C,S82.843E-S82.843F,S82.843H-S82.843J,S82.844B-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S82.844C,S82.844E-S82.844F,S82.844H-S82.844J,S82.845B-S82.845C,S82.845E-S82.845F,S82.845H-S82.845J,S82.846B-S82.846C,S82.846E-S82.846F,S82.846H-S82.846J,S82.851B-S82.851C,S82.851E-S82.851F,S82.851H-S82.851J,S82.852B-S82.852C,S82.852E-S82.852F,S82.852H-S82.852J,S82.853B-S82.853C,S82.853E-S82.853F,S82.853H-S82.853J,S82.854B-S82.854C,S82.854E-S82.854F,S82.854H-S82.854J,S82.855B-S82.855C,S82.855E-S82.855F,S82.855H-S82.855J,S82.856B-S82.856C,S82.856E-S82.856F,S82.856H-S82.856J,S82.861B-S82.861C,S82.861E-S82.861F,S82.861H-S82.861J,S82.862B-S82.862C,S82.862E-S82.862F,S82.862H-S82.862J,S82.863B-S82.863C,S82.863E-S82.863F,S82.863H-S82.863J,S82.864B-S82.864C,S82.864E-S82.864F,S82.864H-S82.864J,S82.865B-S82.865C,S82.865E-S82.865F,S82.865H-S82.865J,S82.866B-S82.866C,S82.866E-S82.866F,S82.866H-S82.866J,S82.871B-S82.871C,S82.871E-S82.871F,S82.871H-S82.871J,S82.872B-S82.872C,S82.872E-S82.872F,S82.872H-S82.872J,S82.873B-S82.873C,S82.873E-S82.873F,S82.873H-S82.873J,S82.874B-S82.874C,S82.874E-S82.874F,S82.874H-S82.874J,S82.875B-S82.875C,S82.875E-S82.875F,S82.875H-S82.875J,S82.876B-S82.876C,S82.876E-S82.876F,S82.876H-S82.876J,S82.891B-S82.891C,S82.891E-S82.891F,S82.891H-S82.891J,S82.892B-S82.892C,S82.892E-S82.892F,S82.892H-S82.892J,S82.899B-S82.899C,S82.899E-S82.899F,S82.899H-S82.899J,S82.90XB-S82.90XC,S82.90XE-S82.90XF,S82.90XH-S82.90XJ,S82.91XB-S82.91XC,S82.91XE-S82.91XF,S82.91XH-S82.91XJ,S82.92XB-S82.92XC,S82.92XE-S82.92XF,S82.92XH-S82.92XJ,S92.001B,S92.002B,S92.009B,S92.011B,S92.012B,S92.013B,S92.014B,S92.015B,S92.016B,S92.021B,S92.022B,S92.023B,S92.024B,S92.025B,S92.026B,S92.031B,S92.032B,S92.033B,S92.034B,S92.035B,S92.036B,S92.041B,S92.042B,S92.043B,S92.044B,S92.045B,S92.046B,S92.051B,S92.052B,S92.053B,S92.054B,S92.055B,S92.056B,S92.061B,S92.062B,S92.063B,S92.064B,S92.065B,S92.066B,S92.101B,S92.102B,S92.109B,S92.111B,S92.112B,S92.113B,S92.114B,S92.115B,S92.116B,S92.121B,S92.122B,S92.123B,S92.124B,S92.125B,S92.126B,S92.131B,S92.132B,S92.133B,S92.134B,S92.135B,S92.136B,S92.141B,S92.142B,S92.143B,S92.144B,S92.145B,S92.146B,S92.151B,S92.152B,S92.153B,S92.154B,S92.155B,S92.156B,S92.191B,S92.192B,S92.199B,S92.201B,S92.202B,S92.209B,S92.211B,S92.212B,S92.213B,S92.214B,S92.215B,S92.216B,S92.221B,S92.222B,S92.223B,S92.224B,S92.225B,S92.226B,S92.231B,S92.232B,S92.233B,S92.234B,S92.235B,S92.236B,S92.241B,S92.242B,S92.243B,S92.244B,S92.245B,S92.246B,S92.251B,S92.252B,S92.253B,S92.254B,S92.255B,S92.256B,S92.301B,S92.302B,S92.309B,S92.311B,S92.312B,S92.313B,S92.314B,S92.315B,S92.316B,S92.321B,S92.322B,S92.323B,S92.324B,S92.325B,S92.326B,S92.331B,S92.332B,S92.333B,S92.334B,S92.335B,S92.336B,S92.341B,S92.342B,S92.343B,S92.344B,S92.345B,S92.346B,S92.351B,S92.352B,S92.353B,S92.354B,S92.355B,S92.356B,S92.401B,S92.402B,S92.403B,S92.404B,S92.405B,S92.406B,S92.411B,S92.412B,S92.413B,S92.414B,S92.415B,S92.416B,S92.421B,S92.422B,S92.423B,S92.424B,S92.425B,S92.426B,S92.491B,S92.492B,S92.499B,S92.501B,S92.502B,S92.503B,S92.504B,S92.505B,S92.506B,S92.511B,S92.512B,S92.513B,S92.514B,S92.515B,S92.516B,S92.521B,S92.522B,S92.523B,S92.524B,S92.525B,S92.526B,S92.531B,S92.532B,S92.533B,S92.534B,S92.535B,S92.536B,S92.591B,S92.592B,S92.599B,S92.901B,S92.902B,S92.909B,S92.911B,S92.912B,S92.919B,Z47.2

CPT: 11010-11012,11740,11760,12001-12020,12031-12057,20150,20650,20663,20670-20694,20900,21485,21490,22848,23395,23400,23515,23530,23532,23550,23552,23585,23615,23630,23660,23670,23680,24130,24300,24332,24343,24345,24346,24515,24516,24545,24546,24575,24579,24586,24587,24615,24635,24640,24665,24666,24685,25119,25210-25240,25275,25310,25320,25337,25390-25392,25394,25430,25431,25441-25447,25450-25492,25515,25525,25526,25545,25574,25575,25606-25609,25628,25645,25652,25670,25676,25685,25695,25810-25825,26340,26615,26645,26665,26685,26686,26715,26727,26735,26746,26756,26765,26775-26785,27235,27244,27248,27253-27258,27275,27350,27430,27435,27465-27468,27502,27506,27507,27511-27514,27519,27524,27535,27536,27540,27556-27566,27610,27656,27695-27698,27712,27756-27759,27766,27769,27784,27792,27814,27822-27832,27846,27848,28415,28420,28445,28465,28485,28505,28525,28531-28675,28730,29035-29105,29126-29131,29305-29445,29505,29515,29700-29720,29850-29856,29861-29863,29871,29874-29879,29882,29888-29898,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 137**

Condition: CANCER OF CERVIX (See Guideline Notes 7,11,12,19,64,65)

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

ICD-10: C53.0-C53.9,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.41

CPT: 32553,38562,38564,38571,38572,38770,44188,44320,44700,49327,49411,49412,53444,55920,57155,57156,57505,57520,57522,57531-57550,57558,58150,58200,58210,58260,58548-58554,58570-58573,58953-58956,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77431,77469,77470,77761-77763,77770-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **138**
Condition: INTERRUPTED AORTIC ARCH (See Guideline Notes 64,65)
Treatment: TRANSVERSE ARCH GRAFT
ICD-10: Q25.2,Z51.89
CPT: 33608,33852,33853,33870,33946-33966,33969,33984-33989,92960-92971,92978-92998,93355,93797,93798, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **139**
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C81.00-C81.99,D61.810,G89.3,Z51.0,Z51.12,Z85.71
CPT: 32553,38100,38120,49203-49205,49220,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387, 77401-77427,77469,77470,78811-78816,79403,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **140**
Condition: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S78.011A-S78.011D,S78.012A-S78.012D,S78.019A-S78.019D,S78.021A-S78.021D,S78.022A-S78.022D, S78.029A-S78.029D,S78.111A-S78.111D,S78.112A-S78.112D,S78.119A-S78.119D,S78.121A-S78.121D, S78.122A-S78.122D,S78.129A-S78.129D,S78.911A-S78.911D,S78.912A-S78.912D,S78.919A-S78.919D, S78.921A-S78.921D,S78.922A-S78.922D,S78.929A-S78.929D,S88.011A-S88.011D,S88.012A-S88.012D, S88.019A-S88.019D,S88.021A-S88.021D,S88.022A-S88.022D,S88.029A-S88.029D,S88.111A-S88.111D, S88.112A-S88.112D,S88.119A-S88.119D,S88.121A-S88.121D,S88.122A-S88.122D,S88.129A-S88.129D, S88.911A-S88.911D,S88.912A-S88.912D,S88.919A-S88.919D,S88.921A-S88.921D,S88.922A-S88.922D, S88.929A-S88.929D
CPT: 11010-11012,15100,15101,20920-20924,27290,27295,27590-27598,27880-27886,27889,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **141**
Condition: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A02.9,B00.1,B35.0,B35.2-B35.9,B36.1,B37.0,B37.41-B37.49,B37.83,B45.8,B59
CPT: 11720,11721,17110,17111,92002-92014,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **142**
Condition: EBSTEIN'S ANOMALY (See Guideline Notes 64,65)
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-10: Q22.5
CPT: 33460,33465,33468,33620,33621,33641-33647,33946-33966,33969,33984-33989,75557-75565,75573,93355, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **143**
Condition: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Notes 64,65)
Treatment: MEDICAL,SURGICAL AND LASER TREATMENT
ICD-10: H40.001-H40.029,H40.041-H40.059,H40.10X0-H40.159,H40.30X0-H40.9,H42,Q13.81,Q15.0
CPT: 65820-65855,66150,66155,66170,66172,66179-66250,66700-66711,66740,66762,66920-66984,67036,67255, 67500,76514,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371, 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **144**
Condition: MYASTHENIA GRAVIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-10: G70.00-G70.9,G73.1-G73.3
CPT: 32673,36514-36516,60520-60522,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **145**
Condition: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M32.0,M32.10-M32.9,M35.1,M35.9
CPT: 36514-36516,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **146**
Condition: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P80.0-P80.9,P81.0-P81.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **147**
Condition: PNEUMOTHORAX AND PLEURAL EFFUSION TUBE THORACOSTOMY (See Guideline Notes 64,65)
Treatment: SURGICAL THERAPY, MEDICAL THERAPY
ICD-10: J90,J91.0-J91.8,J93.0,J93.11-J93.9,J94.0,J94.2,J95.811-J95.812,J98.2,S27.0XXA-S27.0XXD,S27.1XXA-S27.1XXD,S27.2XXA-S27.2XXD
CPT: 31634,32110,32124,32200-32220,32310,32550,32552,32554-32562,32650-32653,32655,32664,32665,33015-33050,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **148**
Condition: HYPOTHERMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-10: T68.XXXA-T68.XXXD
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **149**
Condition: ANEMIA OF PREMATURITY OR TRANSIENT NEONATAL NEUTROPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P61.2,P61.5,P61.8-P61.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **150**
Condition: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A00.0-A00.9,A02.0,A02.8-A02.9,A03.0-A03.9,A04.0-A04.9,A05.0,A05.2-A05.9,A08.0,A08.11-A08.8,A09
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **151**
Condition: GLYCOGENOSIS (See Guideline Notes 64,65,67)
Treatment: MEDICAL THERAPY
ICD-10: E74.00-E74.09
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9357

**Line:** **152**
Condition: ACQUIRED HEMOLYTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D59.0-D59.9
CPT: 36514-36516,90935,90937,90945,90947,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **153**
Condition: FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F98.21-F98.3
CPT: 90846,90849,90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **154**
Condition: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR UNSTABLE; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Notes 6,64,65,100,136)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M48.40XA-M48.40XG,M48.41XA-M48.41XG,M48.42XA-M48.42XG,M48.43XA-M48.43XG,M48.50XA-M48.50XG,M48.51XA-M48.51XG,M48.52XA-M48.52XG,M48.53XA-M48.53XG,M80.08XA-M80.08XG,M80.88XA-M80.88XG,M84.58XA,M84.68XA,M99.10-M99.11,S12.000A-S12.000G,S12.001A-S12.001G,S12.01XA-S12.01XG,S12.02XA-S12.02XG,S12.030A-S12.030G,S12.031A-S12.031G,S12.040A-S12.040G,S12.041A-S12.041G,S12.090A-S12.090G,S12.091A-S12.091G,S12.100A-S12.100G,S12.101A-S12.101G,S12.110A-S12.110G,S12.111A-S12.111G,S12.112A-S12.112G,S12.120A-S12.120G,S12.121A-S12.121G,S12.130A-S12.130G,S12.131A-S12.131G,S12.14XA-S12.14XG,S12.150A-S12.150G,S12.151A-S12.151G,S12.190A-S12.190G,S12.191A-S12.191G,S12.200A-S12.200G,S12.201A-S12.201G,S12.230A-S12.230G,S12.231A-S12.231G,S12.24XA-S12.24XG,S12.250A-S12.250G,S12.251A-S12.251G,S12.290A-S12.290G,S12.291A-S12.291G,S12.300A-S12.300G,S12.301A-S12.301G,S12.330A-S12.330G,S12.331A-S12.331G,S12.34XA-S12.34XG,S12.350A-S12.350G,S12.351A-S12.351G,S12.390A-S12.390G,S12.391A-S12.391G,S12.400A-S12.400G,S12.401A-S12.401G,S12.430A-S12.430G,S12.431A-S12.431G,S12.44XA-S12.44XG,S12.450A-S12.450G,S12.451A-S12.451G,S12.490A-S12.490G,S12.491A-S12.491G,S12.500A-S12.500G,S12.501A-S12.501G,S12.530A-S12.530G,S12.531A-S12.531G,S12.54XA-S12.54XG,S12.550A-S12.550G,S12.551A-S12.551G,S12.590A-S12.590G,S12.591A-S12.591G,S12.600A-S12.600G,S12.601A-S12.601G,S12.630A-S12.630G,S12.631A-S12.631G,S12.64XA-S12.64XG,S12.650A-S12.650G,S12.651A-S12.651G,S12.690A-S12.690G,S12.691A-S12.691G,S12.9XXA-S12.9XXD,S13.100A-S13.100D,S13.101A-S13.101D,S13.110A-S13.110D,S13.111A-S13.111D,S13.120A-S13.120D,S13.121A-S13.121D,S13.130A-S13.130D,S13.131A-S13.131D,S13.140A-S13.140D,S13.141A-S13.141D,S13.150A-S13.150D,S13.151A-S13.151D,S13.160A-S13.160D,S13.161A-S13.161D,S13.170A-S13.170D,S13.171A-S13.171D,S13.180A-S13.180D,S13.181A-S13.181D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S22.000B-S22.000G,S22.001B-S22.001G,S22.002B-S22.002G,S22.008B-S22.008G,S22.009B-S22.009G,S22.010B-S22.010G,S22.011B-S22.011G,S22.012B-S22.012G,S22.018B-S22.018G,S22.019B-S22.019G,S22.020B-S22.020G,S22.021B-S22.021G,S22.022B-S22.022G,S22.028B-S22.028G,S22.029B-S22.029G,S22.030B-S22.030G,S22.031B-S22.031G,S22.032B-S22.032G,S22.038B-S22.038G,S22.039B-S22.039G,S22.040B-S22.040G,S22.041B-S22.041G,S22.042B-S22.042G,S22.048B-S22.048G,S22.049B-S22.049G,S22.050B-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S22.050G,S22.051B-S22.051G,S22.052B-S22.052G,S22.058B-S22.058G,S22.059B-S22.059G,S22.060B-S22.060G,S22.061B-S22.061G,S22.062B-S22.062G,S22.068B-S22.068G,S22.069B-S22.069G,S22.070B-S22.070G,S22.071B-S22.071G,S22.072B-S22.072G,S22.078B-S22.078G,S22.079B-S22.079G,S22.080B-S22.080G,S22.081B-S22.081G,S22.082B-S22.082G,S22.088B-S22.088G,S22.089B-S22.089G,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S32.000B-S32.000G,S32.001B-S32.001G,S32.002A-S32.002G,S32.008B-S32.008G,S32.009B-S32.009G,S32.010B-S32.010G,S32.011B-S32.011G,S32.012A-S32.012G,S32.018B-S32.018G,S32.019B-S32.019G,S32.020B-S32.020G,S32.021B-S32.021G,S32.022A-S32.022G,S32.028B-S32.028G,S32.029B-S32.029G,S32.030B-S32.030G,S32.031B-S32.031G,S32.032A-S32.032G,S32.038B-S32.038G,S32.039B-S32.039G,S32.040B-S32.040G,S32.041B-S32.041G,S32.042A-S32.042G,S32.048B-S32.048G,S32.049B-S32.049G,S32.050B-S32.050G,S32.051B-S32.051G,S32.052A-S32.052G,S32.058B-S32.058G,S32.059B-S32.059G,S32.10XB,S32.110B,S32.111B,S32.112B,S32.119B,S32.120B,S32.121B,S32.122B,S32.129B,S32.130B,S32.131B,S32.132B,S32.139B,S32.14XB,S32.15XB,S32.16XB,S32.17XB,S32.19XB,S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,Z47.2

CPT: 11010-11012,20660,20661,20665,20690-20694,20900,20930-20938,22100-22116,22305-22505,22532-22819,22840-22855,27202-27216,29015,29040,29710,29720,63001-63173,63295,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 155**

Condition: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

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

CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9355

**Line: 156**

Condition: NON-PULMONARY TUBERCULOSIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: A17.83,A17.9,A18.01-A18.89,A19.0-A19.9

CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 157**

Condition: PYOGENIC ARTHRITIS (See Guideline Notes 6,64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: A01.04,A02.23,A39.83,M00.00,M00.011-M00.9,M01.X0,M01.X11-M01.X9

CPT: 20600-20611,23040,23044,24000,24006,24101,24102,25040,25101-25109,26070-26080,27030,27310,27610,28022,28024,29819,29821,29823,29825,29843,29848,29861-29863,29871,29894,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 158**

Condition: VASCULAR INSUFFICIENCY OF INTESTINE (See Guideline Notes 64,65)

Treatment: SURGICAL TREATMENT

ICD-10: K55.0-K55.1,K55.8-K55.9,Z46.59

CPT: 34151,34421,34451,44120-44125,44130,44139-44160,44202-44213,44310,44701,49442,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **159**
Condition: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B00.2-B00.4,B00.50-B00.89,B02.0-B02.1,B02.21-B02.9,B10.01-B10.09,G93.7
CPT: 65430,69676,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371, 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **160**
Condition: ACROMEGALY AND GIGANTISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E22.0
CPT: 32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,79005-79445, 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **161**
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS (See Guideline Notes 7,11,12,19,23,64,65,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C17.0-C17.9,C18.0-C18.9,C19-C20,C21.0-C21.8,C7A.010-C7A.029,D01.0-D01.3,D01.40-D01.49,D37.2-D37.5, D37.8,D61.810,G89.3,K62.82-K62.89,Z46.59,Z51.0,Z51.11-Z51.12,Z85.038,Z85.048
CPT: 32553,43245,44120-44125,44139-44160,44187,44188,44204-44227,44300-44346,44379,44381,44384,44391-44402,44404,44405,44620-44626,44701,45110-45113,45119,45123,45126,45136,45171-45190,45303,45308-45320,45327,45333-45335,45338-45347,45381-45389,45395,45397,45402,45505,45550,46604,46900-46924, 49203-49205,49411,49442,57156,58150,77014,77261-77295,77300-77370,77385-77387,77401-77417,77424-77432,77469,77470,77761-77763,77770-77790,78811-78816,79005-79445,81275,81288,96150-96154,96405, 96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **162**
Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,19,64,65,115)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C82.00-C82.99,C83.00-C83.99,C84.00-C84.99,C85.10-C85.99,C86.0-C86.6,C88.4-C88.8,C96.0-C96.9,D46.20-D46.C,D46.Z-D46.9,D47.0-D47.1,D47.3,D47.Z1-D47.Z9,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,36522,38100,38120,38542,38720,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387, 77401-77431,77469,77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9355,S9537

**Line:** **163**
Condition: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B00.0,L00,L12.30-L12.35,L51.1-L51.3
CPT: 36514-36516,65778-65782,68371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **164**
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S48.011A-S48.011D,S48.012A-S48.012D,S48.019A-S48.019D,S48.021A-S48.021D,S48.022A-S48.022D, S48.029A-S48.029D,S48.111A-S48.111D,S48.112A-S48.112D,S48.119A-S48.119D,S48.121A-S48.121D, S48.122A-S48.122D,S48.129A-S48.129D,S48.911A-S48.911D,S48.912A-S48.912D,S48.919A-S48.919D, S48.921A-S48.921D,S48.922A-S48.922D,S48.929A-S48.929D,S58.011A-S58.011D,S58.012A-S58.012D, S58.019A-S58.019D,S58.021A-S58.021D,S58.022A-S58.022D,S58.029A-S58.029D,S58.111A-S58.111D, S58.112A-S58.112D,S58.119A-S58.119D,S58.121A-S58.121D,S58.122A-S58.122D,S58.129A-S58.129D, S58.911A-S58.911D,S58.912A-S58.912D,S58.919A-S58.919D,S58.921A-S58.921D,S58.922A-S58.922D, S58.929A-S58.929D,S68.011A-S68.011D,S68.012A-S68.012D,S68.019A-S68.019D,S68.021A-S68.021D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S68.022A-S68.022D,S68.029A-S68.029D,S68.110A-S68.110D,S68.111A-S68.111D,S68.112A-S68.112D, S68.113A-S68.113D,S68.114A-S68.114D,S68.115A-S68.115D,S68.116A-S68.116D,S68.117A-S68.117D, S68.118A-S68.118D,S68.119A-S68.119D,S68.120A-S68.120D,S68.121A-S68.121D,S68.122A-S68.122D, S68.123A-S68.123D,S68.124A-S68.124D,S68.125A-S68.125D,S68.126A-S68.126D,S68.127A-S68.127D, S68.128A-S68.128D,S68.129A-S68.129D,S68.411A-S68.411D,S68.412A-S68.412D,S68.419A-S68.419D, S68.421A-S68.421D,S68.422A-S68.422D,S68.429A-S68.429D,S68.511A-S68.511D,S68.512A-S68.512D, S68.519A-S68.519D,S68.521A-S68.521D,S68.522A-S68.522D,S68.529A-S68.529D,S68.610A-S68.610D, S68.611A-S68.611D,S68.612A-S68.612D,S68.613A-S68.613D,S68.614A-S68.614D,S68.615A-S68.615D, S68.616A-S68.616D,S68.617A-S68.617D,S68.618A-S68.618D,S68.619A-S68.619D,S68.620A-S68.620D, S68.621A-S68.621D,S68.622A-S68.622D,S68.623A-S68.623D,S68.624A-S68.624D,S68.625A-S68.625D, S68.626A-S68.626D,S68.627A-S68.627D,S68.628A-S68.628D,S68.629A-S68.629D,S68.711A-S68.711D, S68.712A-S68.712D,S68.719A-S68.719D,S68.721A-S68.721D,S68.722A-S68.722D,S68.729A-S68.729D

CPT: 11000,11001,11010-11047,15050-15101,15620,20802-20924,20972,20973,23900-23921,24900-24940,25900-25909,26350-26356,26410-26418,26551-26556,26910-26952,64831,64832,96150-96154,97001-97004,97012, 97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 165**

Condition: GRANULOCYTE DISORDERS (See Guideline Notes 7,11,64,65)

Treatment: MEDICAL THERAPY

ICD-10: D70.0-D70.8,D71,D72.0,D72.89,D76.1-D76.3

CPT: 79005-79445,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9537

**Line: 166**

Condition: BILIARY ATRESIA

Treatment: LIVER TRANSPLANT

ICD-10: Q44.2-Q44.3,T86.40-T86.49,Z48.23,Z52.6

CPT: 47133-47147,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 167**

Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,14,19)

Treatment: BONE MARROW TRANSPLANT

ICD-10: C82.00-C82.99,C83.00-C83.99,C84.00-C84.99,C85.10-C85.99,C86.0-C86.6,C88.4,C96.4,C96.A-C96.9,D61.810, T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3

CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line: 168**

Condition: LEUKOPLAKIA AND CARCINOMA IN SITU OF UPPER AIRWAY, INCLUDING ORAL CAVITY (See Guideline Notes 64,65)

Treatment: INCISION/EXCISION, MEDICAL THERAPY

ICD-10: D00.00-D00.08,K13.23-K13.29

CPT: 40500-40530,40810-40816,40819,40820,41000-41018,41110-41510,41520,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 169**

Condition: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS

Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT

ICD-10: E08.40-E08.42,E08.51-E08.52,E08.621,E09.40-E09.42,E09.51-E09.52,E09.621,E10.40-E10.42,E10.51-E10.52, E10.621,E11.40-E11.42,E11.51-E11.52,E11.621,E13.40-E13.42,E13.44,E13.51-E13.52,E13.621,G60.0-G60.8, G62.1,I70.201-I70.299

CPT: 11719-11732,11750,28011,28100-28108,28120-28124,28200-28210,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0245-G0247,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **170**
Condition: ANAL, RECTAL AND COLONIC POLYPS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D12.0-D12.9,D3A.020-D3A.029,K62.0-K62.1,K63.5,Z86.010
CPT: 44140-44160,44204-44213,44391-44401,44404,44620-44626,45113-45116,45171,45172,45308-45320,45333-45335,45338,45346,45381-45385,45388,46610-46612,46615,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **171**
Condition: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE; NEONATAL CONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A54.30-A54.39,A74.0,P37.5,P39.1
CPT: 92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **172**
Condition: COMPLICATED HERNIAS; UNCOMPLICATED INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE (See Guideline Notes 24,63,64,65,149)
Treatment: REPAIR
ICD-10: K40.00-K40.91,K41.00-K41.11,K41.30-K41.41,K42.0-K42.1,K43.0-K43.1,K43.3-K43.4,K43.6-K43.7,K44.0-K44.1,K45.0-K45.1,K46.0-K46.1,N43.0,N43.2-N43.3,P83.5
CPT: 44050,44120,49491-49572,49582,49587,49590,49650-49659,55040-55060,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **173**
Condition: NON-DIABETIC HYPOGLYCEMIC COMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E15
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **174**
Condition: ACUTE MASTOIDITIS (See Guideline Notes 64,65)
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
ICD-10: H70.001-H70.099,H70.201-H70.229,H75.00-H75.03
CPT: 69420,69421,69433,69436,69501-69540,69601-69646,69670,69700,69801,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **175**
Condition: AMEBIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A06.0-A06.3,A06.7,A06.81-A06.9,A07.0-A07.1,A07.8,B60.10-B60.11,B60.19-B60.8
CPT: 92002-92014,92018-92060,92081-92140,92225,92226,92230,92235,92250-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **176**
Condition: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: I13.0,I13.10-I13.2,I15.0-I15.1,N26.2
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **177**
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.10-F43.12
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **178**
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Guideline Note 19)
Treatment: SINGLE FOCAL SURGERY
ICD-10: G40.001-G40.219,G40.309-G40.319,Z45.31,Z45.49,Z46.2
CPT: 61531-61537,61540-61543,61566,61567,61720,61735,61760,61850-61888,64568-64570,78608,78609,78811,78814,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **179**
Condition: POLYARTERITIS NODOSA AND ALLIED CONDITIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: I67.7,M30.0,M30.2,M30.8,M31.1,M31.7,M35.2
CPT: 36514-36516,92002-92014,92235,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **180**
Condition: COMMON VENTRICLE (See Guideline Notes 64,65)
Treatment: TOTAL REPAIR
ICD-10: Q20.4,Q20.8
CPT: 33600,33602,33608,33610,33615,33617,33620-33622,33692,33694,33735-33750,33764-33768,33924,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **181**
Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E70.20-E70.29,E70.320-E70.39,E70.5-E70.9,E71.0,E71.110-E71.2,E72.00,E72.02-E72.52,E72.59-E72.9,E73.0,E74.12-E74.19,E74.4-E74.8
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **182**
Condition: INTRACEREBRAL HEMORRHAGE (See Guideline Notes 6,64,65,90)
Treatment: MEDICAL THERAPY
ICD-10: I61.0-I61.9
CPT: 92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **183**
Condition: ACUTE LEUKEMIA, MYELODYSPLASTIC SYNDROME (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C88.8,C90.10-C90.12,C91.00-C91.02,C95.00-C95.02,D46.0-D46.1,D46.20-D46.9,D47.1,D47.3,D61.810,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86828-86835,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **184**
Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N11.1,N13.1-N13.2,N13.30-N13.5,N28.82
CPT: 50070,50075,50100,50382-50389,50395,50400,50405,50432-50435,50544,50553,50572,50575,50576,50605, 50693-50700,50706-50740,50840,50845,50900,50940,50953,50970,50972,51535,52276,52290,52301,52310, 52315,52327,52332-52346,52352-52354,52356,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **185**
Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, BURN TREATMENT
ICD-10: L55.2,T33.011A-T33.011D,T33.012A-T33.012D,T33.019A-T33.019D,T33.02XA-T33.02XD,T33.09XA-T33.09XD, T33.1XXA-T33.1XXD,T33.2XXA-T33.2XXD,T33.3XXA-T33.3XXD,T33.40XA-T33.40XD,T33.41XA-T33.41XD, T33.42XA-T33.42XD,T33.511A-T33.511D,T33.512A-T33.512D,T33.519A-T33.519D,T33.521A-T33.521D, T33.522A-T33.522D,T33.529A-T33.529D,T33.531A-T33.531D,T33.532A-T33.532D,T33.539A-T33.539D, T33.60XA-T33.60XD,T33.61XA-T33.61XD,T33.62XA-T33.62XD,T33.70XA-T33.70XD,T33.71XA-T33.71XD, T33.72XA-T33.72XD,T33.811A-T33.811D,T33.812A-T33.812D,T33.819A-T33.819D,T33.821A-T33.821D, T33.822A-T33.822D,T33.829A-T33.829D,T33.831A-T33.831D,T33.832A-T33.832D,T33.839A-T33.839D, T33.90XA-T33.90XD,T33.99XA-T33.99XD,T34.011A-T34.011D,T34.012A-T34.012D,T34.019A-T34.019D, T34.02XA-T34.02XD,T34.09XA-T34.09XD,T34.1XXA-T34.1XXD,T34.2XXA-T34.2XXD,T34.3XXA-T34.3XXD, T34.40XA-T34.40XD,T34.41XA-T34.41XD,T34.42XA-T34.42XD,T34.511A-T34.511D,T34.512A-T34.512D, T34.519A-T34.519D,T34.521A-T34.521D,T34.522A-T34.522D,T34.529A-T34.529D,T34.531A-T34.531D, T34.532A-T34.532D,T34.539A-T34.539D,T34.60XA-T34.60XD,T34.61XA-T34.61XD,T34.62XA-T34.62XD, T34.70XA-T34.70XD,T34.71XA-T34.71XD,T34.72XA-T34.72XD,T34.811A-T34.811D,T34.812A-T34.812D, T34.819A-T34.819D,T34.821A-T34.821D,T34.822A-T34.822D,T34.829A-T34.829D,T34.831A-T34.831D, T34.832A-T34.832D,T34.839A-T34.839D,T34.90XA-T34.90XD,T34.99XA-T34.99XD,T67.0XXA-T67.0XXD, T67.1XXA-T67.1XXD,T67.2XXA-T67.2XXD,T67.3XXA-T67.3XXD,T67.4XXA-T67.4XXD,T67.5XXA-T67.5XXD, T67.6XXA-T67.6XXD,T67.7XXA-T67.7XXD,T67.8XXA-T67.8XXD,T67.9XXA-T67.9XXD,T69.011A-T69.011D, T69.012A-T69.012D,T69.019A-T69.019D,T69.021A-T69.021D,T69.022A-T69.022D,T69.029A-T69.029D, T69.1XXA-T69.1XXD,T69.8XXA-T69.8XXD,T69.9XXA-T69.9XXD,T70.20XA-T70.20XD,T70.29XA-T70.29XD, T70.4XXA-T70.4XXD,T70.8XXA-T70.8XXD,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-T71.221D, T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D, T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA,T73.2XXA-T73.2XXD,T73.8XXA-T73.8XXD,T73.9XXA-T73.9XXD,T75.00XA-T75.00XD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.20XA-T75.20XD,T75.21XA-T75.21XD,T75.22XA-T75.22XD,T75.23XA-T75.23XD,T75.29XA-T75.29XD,T75.4XXA-T75.4XXD,T75.81XA-T75.81XD,T75.82XA-T75.82XD,T75.89XA-T75.89XD,T78.8XXA-T78.8XXD,T88.51XA-T88.51XD
CPT: 11000,11960-11971,14020,14040,14041,14301,14302,15002-15574,15770,16000-16036,98966-98969,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480, 99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **186**
Condition: SEPTICEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A01.00,A01.02,A01.09-A01.4,A02.1,A20.7,A22.7,A26.7,A32.7,A39.1-A39.2,A39.4,A39.89,A40.0-A40.9,A41.01-A41.9,A42.7,A48.3,A54.86,A77.0,A96.0-A96.9,A98.3-A98.8,A99,B33.4,B37.7,P36.0,P36.10-P36.9,P39.2,P39.9, R65.10-R65.21,R78.81,T81.12XA-T81.12XD
CPT: 33946-33966,33969,33984-33989,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **187**
Condition: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M84.350A-M84.350G,M84.454A-M84.454G,M84.550A-M84.550G,M84.650A-M84.650G,M91.0,M91.80-M91.92, S32.301A-S32.301G,S32.302A-S32.302G,S32.309A-S32.309G,S32.311A-S32.311G,S32.312A-S32.312G, S32.313A-S32.313G,S32.314A-S32.314G,S32.315A-S32.315G,S32.316A-S32.316G,S32.391A-S32.391G, S32.392A-S32.392G,S32.399A-S32.399G,S32.401A-S32.401G,S32.402A-S32.402G,S32.409A-S32.409G, S32.411A-S32.411G,S32.412A-S32.412G,S32.413A-S32.413G,S32.414A-S32.414G,S32.415A-S32.415G, S32.416A-S32.416G,S32.421A-S32.421G,S32.422A-S32.422G,S32.423A-S32.423G,S32.424A-S32.424G, S32.425A-S32.425G,S32.426A-S32.426G,S32.431A-S32.431G,S32.432A-S32.432G,S32.433A-S32.433G, S32.434A-S32.434G,S32.435A-S32.435G,S32.436A-S32.436G,S32.441A-S32.441G,S32.442A-S32.442G,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

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

CPT: 11010-11012,20690-20694,20900,27033,27193,27194,27215-27228,27279-27282,29035-29046,29305,29325,29710,29720,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0412-G0415,G0425-G0427,G0463,G0466,G0467

**Line: 188**

Condition: ACUTE OSTEOMYELITIS (See Guideline Notes 6,64,65,148)

Treatment: MEDICAL AND SURGICAL TREATMENT

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

CPT: 11752,20150,20955-20973,21025,21026,21510,22010,22015,23035,23105,23130,23170-23184,23405,23406,23900-23921,23935,24134-24147,24420,24900-24930,25035,25085,25119,25145-25151,25210-25240,25900-25909,25920-25931,26034,26910-26952,26992,27025,27054,27070,27071,27290,27295,27303,27590-27598,27607,27705-27709,27880-27889,28005,28120-28124,28800-28825,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 189**

Condition: DIVERTICULITIS OF COLON (See Guideline Notes 64,65)

Treatment: COLON RESECTION, MEDICAL THERAPY

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

CPT: 33238,44005,44139-44147,44160,44188,44204-44208,44213,44227,44320,44391,44404,44620-44626,44701,45308-45320,45334,45335,45381,45382,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 190**

Condition: RHEUMATIC MULTIPLE VALVULAR DISEASE (See Guideline Notes 64,65)

Treatment: SURGICAL TREATMENT

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

CPT: 33361-33496,33530,33620,33621,33768,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line: 191**

Condition: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION (See Guideline Notes 64,65,93)

Treatment: MEDICAL THERAPY/ADRENALECTOMY

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

CPT: 11981-11983,60540,60545,60650,61546,62100,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9560

**Line: 192**

Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Notes 64,65)

Treatment: REPAIR

ICD-10: Q22.4,Q22.6-Q22.9

CPT: 33460-33464,33496,33608,33615,33617,33620,33621,33735-33750,33766,33768,33946-33966,33969,33984-33989,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **193**
Condition: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 49,64,65,89)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I20.1-I20.9,I23.6,I25.10,I25.111-I25.6,I25.701-I25.709,I25.711-I25.719,I25.721-I25.729,I25.731-I25.739,I25.751-I25.759,I25.761-I25.769,I25.791-I25.9,I51.0,I51.3,Q27.30,Q27.4,Q28.0-Q28.1,Z45.010-Z45.09,Z79.01
CPT: 33202,33206-33210,33212-33229,33233-33238,33361-33430,33465,33475,33477,33500,33508-33542,33572,33681,33922,33973,33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92938,92943,92944,92960-92998,93279-93284,93286-93289,93292-93296,93355,93724,93745,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467,K0606-K0609,S0340-S0342,S2205-S2209

**Line:** **194**
Condition: NEOPLASMS OF ISLETS OF LANGERHANS (See Guideline Note 65)
Treatment: EXCISION OF TUMOR
ICD-10: C25.4,D13.7
CPT: 43260-43265,43274-43278,47542,48120,48140,49324,49325,49421,49422,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **195**
Condition: CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER (See Guideline Notes 3,7,11,12,26,64,65,79,88,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
ICD-10: C50.011-C50.929,D05.00-D05.92,D48.60-D48.62,D61.810,G89.3,N65.0-N65.1,Z40.01-Z40.02,Z42.1,Z44.30-Z44.32,Z45.811-Z45.819,Z51.0,Z51.11-Z51.12,Z79.810,Z80.3,Z85.3,Z90.10-Z90.13
CPT: 11970,13153,14000,14001,14301,14302,15200,15201,19110,19120-19126,19296-19298,19301-19318,19328-19369,32553,38740,38745,49411,58300,58301,58661,58940,77014,77261-77295,77300-77370,77385-77387,77402-77417,77427,77431,77470,77600-77763,77770-77790,79005-79445,81519,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S2066-S2068,S9537,S9560

**Line:** **196**
Condition: HEREDITARY ANGIOEDEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D81.810,D84.1,T78.3XXA-T78.3XXD
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **197**
Condition: AUTISM SPECTRUM DISORDERS (See Guideline Notes 65,75)
Treatment: MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS
ICD-10: F84.0,F84.3-F84.9
CPT: 0359T-0374T,90785,90832-90840,90846-90849,90882,90887,96101,96118,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99415,99416,99441-99449,99487-99498
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0023,H0032,H0034,H0038,H2010,H2011,H2014,H2027,H2032,S9484,T1016

**Line:** **198**
Condition: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D47.4,D55.0-D55.9,D56.0-D56.9,D57.00-D57.20,D57.211-D57.819,D58.0-D58.9,D64.4,D64.89,D73.0-D73.2,D73.4-D73.5,D73.81-D73.89,D74.0-D74.9,D75.0-D75.1,D75.81,D77,Q89.01-Q89.09
CPT: 36514-36516,38100-38102,38120,47562,47563,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9355

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **199**
Condition: ACUTE PANCREATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B25.2,B26.3,K85.0-K85.9
CPT: 43260-43265,43273-43278,47542,48000-48020,48105,48120,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **200**
Condition: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; CEREBRAL ANEURYSM; COMPRESSION OF BRAIN (See Guideline Notes 6,64,65,90)
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
ICD-10: G93.5-G93.6,I60.00-I60.9,I61.0-I61.9,I62.00-I62.9,I67.1,I67.5,Q28.2-Q28.3,S06.1X0A-S06.1X0D,S06.1X1A-S06.1X1D,S06.1X2A-S06.1X2D,S06.1X3A-S06.1X3D,S06.1X4A-S06.1X4D,S06.1X5A-S06.1X5D,S06.1X6A-S06.1X6D,S06.1X9A-S06.1X9D,S06.340A-S06.340D,S06.341A-S06.341D,S06.342A-S06.342D,S06.343A-S06.343D,S06.344A-S06.344D,S06.345A-S06.345D,S06.346A-S06.346D,S06.347A-S06.347D,S06.348A-S06.348D,S06.349A-S06.349D,S06.350A-S06.350D,S06.351A-S06.351D,S06.352A-S06.352D,S06.353A-S06.353D,S06.354A-S06.354D,S06.355A-S06.355D,S06.356A-S06.356D,S06.357A-S06.357D,S06.358A-S06.358D,S06.359A-S06.359D,S06.360A-S06.360D,S06.361A-S06.361D,S06.362A-S06.362D,S06.363A-S06.363D,S06.364A-S06.364D,S06.365A-S06.365D,S06.366A-S06.366D,S06.367A-S06.367D,S06.368A-S06.368D,S06.369A-S06.369D,S06.371A-S06.371D,S06.372A-S06.372D,S06.373A-S06.373D,S06.374A-S06.374D,S06.375A-S06.375D,S06.376A-S06.376D,S06.377A-S06.377D,S06.378A-S06.378D,S06.379A-S06.379D,S06.380A-S06.380D,S06.381A-S06.381D,S06.382A-S06.382D,S06.383A-S06.383D,S06.384A-S06.384D,S06.385A-S06.385D,S06.386A-S06.386D,S06.387A-S06.387D,S06.388A-S06.388D,S06.389A-S06.389D,S06.4X0A-S06.4X0D,S06.4X1A-S06.4X1D,S06.4X2A-S06.4X2D,S06.4X3A-S06.4X3D,S06.4X4A-S06.4X4D,S06.4X5A-S06.4X5D,S06.4X6A-S06.4X6D,S06.4X7A-S06.4X7D,S06.4X8A-S06.4X8D,S06.4X9A-S06.4X9D,S06.5X0A-S06.5X0D,S06.5X1A-S06.5X1D,S06.5X2A-S06.5X2D,S06.5X3A-S06.5X3D,S06.5X4A-S06.5X4D,S06.5X5A-S06.5X5D,S06.5X6A-S06.5X6D,S06.5X7A-S06.5X7D,S06.5X9A-S06.5X9D,S06.6X0A-S06.6X0D,S06.6X1A-S06.6X1D,S06.6X2A-S06.6X2D,S06.6X3A-S06.6X3D,S06.6X4A-S06.6X4D,S06.6X5A-S06.6X5D,S06.6X6A-S06.6X6D,S06.6X9A-S06.6X9D
CPT: 31290,31291,61107-61120,61150-61154,61210,61312-61316,61322,61323,61343,61522-61630,61640-61642,61680-61711,61781-61783,62100,62220,62223,62272,77263-77290,77295,77300,77306,77307,77332-77336,77370-77372,77385-77387,77402-77412,77432,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9152

**Line:** **201**
Condition: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE REQUIRING GRAFTING, UP TO 30% OF BODY SURFACE (See Guideline Notes 6,64,65)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-10: L00,T20.25XA-T20.25XD,T20.26XA-T20.26XD,T20.35XA-T20.35XD,T20.36XA-T20.36XD,T20.65XA-T20.65XD,T20.66XA-T20.66XD,T20.75XA-T20.75XD,T20.76XA-T20.76XD,T21.20XA-T21.20XD,T21.21XA-T21.21XD,T21.22XA-T21.22XD,T21.23XA-T21.23XD,T21.24XA-T21.24XD,T21.25XA-T21.25XD,T21.29XA-T21.29XD,T21.30XA-T21.30XD,T21.31XA-T21.31XD,T21.32XA-T21.32XD,T21.33XA-T21.33XD,T21.34XA-T21.34XD,T21.35XA-T21.35XD,T21.39XA-T21.39XD,T21.60XA-T21.60XD,T21.61XA-T21.61XD,T21.62XA-T21.62XD,T21.63XA-T21.63XD,T21.64XA-T21.64XD,T21.65XA-T21.65XD,T21.69XA-T21.69XD,T21.70XA-T21.70XD,T21.71XA-T21.71XD,T21.72XA-T21.72XD,T21.73XA-T21.73XD,T21.74XA-T21.74XD,T21.75XA-T21.75XD,T21.79XA-T21.79XD,T22.20XA-T22.20XD,T22.211A-T22.211D,T22.212A-T22.212D,T22.219A-T22.219D,T22.221A-T22.221D,T22.222A-T22.222D,T22.229A-T22.229D,T22.231A-T22.231D,T22.232A-T22.232D,T22.239A-T22.239D,T22.241A-T22.241D,T22.242A-T22.242D,T22.249A-T22.249D,T22.251A-T22.251D,T22.252A-T22.252D,T22.259A-T22.259D,T22.261A-T22.261D,T22.262A-T22.262D,T22.269A-T22.269D,T22.291A-T22.291D,T22.292A-T22.292D,T22.299A-T22.299D,T22.30XA-T22.30XD,T22.311A-T22.311D,T22.312A-T22.312D,T22.319A-T22.319D,T22.321A-T22.321D,T22.322A-T22.322D,T22.329A-T22.329D,T22.331A-T22.331D,T22.332A-T22.332D,T22.339A-T22.339D,T22.341A-T22.341D,T22.342A-T22.342D,T22.349A-T22.349D,T22.351A-T22.351D,T22.352A-T22.352D,T22.359A-T22.359D,T22.361A-T22.361D,T22.362A-T22.362D,T22.369A-T22.369D,T22.391A-T22.391D,T22.392A-T22.392D,T22.399A-T22.399D,T22.60XA-T22.60XD,T22.611A-T22.611D,T22.612A-T22.612D,T22.619A-T22.619D,T22.621A-T22.621D,T22.622A-T22.622D,T22.629A-T22.629D,T22.631A-T22.631D,T22.632A-T22.632D,T22.639A-T22.639D,T22.641A-T22.641D,T22.642A-T22.642D,T22.649A-T22.649D,T22.651A-T22.651D,T22.652A-T22.652D,T22.659A-T22.659D,T22.661A-T22.661D,T22.662A-T22.662D,T22.669A-T22.669D,T22.691A-T22.691D,T22.692A-T22.692D,T22.699A-T22.699D,T22.70XA-T22.70XD,T22.711A-T22.711D,T22.712A-T22.712D,T22.719A-T22.719D,T22.721A-T22.721D,T22.722A-T22.722D,T22.729A-T22.729D,T22.731A-T22.731D,T22.732A-T22.732D,T22.739A-T22.739D,T22.741A-T22.741D,T22.742A-T22.742D,T22.749A-T22.749D,T22.751A-T22.751D,T22.752A-T22.752D,T22.759A-T22.759D,T22.761A-T22.761D,T22.762A-T22.762D,T22.769A-T22.769D,T22.791A-T22.791D,T22.792A-T22.792D,T22.799A-T22.799D,T23.201A-T23.201D,T23.202A-T23.202D,T23.209A-T23.209D,T23.211A-T23.211D,T23.212A-T23.212D,T23.219A-T23.219D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T23.221A-T23.221D,T23.222A-T23.222D,T23.229A-T23.229D,T23.231A-T23.231D,T23.232A-T23.232D,
T23.239A-T23.239D,T23.241A-T23.241D,T23.242A-T23.242D,T23.249A-T23.249D,T23.261A-T23.261D,
T23.262A-T23.262D,T23.269A-T23.269D,T23.271A-T23.271D,T23.272A-T23.272D,T23.279A-T23.279D,
T23.291A-T23.291D,T23.292A-T23.292D,T23.299A-T23.299D,T23.301A-T23.301D,T23.302A-T23.302D,
T23.309A-T23.309D,T23.311A-T23.311D,T23.312A-T23.312D,T23.319A-T23.319D,T23.321A-T23.321D,
T23.322A-T23.322D,T23.329A-T23.329D,T23.331A-T23.331D,T23.332A-T23.332D,T23.339A-T23.339D,
T23.341A-T23.341D,T23.342A-T23.342D,T23.349A-T23.349D,T23.361A-T23.361D,T23.362A-T23.362D,
T23.369A-T23.369D,T23.371A-T23.371D,T23.372A-T23.372D,T23.379A-T23.379D,T23.391A-T23.391D,
T23.392A-T23.392D,T23.399A-T23.399D,T23.601A-T23.601D,T23.602A-T23.602D,T23.609A-T23.609D,
T23.611A-T23.611D,T23.612A-T23.612D,T23.619A-T23.619D,T23.621A-T23.621D,T23.622A-T23.622D,
T23.629A-T23.629D,T23.631A-T23.631D,T23.632A-T23.632D,T23.639A-T23.639D,T23.641A-T23.641D,
T23.642A-T23.642D,T23.649A-T23.649D,T23.661A-T23.661D,T23.662A-T23.662D,T23.669A-T23.669D,
T23.671A-T23.671D,T23.672A-T23.672D,T23.679A-T23.679D,T23.691A-T23.691D,T23.692A-T23.692D,
T23.699A-T23.699D,T23.701A-T23.701D,T23.702A-T23.702D,T23.709A-T23.709D,T23.711A-T23.711D,
T23.712A-T23.712D,T23.719A-T23.719D,T23.721A-T23.721D,T23.722A-T23.722D,T23.729A-T23.729D,
T23.731A-T23.731D,T23.732A-T23.732D,T23.739A-T23.739D,T23.741A-T23.741D,T23.742A-T23.742D,
T23.749A-T23.749D,T23.761A-T23.761D,T23.762A-T23.762D,T23.769A-T23.769D,T23.771A-T23.771D,
T23.772A-T23.772D,T23.779A-T23.779D,T23.791A-T23.791D,T23.792A-T23.792D,T23.799A-T23.799D,
T24.201A-T24.201D,T24.202A-T24.202D,T24.209A-T24.209D,T24.211A-T24.211D,T24.212A-T24.212D,
T24.219A-T24.219D,T24.221A-T24.221D,T24.222A-T24.222D,T24.229A-T24.229D,T24.231A-T24.231D,
T24.232A-T24.232D,T24.239A-T24.239D,T24.291A-T24.291D,T24.292A-T24.292D,T24.299A-T24.299D,
T24.301A-T24.301D,T24.302A-T24.302D,T24.309A-T24.309D,T24.311A-T24.311D,T24.312A-T24.312D,
T24.319A-T24.319D,T24.321A-T24.321D,T24.322A-T24.322D,T24.329A-T24.329D,T24.331A-T24.331D,
T24.332A-T24.332D,T24.339A-T24.339D,T24.391A-T24.391D,T24.392A-T24.392D,T24.399A-T24.399D,
T24.601A-T24.601D,T24.602A-T24.602D,T24.609A-T24.609D,T24.611A-T24.611D,T24.612A-T24.612D,
T24.619A-T24.619D,T24.621A-T24.621D,T24.622A-T24.622D,T24.629A-T24.629D,T24.631A-T24.631D,
T24.632A-T24.632D,T24.639A-T24.639D,T24.691A-T24.691D,T24.692A-T24.692D,T24.699A-T24.699D,
T24.701A-T24.701D,T24.702A-T24.702D,T24.709A-T24.709D,T24.711A-T24.711D,T24.712A-T24.712D,
T24.719A-T24.719D,T24.721A-T24.721D,T24.722A-T24.722D,T24.729A-T24.729D,T24.731A-T24.731D,
T24.732A-T24.732D,T24.739A-T24.739D,T24.791A-T24.791D,T24.792A-T24.792D,T24.799A-T24.799D,
T25.211A-T25.211D,T25.212A-T25.212D,T25.219A-T25.219D,T25.231A-T25.231D,T25.232A-T25.232D,
T25.239A-T25.239D,T25.291A-T25.291D,T25.292A-T25.292D,T25.299A-T25.299D,T25.311A-T25.311D,
T25.312A-T25.312D,T25.319A-T25.319D,T25.331A-T25.331D,T25.332A-T25.332D,T25.339A-T25.339D,
T25.391A-T25.391D,T25.392A-T25.392D,T25.399A-T25.399D,T25.611A-T25.611D,T25.612A-T25.612D,
T25.619A-T25.619D,T25.631A-T25.631D,T25.632A-T25.632D,T25.639A-T25.639D,T25.691A-T25.691D,
T25.692A-T25.692D,T25.699A-T25.699D,T25.711A-T25.711D,T25.712A-T25.712D,T25.719A-T25.719D,
T25.731A-T25.731D,T25.732A-T25.732D,T25.739A-T25.739D,T25.791A-T25.791D,T25.792A-T25.792D,
T25.799A-T25.799D

CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,16000-16036,92507,92508,
92521-92524,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,
97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,
99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line: 202**

Condition: CONGENITAL LUNG ANOMALIES (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: Q33.0,Q33.2-Q33.4,Q33.6

CPT: 31601,31603,31820,31825,32140,32141,32480-32488,32501,32505-32507,32662,32663,32666-32670,32800,
98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-
99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 203**

Condition: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Notes 64,65,76)

Treatment: MEDICAL THERAPY

ICD-10: B15.0-B15.9,B16.0-B16.9,B17.0,B17.10-B17.9,B18.0-B18.9,B19.0,B19.10-B19.9,B25.1,K73.0-K73.9,K74.1-K74.2,
K75.4,K75.81,K76.0,K76.4

CPT: 91200,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,
99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **204**
Condition: CANCER OF SOFT TISSUE (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C38.0,C45.2,C47.0,C47.10-C47.9,C49.0,C49.10-C49.9,D48.1-D48.2,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 14040,14301,14302,15040,15100-15116,15130-15157,15732-15756,15758,20555,21011-21016,21121,21552-21558,21930-21936,22900-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27130,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,33120,33130,49203-49205,49411,64774-64783,69110,69120,69145-69155,77014,77261-77295,77300-77370,77385-77387,77402-77432,77469,77470,77761-77763,77770-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **205**
Condition: CANCER OF BONES (See Guideline Notes 6,7,11,12,19,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C40.00-C40.92,C41.0-C41.9,C79.51-C79.52,D48.0,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.830
CPT: 14000,14001,14301,14302,19260-19272,20930-20938,20955-20973,21025,21026,21034,21044,21045,21081,21610,21620,22532-22819,22851,23140,23200-23330,23470-23474,23900,24150-24155,24363,24370,24371,24498,24900-24931,25110-25119,25210-25240,25320,25335,25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26200,26910-26952,27025,27054,27065-27067,27075-27078,27187,27290,27334,27335,27365,27465-27468,27495,27590-27598,27640-27647,27656,27745,27880-27889,28800-28825,31200,31201,31225,32553,32900,36680,49411,61500,61583,61601,63081-63103,63276,63295,63620,63621,67412,69970,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77431,77469,77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D5934,D5935,D5984,D5992,D5993,D7440,D7441,G0157-G0161,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **206**
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,65,86,90,121)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: E51.2,F01.50-F01.51,F02.80-F02.81,F03.90-F03.91,F04,F06.0-F06.2,F06.30-F06.8,F07.0,F07.81,F10.26-F10.27,F10.96-F10.97,F13.26-F13.27,F13.96-F13.97,F18.17,F18.27,F18.97,F19.16-F19.17,F19.26-F19.27,F19.96-F19.97,G30.0-G30.9,G31.01-G31.2,G31.83
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96118,97001-97004,97532,98966-98969,99051,99060,99201-99239,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016

**Line:** **207**
Condition: SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER (See Guideline Notes 27,64,65,118)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G47.30-G47.31,G47.33-G47.39,G47.411-G47.429,G47.52
CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140-42160,42820-42836,94660,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **208**
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 64,65,92)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.0-F32.1,F32.8,F33.8,F34.0,F34.8,F39,N94.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **209**
Condition: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A01.03,A02.22,A20.2,A21.2,A48.1,A54.84,A70,J13-J14,J15.0-J15.1,J15.20,J15.211-J15.9,J16.0-J16.8,J17,J18.0-J18.1,J18.8-J18.9,J69.0-J69.8
CPT: 31600,31603,31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **210**
Condition: SUPERFICIAL ABSCESSES AND CELLULITIS (See Coding Specification Below) (See Guideline Notes 62,64,65,113)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A46,A48.2,A48.4,B78.1,E83.2,H00.031-H00.039,H60.00-H60.23,I89.1,J34.0,J38.3,J38.7,K12.2,K14.0,L01.00-L01.1,L02.01-L02.13,L02.211-L02.93,L03.011-L03.91,L05.01-L05.02,L08.0,L08.81-L08.89,L60.0,L98.3,N34.0,N41.2,N41.4-N41.8,N43.1,N48.21-N48.29,N49.1-N49.2,N49.8-N49.9,N75.1,N76.4
CPT: 10030,10060-10081,10160,11000-11047,11730-11752,11765-11772,20005,20102,21501,21502,22010,22015,23030,23930,25028,26010,26011,26990,27301,27603,28001-28003,29130,31300,31360-31420,31511-31513,31530,31531,31540-31571,31577,31578,31587-31595,31600-31605,31820,31825,40801,41000-41009,41800,42000,45005,45020,46020,46040-46060,46270,53040,53060,53270,54700,55100,55720,55725,56405,56420,56740,60280,67700,69000,92002-92014,96920-96922,97605-97608,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: C9742,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

ICD-10 J38.3 is included on Line 210 for treatment of abscesses and cellulitis of the vocal cords; it is included on Line 562 for treatment of spastic dysphonia.

**Line:** **211**
Condition: ZOONOTIC BACTERIAL DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A20.0-A20.1,A20.8-A20.9,A21.0-A21.1,A21.3-A21.9,A22.0-A22.2,A22.8-A22.9,A23.0-A23.9,A24.0-A24.9,A25.0-A25.9,A26.0,A26.8-A26.9,A27.0,A27.89-A27.9,A28.0-A28.9,A32.0,A32.81,A32.89-A32.9,Z03.810-Z03.818
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **212**
Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Notes 6,62,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S01.00XA-S01.00XD,S01.01XA-S01.01XD,S01.02XA-S01.02XD,S01.03XA-S01.03XD,S01.04XA-S01.04XD,S01.05XA-S01.05XD,S01.111A-S01.111D,S01.112A-S01.112D,S01.119A-S01.119D,S01.121A-S01.121D,S01.122A-S01.122D,S01.129A-S01.129D,S01.131A-S01.131D,S01.132A-S01.132D,S01.139A-S01.139D,S01.141A-S01.141D,S01.142A-S01.142D,S01.149A-S01.149D,S01.151A-S01.151D,S01.152A-S01.152D,S01.159A-S01.159D,S01.20XA-S01.20XD,S01.21XA-S01.21XD,S01.22XA-S01.22XD,S01.23XA-S01.23XD,S01.24XA-S01.24XD,S01.25XA-S01.25XD,S01.301A-S01.301D,S01.302A-S01.302D,S01.309A-S01.309D,S01.311A-S01.311D,S01.312A-S01.312D,S01.319A-S01.319D,S01.321A-S01.321D,S01.322A-S01.322D,S01.329A-S01.329D,S01.331A-S01.331D,S01.332A-S01.332D,S01.339A-S01.339D,S01.341A-S01.341D,S01.342A-S01.342D,S01.349A-S01.349D,S01.351A-S01.351D,S01.352A-S01.352D,S01.359A-S01.359D,S01.401A-S01.401D,S01.402A-S01.402D,S01.409A-S01.409D,S01.411A-S01.411D,S01.412A-S01.412D,S01.419A-S01.419D,S01.421A-S01.421D,S01.422A-S01.422D,S01.429A-S01.429D,S01.431A-S01.431D,S01.432A-S01.432D,S01.439A-S01.439D,S01.441A-S01.441D,S01.442A-S01.442D,S01.449A-S01.449D,S01.451A-S01.451D,S01.452A-S01.452D,S01.459A-S01.459D,S01.511A-S01.511D,S01.521A-S01.521D,S01.522A-S01.522D,S01.531A-S01.531D,S01.541A-S01.541D,S01.542A-S01.542D,S01.551A-S01.551D,S01.80XA-S01.80XD,S01.81XA-S01.81XD,S01.82XA-S01.82XD,S01.83XA-S01.83XD,S01.84XA-S01.84XD,S01.85XA-S01.85XD,S01.90XA-S01.90XD,S01.91XA-S01.91XD,S01.92XA-S01.92XD,S01.93XA-S01.93XD,S01.94XA-S01.94XD,S01.95XA-S01.95XD,S08.0XXA-S08.0XXD,S08.111A-S08.111D,S08.112A-S08.112D,S08.119A-S08.119D,S08.121A-S08.121D,S08.122A-S08.122D,S08.129A-S08.129D,S08.811A-S08.811D,S08.812A-S08.812D,S08.89XA-S08.89XD,S09.12XA-S09.12XD,S09.301A-S09.301D,S09.302A-S09.302D,S09.309A-S09.309D,S09.311A-S09.311D,S09.312A-S09.312D,S09.313A-S09.313D,S09.319A-S09.319D,S09.391A-S09.391D,S09.392A-S09.392D,S09.399A-S09.399D,S09.91XA-S09.91XD,S14.3XXA-S14.3XXD,S14.4XXA-S14.4XXD,S14.5XXA-S14.5XXD,S14.8XXA-S14.8XXD,S14.9XXA-S14.9XXD,S21.001A-S21.001D,S21.002A-S21.002D,S21.009A-S21.009D,S21.011A-S21.011D,S21.012A-S21.012D,S21.019A-S21.019D,S21.021A-S21.021D,S21.022A-S21.022D,S21.029A-S21.029D,S21.031A-S21.031D,S21.032A-S21.032D,S21.039A-S21.039D,S21.041A-S21.041D,S21.042A-S21.042D,S21.049A-S21.049D,S21.051A-S21.051D,S21.052A-S21.052D,S21.059A-S21.059D,S21.101A-S21.101D,S21.102A-S21.102D,S21.109A-S21.109D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S21.111A-S21.111D,S21.112A-S21.112D,S21.119A-S21.119D,S21.121A-S21.121D,S21.122A-S21.122D,
S21.129A-S21.129D,S21.131A-S21.131D,S21.132A-S21.132D,S21.139A-S21.139D,S21.141A-S21.141D,
S21.142A-S21.142D,S21.149A-S21.149D,S21.151A-S21.151D,S21.152A-S21.152D,S21.159A-S21.159D,
S21.201A-S21.201D,S21.202A-S21.202D,S21.209A-S21.209D,S21.211A-S21.211D,S21.212A-S21.212D,
S21.219A-S21.219D,S21.221A-S21.221D,S21.222A-S21.222D,S21.229A-S21.229D,S21.231A-S21.231D,
S21.232A-S21.232D,S21.239A-S21.239D,S21.241A-S21.241D,S21.242A-S21.242D,S21.249A-S21.249D,
S21.251A-S21.251D,S21.252A-S21.252D,S21.259A-S21.259D,S21.90XA-S21.90XD,S21.91XA-S21.91XD,
S21.92XA-S21.92XD,S21.93XA-S21.93XD,S21.94XA-S21.94XD,S21.95XA-S21.95XD,S24.3XXA-S24.3XXD,
S24.4XXA-S24.4XXD,S24.8XXA-S24.8XXD,S24.9XXA-S24.9XXD,S28.1XXA-S28.1XXD,S28.211A-S28.211D,
S28.212A-S28.212D,S28.219A-S28.219D,S28.221A-S28.221D,S28.222A-S28.222D,S28.229A-S28.229D,
S29.021A-S29.021D,S29.022A-S29.022D,S29.029A-S29.029D,S31.000A-S31.000D,S31.010A-S31.010D,
S31.020A-S31.020D,S31.030A-S31.030D,S31.040A-S31.040D,S31.050A-S31.050D,S31.100A-S31.100D,
S31.101A-S31.101D,S31.102A-S31.102D,S31.103A-S31.103D,S31.104A-S31.104D,S31.105A-S31.105D,
S31.109A-S31.109D,S31.110A-S31.110D,S31.111A-S31.111D,S31.112A-S31.112D,S31.113A-S31.113D,
S31.114A-S31.114D,S31.115A-S31.115D,S31.119A-S31.119D,S31.120A-S31.120D,S31.121A-S31.121D,
S31.122A-S31.122D,S31.123A-S31.123D,S31.124A-S31.124D,S31.125A-S31.125D,S31.129A-S31.129D,
S31.130A-S31.130D,S31.131A-S31.131D,S31.132A-S31.132D,S31.133A-S31.133D,S31.134A-S31.134D,
S31.135A-S31.135D,S31.139A-S31.139D,S31.140A-S31.140D,S31.141A-S31.141D,S31.142A-S31.142D,
S31.143A-S31.143D,S31.144A-S31.144D,S31.145A-S31.145D,S31.149A-S31.149D,S31.150A-S31.150D,
S31.151A-S31.151D,S31.152A-S31.152D,S31.153A-S31.153D,S31.154A-S31.154D,S31.155A-S31.155D,
S31.159A-S31.159D,S31.20XA-S31.20XD,S31.21XA-S31.21XD,S31.22XA-S31.22XD,S31.23XA-S31.23XD,
S31.24XA-S31.24XD,S31.25XA-S31.25XD,S31.30XA-S31.30XD,S31.31XA-S31.31XD,S31.32XA-S31.32XD,
S31.33XA-S31.33XD,S31.34XA-S31.34XD,S31.35XA-S31.35XD,S31.40XA-S31.40XD,S31.41XA-S31.41XD,
S31.42XA-S31.42XD,S31.43XA-S31.43XD,S31.44XA-S31.44XD,S31.45XA-S31.45XD,S31.501A-S31.501D,
S31.502A-S31.502D,S31.511A-S31.511D,S31.512A-S31.512D,S31.521A-S31.521D,S31.522A-S31.522D,
S31.531A-S31.531D,S31.532A-S31.532D,S31.541A-S31.541D,S31.542A-S31.542D,S31.551A-S31.551D,
S31.552A-S31.552D,S31.801A-S31.801D,S31.802A-S31.802D,S31.803A-S31.803D,S31.804A-S31.804D,
S31.805A-S31.805D,S31.809A-S31.809D,S31.811A-S31.811D,S31.812A-S31.812D,S31.813A-S31.813D,
S31.814A-S31.814D,S31.815A-S31.815D,S31.819A-S31.819D,S31.821A-S31.821D,S31.822A-S31.822D,
S31.823A-S31.823D,S31.824A-S31.824D,S31.825A-S31.825D,S31.829A-S31.829D,S31.831A-S31.831D,
S31.832A-S31.832D,S31.833A-S31.833D,S31.834A-S31.834D,S31.835A-S31.835D,S31.839A-S31.839D,
S34.4XXA-S34.4XXD,S34.5XXA-S34.5XXD,S34.6XXA-S34.6XXD,S34.8XXA-S34.8XXD,S34.9XXA-S34.9XXD,
S38.211A-S38.211D,S38.212A-S38.212D,S38.221A-S38.221D,S38.222A-S38.222D,S38.231A-S38.231D,
S38.232A-S38.232D,S38.3XXA-S38.3XXD,S39.021A-S39.021D,S39.022A-S39.022D,S39.023A-S39.023D,
S41.001A-S41.001D,S41.002A-S41.002D,S41.009A-S41.009D,S41.011A-S41.011D,S41.012A-S41.012D,
S41.019A-S41.019D,S41.021A-S41.021D,S41.022A-S41.022D,S41.029A-S41.029D,S41.031A-S41.031D,
S41.032A-S41.032D,S41.039A-S41.039D,S41.041A-S41.041D,S41.042A-S41.042D,S41.049A-S41.049D,
S41.051A-S41.051D,S41.052A-S41.052D,S41.059A-S41.059D,S41.101A-S41.101D,S41.102A-S41.102D,
S41.109A-S41.109D,S41.111A-S41.111D,S41.112A-S41.112D,S41.119A-S41.119D,S41.121A-S41.121D,
S41.122A-S41.122D,S41.129A-S41.129D,S41.131A-S41.131D,S41.132A-S41.132D,S41.139A-S41.139D,
S41.141A-S41.141D,S41.142A-S41.142D,S41.149A-S41.149D,S41.151A-S41.151D,S41.152A-S41.152D,
S41.159A-S41.159D,S44.00XA-S44.00XD,S44.01XA-S44.01XD,S44.02XA-S44.02XD,S44.10XA-S44.10XD,
S44.11XA-S44.11XD,S44.12XA-S44.12XD,S44.20XA-S44.20XD,S44.21XA-S44.21XD,S44.22XA-S44.22XD,
S44.30XA-S44.30XD,S44.31XA-S44.31XD,S44.32XA-S44.32XD,S44.40XA-S44.40XD,S44.41XA-S44.41XD,
S44.42XA-S44.42XD,S44.50XA-S44.50XD,S44.51XA-S44.51XD,S44.52XA-S44.52XD,S44.8X1A-S44.8X1D,
S44.8X2A-S44.8X2D,S44.8X9A-S44.8X9D,S44.90XA-S44.90XD,S44.91XA-S44.91XD,S44.92XA-S44.92XD,
S46.021A-S46.021D,S46.022A-S46.022D,S46.029A-S46.029D,S46.121A-S46.121D,S46.122A-S46.122D,
S46.129A-S46.129D,S46.221A-S46.221D,S46.222A-S46.222D,S46.229A-S46.229D,S46.321A-S46.321D,
S46.322A-S46.322D,S46.329A-S46.329D,S46.821A-S46.821D,S46.822A-S46.822D,S46.829A-S46.829D,
S46.921A-S46.921D,S46.922A-S46.922D,S46.929A-S46.929D,S51.001A-S51.001D,S51.002A-S51.002D,
S51.009A-S51.009D,S51.011A-S51.011D,S51.012A-S51.012D,S51.019A-S51.019D,S51.021A-S51.021D,
S51.022A-S51.022D,S51.029A-S51.029D,S51.031A-S51.031D,S51.032A-S51.032D,S51.039A-S51.039D,
S51.041A-S51.041D,S51.042A-S51.042D,S51.049A-S51.049D,S51.051A-S51.051D,S51.052A-S51.052D,
S51.059A-S51.059D,S51.801A-S51.801D,S51.802A-S51.802D,S51.809A-S51.809D,S51.811A-S51.811D,
S51.812A-S51.812D,S51.819A-S51.819D,S51.821A-S51.821D,S51.822A-S51.822D,S51.829A-S51.829D,
S51.831A-S51.831D,S51.832A-S51.832D,S51.839A-S51.839D,S51.841A-S51.841D,S51.842A-S51.842D,
S51.849A-S51.849D,S51.851A-S51.851D,S51.852A-S51.852D,S51.859A-S51.859D,S54.00XA-S54.00XD,
S54.01XA-S54.01XD,S54.02XA-S54.02XD,S54.10XA-S54.10XD,S54.11XA-S54.11XD,S54.12XA-S54.12XD,
S54.20XA-S54.20XD,S54.21XA-S54.21XD,S54.22XA-S54.22XD,S54.30XA-S54.30XD,S54.31XA-S54.31XD,
S54.32XA-S54.32XD,S54.8X1A-S54.8X1D,S54.8X2A-S54.8X2D,S54.8X9A-S54.8X9D,S54.90XA-S54.90XD,
S54.91XA-S54.91XD,S54.92XA-S54.92XD,S56.021A-S56.021D,S56.022A-S56.022D,S56.029A-S56.029D,
S56.121A-S56.121D,S56.122A-S56.122D,S56.123A-S56.123D,S56.124A-S56.124D,S56.125A-S56.125D,
S56.126A-S56.126D,S56.127A-S56.127D,S56.128A-S56.128D,S56.129A-S56.129D,S56.221A-S56.221D,
S56.222A-S56.222D,S56.229A-S56.229D,S56.321A-S56.321D,S56.322A-S56.322D,S56.329A-S56.329D,
S56.421A-S56.421D,S56.422A-S56.422D,S56.423A-S56.423D,S56.424A-S56.424D,S56.425A-S56.425D,
S56.426A-S56.426D,S56.427A-S56.427D,S56.428A-S56.428D,S56.429A-S56.429D,S56.521A-S56.521D,
S56.522A-S56.522D,S56.529A-S56.529D,S56.821A-S56.821D,S56.822A-S56.822D,S56.829A-S56.829D,
S56.921A-S56.921D,S56.922A-S56.922D,S56.929A-S56.929D,S61.001A-S61.001D,S61.002A-S61.002D,
S61.009A-S61.009D,S61.011A-S61.011D,S61.012A-S61.012D,S61.019A-S61.019D,S61.021A-S61.021D,
S61.022A-S61.022D,S61.029A-S61.029D,S61.031A-S61.031D,S61.032A-S61.032D,S61.039A-S61.039D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S61.041A-S61.041D,S61.042A-S61.042D,S61.049A-S61.049D,S61.051A-S61.051D,S61.052A-S61.052D,
S61.059A-S61.059D,S61.101A-S61.101D,S61.102A-S61.102D,S61.109A-S61.109D,S61.111A-S61.111D,
S61.112A-S61.112D,S61.119A-S61.119D,S61.121A-S61.121D,S61.122A-S61.122D,S61.129A-S61.129D,
S61.131A-S61.131D,S61.132A-S61.132D,S61.139A-S61.139D,S61.141A-S61.141D,S61.142A-S61.142D,
S61.149A-S61.149D,S61.151A-S61.151D,S61.152A-S61.152D,S61.159A-S61.159D,S61.200A-S61.200D,
S61.201A-S61.201D,S61.202A-S61.202D,S61.203A-S61.203D,S61.204A-S61.204D,S61.205A-S61.205D,
S61.206A-S61.206D,S61.207A-S61.207D,S61.208A-S61.208D,S61.209A-S61.209D,S61.210A-S61.210D,
S61.211A-S61.211D,S61.212A-S61.212D,S61.213A-S61.213D,S61.214A-S61.214D,S61.215A-S61.215D,
S61.216A-S61.216D,S61.217A-S61.217D,S61.218A-S61.218D,S61.219A-S61.219D,S61.220A-S61.220D,
S61.221A-S61.221D,S61.222A-S61.222D,S61.223A-S61.223D,S61.224A-S61.224D,S61.225A-S61.225D,
S61.226A-S61.226D,S61.227A-S61.227D,S61.228A-S61.228D,S61.229A-S61.229D,S61.230A-S61.230D,
S61.231A-S61.231D,S61.232A-S61.232D,S61.233A-S61.233D,S61.234A-S61.234D,S61.235A-S61.235D,
S61.236A-S61.236D,S61.237A-S61.237D,S61.238A-S61.238D,S61.239A-S61.239D,S61.240A-S61.240D,
S61.241A-S61.241D,S61.242A-S61.242D,S61.243A-S61.243D,S61.244A-S61.244D,S61.245A-S61.245D,
S61.246A-S61.246D,S61.247A-S61.247D,S61.248A-S61.248D,S61.249A-S61.249D,S61.250A-S61.250D,
S61.251A-S61.251D,S61.252A-S61.252D,S61.253A-S61.253D,S61.254A-S61.254D,S61.255A-S61.255D,
S61.256A-S61.256D,S61.257A-S61.257D,S61.258A-S61.258D,S61.259A-S61.259D,S61.300A-S61.300D,
S61.301A-S61.301D,S61.302A-S61.302D,S61.303A-S61.303D,S61.304A-S61.304D,S61.305A-S61.305D,
S61.306A-S61.306D,S61.307A-S61.307D,S61.308A-S61.308D,S61.309A-S61.309D,S61.310A-S61.310D,
S61.311A-S61.311D,S61.312A-S61.312D,S61.313A-S61.313D,S61.314A-S61.314D,S61.315A-S61.315D,
S61.316A-S61.316D,S61.317A-S61.317D,S61.318A-S61.318D,S61.319A-S61.319D,S61.320A-S61.320D,
S61.321A-S61.321D,S61.322A-S61.322D,S61.323A-S61.323D,S61.324A-S61.324D,S61.325A-S61.325D,
S61.326A-S61.326D,S61.327A-S61.327D,S61.328A-S61.328D,S61.329A-S61.329D,S61.330A-S61.330D,
S61.331A-S61.331D,S61.332A-S61.332D,S61.333A-S61.333D,S61.334A-S61.334D,S61.335A-S61.335D,
S61.336A-S61.336D,S61.337A-S61.337D,S61.338A-S61.338D,S61.339A-S61.339D,S61.340A-S61.340D,
S61.341A-S61.341D,S61.342A-S61.342D,S61.343A-S61.343D,S61.344A-S61.344D,S61.345A-S61.345D,
S61.346A-S61.346D,S61.347A-S61.347D,S61.348A-S61.348D,S61.349A-S61.349D,S61.350A-S61.350D,
S61.351A-S61.351D,S61.352A-S61.352D,S61.353A-S61.353D,S61.354A-S61.354D,S61.355A-S61.355D,
S61.356A-S61.356D,S61.357A-S61.357D,S61.358A-S61.358D,S61.359A-S61.359D,S61.401A-S61.401D,
S61.402A-S61.402D,S61.409A-S61.409D,S61.411A-S61.411D,S61.412A-S61.412D,S61.419A-S61.419D,
S61.421A-S61.421D,S61.422A-S61.422D,S61.429A-S61.429D,S61.431A-S61.431D,S61.432A-S61.432D,
S61.439A-S61.439D,S61.441A-S61.441D,S61.442A-S61.442D,S61.449A-S61.449D,S61.451A-S61.451D,
S61.452A-S61.452D,S61.459A-S61.459D,S61.501A-S61.501D,S61.502A-S61.502D,S61.509A-S61.509D,
S61.511A-S61.511D,S61.512A-S61.512D,S61.519A-S61.519D,S61.521A-S61.521D,S61.522A-S61.522D,
S61.529A-S61.529D,S61.531A-S61.531D,S61.532A-S61.532D,S61.539A-S61.539D,S61.541A-S61.541D,
S61.542A-S61.542D,S61.549A-S61.549D,S61.551A-S61.551D,S61.552A-S61.552D,S61.559A-S61.559D,
S64.00XA-S64.00XD,S64.01XA-S64.01XD,S64.02XA-S64.02XD,S64.10XA-S64.10XD,S64.11XA-S64.11XD,
S64.12XA-S64.12XD,S64.20XA-S64.20XD,S64.21XA-S64.21XD,S64.22XA-S64.22XD,S64.30XA-S64.30XD,
S64.31XA-S64.31XD,S64.32XA-S64.32XD,S64.40XA-S64.40XD,S64.490A-S64.490D,S64.491A-S64.491D,
S64.492A-S64.492D,S64.493A-S64.493D,S64.494A-S64.494D,S64.495A-S64.495D,S64.496A-S64.496D,
S64.497A-S64.497D,S64.498A-S64.498D,S64.8X1A-S64.8X1D,S64.8X2A-S64.8X2D,S64.8X9A-S64.8X9D,
S64.90XA-S64.90XD,S64.91XA-S64.91XD,S64.92XA-S64.92XD,S66.021A-S66.021D,S66.022A-S66.022D,
S66.029A-S66.029D,S66.120A-S66.120D,S66.121A-S66.121D,S66.122A-S66.122D,S66.123A-S66.123D,
S66.124A-S66.124D,S66.125A-S66.125D,S66.126A-S66.126D,S66.127A-S66.127D,S66.128A-S66.128D,
S66.129A-S66.129D,S66.221A-S66.221D,S66.222A-S66.222D,S66.229A-S66.229D,S66.320A-S66.320D,
S66.321A-S66.321D,S66.322A-S66.322D,S66.323A-S66.323D,S66.324A-S66.324D,S66.325A-S66.325D,
S66.326A-S66.326D,S66.327A-S66.327D,S66.328A-S66.328D,S66.329A-S66.329D,S66.421A-S66.421D,
S66.422A-S66.422D,S66.429A-S66.429D,S66.520A-S66.520D,S66.521A-S66.521D,S66.522A-S66.522D,
S66.523A-S66.523D,S66.524A-S66.524D,S66.525A-S66.525D,S66.526A-S66.526D,S66.527A-S66.527D,
S66.528A-S66.528D,S66.529A-S66.529D,S66.821A-S66.821D,S66.822A-S66.822D,S66.829A-S66.829D,
S66.921A-S66.921D,S66.922A-S66.922D,S66.929A-S66.929D,S71.001A-S71.001D,S71.002A-S71.002D,
S71.009A-S71.009D,S71.011A-S71.011D,S71.012A-S71.012D,S71.019A-S71.019D,S71.021A-S71.021D,
S71.022A-S71.022D,S71.029A-S71.029D,S71.031A-S71.031D,S71.032A-S71.032D,S71.039A-S71.039D,
S71.041A-S71.041D,S71.042A-S71.042D,S71.049A-S71.049D,S71.051A-S71.051D,S71.052A-S71.052D,
S71.059A-S71.059D,S71.101A-S71.101D,S71.102A-S71.102D,S71.109A-S71.109D,S71.111A-S71.111D,
S71.112A-S71.112D,S71.119A-S71.119D,S71.121A-S71.121D,S71.122A-S71.122D,S71.129A-S71.129D,
S71.131A-S71.131D,S71.132A-S71.132D,S71.139A-S71.139D,S71.141A-S71.141D,S71.142A-S71.142D,
S71.149A-S71.149D,S71.151A-S71.151D,S71.152A-S71.152D,S71.159A-S71.159D,S74.00XA-S74.00XD,
S74.01XA-S74.01XD,S74.02XA-S74.02XD,S74.10XA-S74.10XD,S74.11XA-S74.11XD,S74.12XA-S74.12XD,
S74.20XA-S74.20XD,S74.21XA-S74.21XD,S74.22XA-S74.22XD,S74.8X1A-S74.8X1D,S74.8X2A-S74.8X2D,
S74.8X9A-S74.8X9D,S74.90XA-S74.90XD,S74.91XA-S74.91XD,S74.92XA-S74.92XD,S76.021A-S76.021D,
S76.022A-S76.022D,S76.029A-S76.029D,S76.121A-S76.121D,S76.122A-S76.122D,S76.129A-S76.129D,
S76.221A-S76.221D,S76.222A-S76.222D,S76.229A-S76.229D,S76.321A-S76.321D,S76.322A-S76.322D,
S76.329A-S76.329D,S76.821A-S76.821D,S76.822A-S76.822D,S76.829A-S76.829D,S76.921A-S76.921D,
S76.922A-S76.922D,S76.929A-S76.929D,S81.001A-S81.001D,S81.002A-S81.002D,S81.009A-S81.009D,
S81.011A-S81.011D,S81.012A-S81.012D,S81.019A-S81.019D,S81.021A-S81.021D,S81.022A-S81.022D,
S81.029A-S81.029D,S81.031A-S81.031D,S81.032A-S81.032D,S81.039A-S81.039D,S81.041A-S81.041D,
S81.042A-S81.042D,S81.049A-S81.049D,S81.051A-S81.051D,S81.052A-S81.052D,S81.059A-S81.059D,
S81.801A-S81.801D,S81.802A-S81.802D,S81.809A-S81.809D,S81.811A-S81.811D,S81.812A-S81.812D,
S81.819A-S81.819D,S81.821A-S81.821D,S81.822A-S81.822D,S81.829A-S81.829D,S81.831A-S81.831D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S81.832A-S81.832D,S81.839A-S81.839D,S81.841A-S81.841D,S81.842A-S81.842D,S81.849A-S81.849D,
S81.851A-S81.851D,S81.852A-S81.852D,S81.859A-S81.859D,S84.00XA-S84.00XD,S84.01XA-S84.01XD,
S84.02XA-S84.02XD,S84.10XA-S84.10XD,S84.11XA-S84.11XD,S84.12XA-S84.12XD,S84.20XA-S84.20XD,
S84.21XA-S84.21XD,S84.22XA-S84.22XD,S84.801A-S84.801D,S84.802A-S84.802D,S84.809A-S84.809D,
S84.90XA-S84.90XD,S84.91XA-S84.91XD,S84.92XA-S84.92XD,S86.021A-S86.021D,S86.022A-S86.022D,
S86.029A-S86.029D,S86.121A-S86.121D,S86.122A-S86.122D,S86.129A-S86.129D,S86.221A-S86.221D,
S86.222A-S86.222D,S86.229A-S86.229D,S86.321A-S86.321D,S86.322A-S86.322D,S86.329A-S86.329D,
S86.821A-S86.821D,S86.822A-S86.822D,S86.829A-S86.829D,S86.921A-S86.921D,S86.922A-S86.922D,
S86.929A-S86.929D,S91.001A-S91.001D,S91.002A-S91.002D,S91.009A-S91.009D,S91.011A-S91.011D,
S91.012A-S91.012D,S91.019A-S91.019D,S91.021A-S91.021D,S91.022A-S91.022D,S91.029A-S91.029D,
S91.031A-S91.031D,S91.032A-S91.032D,S91.039A-S91.039D,S91.041A-S91.041D,S91.042A-S91.042D,
S91.049A-S91.049D,S91.051A-S91.051D,S91.052A-S91.052D,S91.059A-S91.059D,S91.101A-S91.101D,
S91.102A-S91.102D,S91.103A-S91.103D,S91.104A-S91.104D,S91.105A-S91.105D,S91.106A-S91.106D,
S91.109A-S91.109D,S91.111A-S91.111D,S91.112A-S91.112D,S91.113A-S91.113D,S91.114A-S91.114D,
S91.115A-S91.115D,S91.116A-S91.116D,S91.119A-S91.119D,S91.121A-S91.121D,S91.122A-S91.122D,
S91.123A-S91.123D,S91.124A-S91.124D,S91.125A-S91.125D,S91.126A-S91.126D,S91.129A-S91.129D,
S91.131A-S91.131D,S91.132A-S91.132D,S91.133A-S91.133D,S91.134A-S91.134D,S91.135A-S91.135D,
S91.136A-S91.136D,S91.139A-S91.139D,S91.141A-S91.141D,S91.142A-S91.142D,S91.143A-S91.143D,
S91.144A-S91.144D,S91.145A-S91.145D,S91.146A-S91.146D,S91.149A-S91.149D,S91.151A-S91.151D,
S91.152A-S91.152D,S91.153A-S91.153D,S91.154A-S91.154D,S91.155A-S91.155D,S91.156A-S91.156D,
S91.159A-S91.159D,S91.201A-S91.201D,S91.202A-S91.202D,S91.203A-S91.203D,S91.204A-S91.204D,
S91.205A-S91.205D,S91.206A-S91.206D,S91.209A-S91.209D,S91.211A-S91.211D,S91.212A-S91.212D,
S91.213A-S91.213D,S91.214A-S91.214D,S91.215A-S91.215D,S91.216A-S91.216D,S91.219A-S91.219D,
S91.221A-S91.221D,S91.222A-S91.222D,S91.223A-S91.223D,S91.224A-S91.224D,S91.225A-S91.225D,
S91.226A-S91.226D,S91.229A-S91.229D,S91.231A-S91.231D,S91.232A-S91.232D,S91.233A-S91.233D,
S91.234A-S91.234D,S91.235A-S91.235D,S91.236A-S91.236D,S91.239A-S91.239D,S91.241A-S91.241D,
S91.242A-S91.242D,S91.243A-S91.243D,S91.244A-S91.244D,S91.245A-S91.245D,S91.246A-S91.246D,
S91.249A-S91.249D,S91.251A-S91.251D,S91.252A-S91.252D,S91.253A-S91.253D,S91.254A-S91.254D,
S91.255A-S91.255D,S91.256A-S91.256D,S91.259A-S91.259D,S91.301A-S91.301D,S91.302A-S91.302D,
S91.309A-S91.309D,S91.311A-S91.311D,S91.312A-S91.312D,S91.319A-S91.319D,S91.321A-S91.321D,
S91.322A-S91.322D,S91.329A-S91.329D,S91.331A-S91.331D,S91.332A-S91.332D,S91.339A-S91.339D,
S91.341A-S91.341D,S91.342A-S91.342D,S91.349A-S91.349D,S91.351A-S91.351D,S91.352A-S91.352D,
S91.359A-S91.359D,S94.00XA-S94.00XD,S94.01XA-S94.01XD,S94.02XA-S94.02XD,S94.10XA-S94.10XD,
S94.11XA-S94.11XD,S94.12XA-S94.12XD,S94.20XA-S94.20XD,S94.21XA-S94.21XD,S94.22XA-S94.22XD,
S94.30XA-S94.30XD,S94.31XA-S94.31XD,S94.32XA-S94.32XD,S94.8X1A-S94.8X1D,S94.8X2A-S94.8X2D,
S94.8X9A-S94.8X9D,S94.90XA-S94.90XD,S94.91XA-S94.91XD,S94.92XA-S94.92XD,S95.001A-S95.001D,
S95.002A-S95.002D,S95.009A-S95.009D,S95.011A-S95.011D,S95.012A-S95.012D,S95.019A-S95.019D,
S95.091A-S95.091D,S95.092A-S95.092D,S95.099A-S95.099D,S95.101A-S95.101D,S95.102A-S95.102D,
S95.109A-S95.109D,S95.111A-S95.111D,S95.112A-S95.112D,S95.119A-S95.119D,S95.191A-S95.191D,
S95.192A-S95.192D,S95.199A-S95.199D,S95.201A-S95.201D,S95.202A-S95.202D,S95.209A-S95.209D,
S95.211A-S95.211D,S95.212A-S95.212D,S95.219A-S95.219D,S95.291A-S95.291D,S95.292A-S95.292D,
S95.299A-S95.299D,S95.801A-S95.801D,S95.802A-S95.802D,S95.809A-S95.809D,S95.811A-S95.811D,
S95.812A-S95.812D,S95.819A-S95.819D,S95.891A-S95.891D,S95.892A-S95.892D,S95.899A-S95.899D,
S95.901A-S95.901D,S95.902A-S95.902D,S95.909A-S95.909D,S95.911A-S95.911D,S95.912A-S95.912D,
S95.919A-S95.919D,S95.991A-S95.991D,S95.992A-S95.992D,S95.999A-S95.999D,S96.021A-S96.021D,
S96.022A-S96.022D,S96.029A-S96.029D,S96.121A-S96.121D,S96.122A-S96.122D,S96.129A-S96.129D,
S96.221A-S96.221D,S96.222A-S96.222D,S96.229A-S96.229D,S96.821A-S96.821D,S96.822A-S96.822D,
S96.829A-S96.829D,S96.921A-S96.921D,S96.922A-S96.922D,S96.929A-S96.929D,S98.111A-S98.111D,
S98.112A-S98.112D,S98.119A-S98.119D,S98.121A-S98.121D,S98.122A-S98.122D,S98.129A-S98.129D,
S98.131A-S98.131D,S98.132A-S98.132D,S98.139A-S98.139D,S98.141A-S98.141D,S98.142A-S98.142D,
S98.149A-S98.149D,S98.211A-S98.211D,S98.212A-S98.212D,S98.219A-S98.219D,S98.221A-S98.221D,
S98.222A-S98.222D,S98.229A-S98.229D,T79.2XXA-T79.2XXD

CPT: 10120,10121,11000-11047,11730,11732,11750,11760,12001-14302,15002-15770,15845,20101-20150,20525,
23040,23044,23397,24000,24006,24101,24102,24341,25101-25109,25260-25272,25295-25310,25320,25335,
25337,25390-25393,25441-25447,25450-25492,25810-25830,25922,26080,26350-26510,26540,26591,26951,
26990,27310,27372,27603,27830,27831,28022,28024,28140,28200,28208,28810-28825,29075,29130,29515,
29580,30901-30906,32653,40650-40654,40830,40831,41250-41252,42180,42182,49904,54437-54440,54520,
54670,56800,57200,57210,57287,64702-64714,64718-64721,64727-64792,64820,64831-64862,64872-64911,
67930,67935,67950,90675,90676,97001-97004,97022,97036,97110,97112,97140-97530,97535,97605-97608,
97760,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,
99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: D7912,D7920,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **213**
Condition: CANCER OF UTERUS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C54.0-C54.9,C55,D07.0,D61.810,G89.3,N85.00,N85.02,Z51.0,Z51.11-Z51.12,Z85.42
CPT: 32553,38562,38564,38571,38572,38770,38780,49203-49205,49327,49411,49412,55920,57155,57156,58120, 58150-58294,58346,58541-58544,58548-58554,58570-58573,58953-58956,77014,77261-77295,77300-77370, 77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,96150-96154,96405,96406, 96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017

**Line:** **214**
Condition: RUPTURE OF LIVER (See Guideline Notes 64,65)
Treatment: SUTURE/REPAIR
ICD-10: K76.3,K76.5,K77,S36.116A-S36.116D
CPT: 47350-47362,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **215**
Condition: CANCER OF THYROID (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C73,D44.0,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.850
CPT: 32553,32674,38700-38724,38746,49411,60200-60271,60512,77014,77261-77295,77300-77307,77321-77370, 77385-77387,77401-77427,77469,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D5984,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **216**
Condition: NON-SUBSTANCE-RELATED ADDICTIVE BEHAVIORAL DISORDERS (See Guideline Notes 64,65) (Note: This line is not priced as part of the list as funding comes from non-OHP sources)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484, T1005,T1016

**Line:** **217**
Condition: BULLOUS DERMATOSES OF THE SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L10.0-L10.5,L10.81-L10.9,L12.0-L12.2,L12.8-L12.9,L13.0-L13.9,L14
CPT: 15731,36514-36516,65778-65782,68371,77014,96900-96913,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **218**
Condition: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Notes 64,65,147)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I26.01-I26.99,I27.82,T79.1XXA-T79.1XXD
CPT: 33910-33916,37191-37193,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **219**
Condition: CANCER OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 7,11,12,64,65,96)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C64.1-C64.9,C65.1-C65.9,C68.0-C68.8,C7A.093,C79.00-C79.02,D09.19,D30.00-D30.9,D41.00-D41.3,D41.8, D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.50,Z85.528-Z85.53,Z85.59
CPT: 32553,32674,38746,49411,50125,50220-50290,50340,50391,50542,50543,50545,50546,50548,50553,50557, 50572,50650,50660,50825-50840,51530,51550-51597,51700,51720,52214-52250,52281,52282,52354,52355, 52450,52500,53210-53220,58200,58960,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **220**
Condition: CANCER OF STOMACH (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C16.0-C16.9,C7A.092,D00.2,D37.1,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.028
CPT: 32553,38747,43122,43245,43248,43249,43611-43635,43653,44110-44130,44186,49327,49411,49412,77014, 77261-77295,77300-77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,77470,96150-96154, 96405,96406,96420-96450,96542-96571,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **221**
Condition: PORTAL VEIN THROMBOSIS (See Guideline Notes 64,65,77)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I81
CPT: 37140,37180,37182,37183,49425-49429,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **222**
Condition: TESTICULAR CANCER (See Guideline Notes 7,11,12,14,30)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-10: C62.00-C62.92,D61.810,T86.5,Z48.290,Z51.11,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,96405,96406,96420-96440,96450,96542-96571,98966-98969, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line:** **223**
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE) (See Guideline Note 53)
Treatment: BASIC PERIODONTICS
ICD-10: K05.00-K05.6,K06.0-K06.1
HCPCS: D4210-D4212,D4341,D4342,D4910

**Line:** **224**
Condition: PULMONARY FIBROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D86.0,D86.2,J84.01-J84.10,J84.111-J84.9,M30.1,M31.30-M31.31,M31.7,M32.13,M33.01,M33.11,M33.21,M33.91, M34.81,M35.02
CPT: 31600-31603,31820,31825,32997,94002-94005,94640,94660-94668,96150-96154,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **225**
Condition: DYSLIPIDEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E78.0-E78.6
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **226**
Condition: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, DIALYSIS
ICD-10: E86.0-E86.9,E87.0-E87.6,E87.70-E87.8,E88.3,R57.1-R57.9,T81.10XA-T81.10XD,T81.19XA-T81.19XD,Z49.01-Z49.32
CPT: 36147,36148,36818-36821,36832,36835,36838,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9339,S9537

**Line:** **227**
Condition: OCCUPATIONAL LUNG DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J60-J61,J62.0-J62.8,J63.0-J63.6,J64-J65,J66.0-J66.8,J67.0-J67.9,J68.0-J68.9
CPT: 31600,86486,94002-94005,94640,94660-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,G0466,G0467,S9441

**Line:** **228**
Condition: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-10: I06.0-I06.9,I35.0-I35.9,I38-I39,Z79.01
CPT: 33361-33413,33417,33496,33530,33620,33621,35452,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **229**
Condition: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Notes 64,65,149)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D35.1,D44.2,E20.0-E20.9,E21.0-E21.5,E83.50-E83.81,E89.2,N25.81
CPT: 49185,60500-60512,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **230**
Condition: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: I01.0-I01.9,I02.0
CPT: 92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **231**
Condition: RUPTURED VISCUS (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-10: K22.3,K62.7,K63.4,K63.89,K66.1,K92.89,S27.812A-S27.812D,S27.813A-S27.813D,S27.818A-S27.818D,S27.819A-S27.819D
CPT: 43405,44391,44602-44605,45317,45334,45382,45500,45560,45915,57268,57270,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **232**
Condition: INTESTINAL MALABSORPTION (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: K90.0-K90.4,K90.81-K90.9,K91.2
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **233**
Condition: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: S02.2XXA-S02.2XXG,S02.3XXA-S02.3XXG,S02.400A-S02.400G,S02.401A-S02.401G,S02.402A-S02.402G, S02.411A-S02.411G,S02.412A-S02.412G,S02.413A-S02.413G,S02.42XA-S02.42XG,S02.600A-S02.600G, S02.609A-S02.609G,S02.61XA-S02.61XG,S02.62XA-S02.62XG,S02.63XA-S02.63XG,S02.64XA-S02.64XG, S02.65XA-S02.65XG,S02.66XA-S02.66XG,S02.67XA-S02.67XG,S02.69XA-S02.69XG,S02.8XXA-S02.8XXB, S02.92XA-S02.92XG,S04.011A-S04.011D,S04.012A-S04.012D,S04.019A-S04.019D,S04.02XA-S04.02XD, S04.031A-S04.031D,S04.032A-S04.032D,S04.039A-S04.039D,S04.10XA-S04.10XD,S04.11XA-S04.11XD, S04.12XA-S04.12XD,S04.20XA-S04.20XD,S04.21XA-S04.21XD,S04.22XA-S04.22XD,S04.30XA-S04.30XD, S04.31XA-S04.31XD,S04.32XA-S04.32XD,S04.40XA-S04.40XD,S04.41XA-S04.41XD,S04.42XA-S04.42XD, S04.50XA-S04.50XD,S04.51XA-S04.51XD,S04.52XA-S04.52XD,S04.60XA-S04.60XD,S04.61XA-S04.61XD, S04.62XA-S04.62XD,S04.70XA-S04.70XD,S04.71XA-S04.71XD,S04.72XA-S04.72XD,S04.811A-S04.811D, S04.812A-S04.812D,S04.819A-S04.819D,S04.891A-S04.891D,S04.892A-S04.892D,S04.899A-S04.899D, S04.9XXA-S04.9XXD
CPT: 10121,11010-11012,20670,20680,20694,21085,21210,21215,21310-21470,30420,30450,31292-31294,92002-92014,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D5988,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **234**
Condition: MALIGNANT MELANOMA OF SKIN (See Guideline Notes 7,11,12,19,64,65,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C43.0,C43.10-C43.9,D03.0,D03.10-D03.9,D61.810,G89.3,Z51.0,Z51.12,Z85.820
CPT: 11600-11646,12001-12020,12031-15261,15570-15770,21011-21016,21552-21558,21632,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27327-27329, 27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,32674,38700-38780,49411,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77432,77469,77470,78811-78816,81210,96150-96154, 96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0219,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **235**
Condition: URINARY FISTULA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: N32.1-N32.2,N82.0-N82.1
CPT: 44320,45820,50040,50045,50382-50389,50395,50432-50435,50520-50526,50688,50900-50930,50961,50970, 50980,51800-51845,51880-51980,52234,53080,53085,53660,53661,57330,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **236**
Condition: MYCOBACTERIA, FUNGAL INFECTIONS, TOXOPLASMOSIS, AND OTHER OPPORTUNISTIC INFECTIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A31.2-A31.9,A42.0-A42.2,A42.89-A42.9,A43.0-A43.9,B37.1,B37.81-B37.82,B38.0-B38.7,B38.81-B38.9,B39.0-B39.9,B40.0-B40.7,B40.81-B40.9,B41.0-B41.9,B42.0-B42.7,B42.81-B42.9,B43.0-B43.9,B44.0-B44.7,B44.89-B44.9,B45.0-B45.7,B45.9,B46.0-B46.9,B47.0-B47.1,B48.0-B48.8,B49,B58.00-B58.1,B58.3,B58.81-B58.9,B59
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **237**
Condition: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR
ICD-10: Q23.4,Q25.2
CPT: 33615-33622,33750,33764-33768,33924,33946-33966,33969,33984-33989,75557-75565,75573,93355,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **238**
Condition: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B97.21,J18.2,J70.0,J70.2,J70.5,J80,J81.0,J95.821-J95.822,J96.00-J96.02,J96.20-J96.92
CPT: 31600-31610,31645,31646,31820,31825,33946-33966,33969,33984-33989,94002-94005,94640,94660-94668, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,G0466,G0467

**Line:** **239**
Condition: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C88.2-C88.3,C88.8-C88.9,C90.00-C90.32,C91.00-C91.02,D47.2,D61.810,E85.1-E85.9,G89.3,Z51.0,Z51.12
CPT: 32553,36514-36516,49411,62350-62370,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77431,77469,77470,79005-79445,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **240**
Condition: LIMB THREATENING VASCULAR DISEASE, INFECTIONS, AND VASCULAR COMPLICATIONS (See Guideline Notes 62,64,65,81)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A48.0,E08.52,E09.52,E10.52,E11.52,E13.52,I70.211-I70.269,I70.311-I70.369,I70.411-I70.469,I70.511-I70.569, I70.611-I70.669,I70.711-I70.769,I70.92,I73.01-I73.1,I96,M60.000-M60.005,M60.011-M60.09,M72.6
CPT: 10030,10060,11000-11057,15002,15003,15100,15101,23900-23921,23930,24900-24940,25028,25900-25931, 26025,26030,26910-26952,26990,26991,27025,27290,27295,27301,27305,27590-27598,27603,27880-27889, 28001-28003,28008,28150,28800-28825,29893,34101-34203,35081,35256,35302-35321,35351-35372,35450-35500,35510-35671,35682-35686,35701-35761,35860,35875-35881,35903,36002,37184-37186,37220-37235, 96150-96154,97605-97608,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **241**
Condition: TETANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A33,A35
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **242**
Condition: ACUTE PROMYELOCYTIC LEUKEMIA (See Guideline Notes 7,11,12)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C92.00-C92.02,C92.40-C92.42,C95.00-C95.02,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,38100,38120,38760,49411,62350-62370,77014,77261-77290,77295,77300,77306,77307,77321-77370, 77385-77387,77401-77427,77469,81246,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **243**
Condition: CANCER OF OVARY (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C56.1-C56.9,C57.00-C57.22,C79.60-C79.62,D39.10-D39.12,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.43
CPT: 32553,38571,38572,38770,44110,44120,44140,49203-49205,49327,49411,49412,49419,49422,57156,58150, 58180-58210,58260,58541-58544,58548-58554,58570-58573,58660-58662,58720,58740,58925-58960,77014, 77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,77470, 77750,77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **244**
Condition: SHORT BOWEL SYNDROME - AGE 5 OR UNDER
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-10: K55.0,K91.2,P77.1-P77.9,T86.850-T86.859,Z48.23,Z48.288
CPT: 44132,44135,44715-44721,47133-47147,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2053

**Line:** **245**
Condition: CONDITIONS REQUIRING HEART-LUNG AND LUNG TRANSPLANTATION (See Guideline Note 151)
Treatment: HEART-LUNG AND LUNG TRANSPLANT
ICD-10: D86.0,E84.0,E84.8,I27.0,I27.89,J41.8,J43.0-J43.8,J47.0-J47.9,J60-J61,J62.0-J62.8,J63.0-J63.6,J65,J66.0-J66.8,J67.0-J67.9,J70.1,J70.3-J70.4,J84.111-J84.17,J84.81-J84.83,J84.841-J84.89,T27.1XXA-T27.1XXD,T27.5XXA-T27.5XXD,T86.810-T86.818,Z48.21,Z48.24,Z48.280
CPT: 32850-32856,33930-33935,33946-33966,33969,33984-33989,81595,86825-86835,94640,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,G0466,G0467,S2060,S2061

**Line:** **246**
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)
Treatment: LIVER TRANSPLANT
ICD-10: D81.810,D84.1,E70.20-E70.29,E70.330-E70.331,E70.5-E70.9,E71.0,E71.110-E71.2,E72.10-E72.29,E72.52-E72.53,E72.8,E74.00-E74.09,E83.00-E83.10,E83.110-E83.19,K72.00-K72.01,K73.1-K73.8,K76.2,T86.40-T86.49,Z48.23,Z52.6
CPT: 47133-47147,86825-86835,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **247**
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU (See Guideline Notes 64,65)
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
ICD-10: D04.0,D04.10-D04.9,E70.30,E70.310-E70.329,E70.338-E70.39,L56.5,N48.0
CPT: 11300-11446,11600-11646,13100-14350,17000-17108,17260-17286,69110,69120,69300,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **248**
Condition: PRIMARY ANGLE-CLOSURE GLAUCOMA (See Guideline Notes 64,65)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-10: H21.81-H21.89,H40.031-H40.039,H40.061-H40.069,H40.20X0-H40.249
CPT: 65860-65880,66150,66160,66179-66185,66250-66505,66625-66635,66761,66762,66990,76514,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **249**
Condition: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA (See Guideline Notes 64,65)
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-10: H16.001-H16.079,H16.231-H16.239,S00.251A-S00.251D,S00.252A-S00.252D,S00.259A-S00.259D,S05.00XA-S05.00XD,S05.01XA-S05.01XD,S05.02XA-S05.02XD
CPT: 65275,65430,65600,65778-65782,67505,67515,68200,68360,68371,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **250**
Condition: TORSION OF TESTIS (See Guideline Notes 64,65)
Treatment: ORCHIECTOMY, REPAIR
ICD-10: N44.00-N44.04
CPT: 54512-54522,54600-54640,54660,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **251**
Condition: LIFE-THREATENING EPISTAXIS (See Guideline Notes 64,65)
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
ICD-10: R04.0
CPT: 30520-30560,30620-30930,31238,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **252**
Condition: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC (See Guideline Notes 64,65)
Treatment: FOREIGN BODY REMOVAL
ICD-10: H44.601-H44.799
CPT: 65235-65265,66160,66840-66852,66940,67036,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **253**
Condition: METABOLIC BONE DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M81.0-M81.8,M83.0-M83.9,M88.0-M88.1,M88.811-M88.9,M90.611-M90.69
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **254**
Condition: PARKINSON'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: G20,G21.11-G21.9
CPT: 61781,61782,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **255**
Condition: CHRONIC PANCREATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: K86.0-K86.1,K86.8
CPT: 43260-43265,43273-43278,47542,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **256**
Condition: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM (See Guideline Notes 64,65,95)
Treatment: MEDICAL THERAPY
ICD-10: G35,G36.0-G36.9,G37.0-G37.9,Z45.31,Z45.49,Z46.2
CPT: 31600,31610,86711,90284,92081-92083,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **257**
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F54
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99215,99224-99226,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S9484,T1005,T1016

**Line:** **258**
Condition: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Note 65)
Treatment: SURGICAL TREATMENT
ICD-10: I74.01-I74.19,I74.5-I74.8
CPT: 33320-33335,33916,34001-34101,34201,34203,34839-34848,35081,35331,35363-35390,35535-35540,35560,35623-35638,35646,35647,35654,35681-35683,35691-35695,35741-35800,35875,35876,35901,36825,36830,37184-37186,37211,37213,37214,37236,37237,49324-49326,49421,49422,49435,49436,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **259**
Condition: CHRONIC OSTEOMYELITIS (See Guideline Notes 6,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M46.20-M46.39,M86.30,M86.311-M86.9
CPT: 11000-11047,15734,20005,20150,20690-20694,20900,20930-20938,20955-20973,21620,21627,22532-22819,22840-22848,22851,23035,23105,23130,23170-23184,23220,23395,23935,24134-24147,24150,24152,24420,24498,25035,25085,25119,25145-25151,25210-25240,25320,25337,26034,26230-26236,26320,26951,26992,27070-27078,27187,27303,27360,27465-27468,27598,27607,27620,27640,27641,27745,27880-27888,28005,28120-28124,28800-28825,29075,29345,63045-63048,63081-63091,96150-96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **260**
Condition: MULTIPLE ENDOCRINE NEOPLASIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E07.0,E31.1,E31.20-E31.23,Q92.0-Q92.5,Q92.62-Q92.8,Q93.0-Q93.2,Q95.2-Q95.3
CPT: 60210-60240,60270,60271,60500-60512,60540,60545,60650,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **261**
Condition: DEFORMITIES OF HEAD (See Guideline Notes 6,64,65)
Treatment: CRANIOTOMY/CRANIECTOMY
ICD-10: M95.2,M99.80,Q75.0-Q75.9,Q87.0
CPT: 11971,14040,14041,14301,14302,20660,20661,20665,21076,21077,21137-21180,21182-21188,21256-21275,21282,61312-61330,61340,61345,61550-61559,62115-62148,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D5915,D5919,D5924,D5925,D5928-D5931,D5933,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **262**
Condition: DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES (See Guideline Notes 64,65)
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
ICD-10: I01.1,I05.0-I05.9,I08.0,I08.8,I34.0-I34.9,I36.0-I36.9,I37.0-I37.9,I38-I39,I51.1-I51.2,Z79.01
CPT: 33418-33465,33470-33496,33530,33620,33621,75557-75565,75573,92960-92971,92978-92998,93355,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **263**
Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C60.0-C60.9,C63.00-C63.9,D07.4,D07.60-D07.69,D40.8,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.45,Z85.48-Z85.49
CPT: 11620-11626,15574,17272-17276,32553,49327,49411,49412,52240,54065,54120-54135,54220,54230,54520-54535,55150-55180,55920,58960,74445,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77600-77763,77770-77778,77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **264**
Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME (See Guideline Notes 7,11,12,19,25,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C37,C74.00-C74.92,C75.0-C75.9,C7A.00,C7A.091,C7A.094-C7A.098,C79.70-C79.72,D09.3-D09.8,D44.10-D44.12,D44.5-D44.7,D61.810,E34.0,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,32673,38204-38215,38230-38241,49411,60500,60512-60650,62165,64788,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77432,77469,77470,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S2150,S9537

**Line:** **265**
Condition: MULTIPLE MYELOMA (See Guideline Notes 7,11,12,14)
Treatment: BONE MARROW TRANSPLANT
ICD-10: C88.0-C88.3,C88.8-C88.9,C90.00-C90.02,C90.20-C90.32,D47.2,D61.810,E85.1-E85.9,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line:** **266**
Condition: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C45.1,C48.0-C48.8,D48.3-D48.4,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,39010,44820,44850,49203-49205,49255,49327,49411,49412,77014,77261-77290,77295,77300,77306-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **267**
Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS (See Coding Specification Below) (See Guideline Notes 7,11,12,19,64,65,142,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C33,C34.00-C34.92,C38.1-C38.8,C39.0-C39.9,C45.0,C7A.090,D02.1,D02.20-D02.22,D02.4,D38.1-D38.4,D61.810,G89.3,I87.1,J98.5,Z51.0,Z51.11-Z51.12,Z85.118-Z85.20
CPT: 19260-19272,21552,21610,22900,31600-31603,31630,31631,31636-31646,31770,31775,31785,31786,31820,31825,32320,32440-32488,32501-32550,32552,32553,32650,32662,32663,32666-32671,32673-32701,32900-32906,38542,38746,38794,39000-39220,49411,77014,77261-77295,77300-77370,77373-77387,77401-77470,77761-77763,77770-77790,78811-78816,81235,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **268**
Condition: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, MALIGNANT ARRHYTHMIAS, AND COMPLEX CONGENITAL HEART DISEASE (See Guideline Notes 18,64,65,70,151)
Treatment: CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT
ICD-10: I13.11-I13.2,I25.110,I25.5,I40.0-I40.9,I42.0-I42.8,I47.2,I49.01-I49.02,I50.1,I50.20-I50.43,N18.5-N18.6,Q20.1-Q20.5,Q20.8,Q23.4,T86.21-T86.23,T86.290-T86.298,T86.31-T86.39,Z48.21,Z48.280-Z48.288
CPT: 33620,33621,33940-33966,33969,33975-33993,50300-50370,50547,75557-75565,75573,76776,81595,86825-86835,92960-92971,92978-92998,93750,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **269**
Condition: TRACHOMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A71.0-A71.9,B55.1
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **270**
Condition: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A18.54,D86.83,H16.241-H16.249,H20.00,H20.011-H20.819,H20.9
CPT: 67515,68200,76514,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **271**
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS) (See Guideline Notes 64,65)
Treatment: URGENT DENTAL SERVICES
ICD-10: K00.6,K01.0-K01.1,K03.5,K03.81,K04.0-K04.8,K04.90-K04.99,K08.3,M27.2-M27.3,S02.5XXD-S02.5XXG
CPT: 41000,41800,41806,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: D2910-D2921,D2940,D2950,D2970,D3120,D3220,D3222-D3240,D3351-D3353,D4920,D5410-D5510,D5850,D5851,D6930,D7111,D9120,D9951,G0396,G0397,G0463,G0466,G0467

**Line:** **272**
Condition: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A44.0-A44.9,A68.0-A68.9,A69.20-A69.29,A75.0-A75.9,A77.1-A77.3,A77.40-A77.9,A78,A79.0-A79.1,A79.81-A79.9,A90-A91,A92.0-A92.2,A92.30-A92.9,A93.0-A93.8,A94,A95.0-A95.9,A98.0-A98.2,B33.1,B55.0,B55.2-B55.9,B60.0
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **273**
Condition: DIABETES INSIPIDUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E23.2
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **274**
Condition: ADVANCED DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE (See Guideline Notes 64,65)
Treatment: ENUCLEATION
ICD-10: H35.60-H35.63,H44.311-H44.399,H44.50,H44.511-H44.539,H44.811-H44.89
CPT: 65091,65093,65105,65125-65175,67218,67560,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **275**
Condition: CANCER OF BLADDER AND URETER (See Guideline Notes 7,11,12,64,65,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C66.1-C66.9,C67.0-C67.9,C79.11-C79.19,D09.0,D41.4,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.51
CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,50125,50220-50290,50340,50400,50405,50542-50548,50553,50572,50605,50650,50660,50693-50695,50780,50820-50840,50976,51530,51550-51597,51700,51720,52214-52250,52281,52282,52327,52332,52354,52355,52450,52500,53210-53220,55840,55920,57156,58960,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77761-77763,77770-77790,79005-79445,88120,88121,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **276**
Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S98.011A-S98.011D,S98.012A-S98.012D,S98.019A-S98.019D,S98.021A-S98.021D,S98.022A-S98.022D,S98.029A-S98.029D,S98.311A-S98.311D,S98.312A-S98.312D,S98.319A-S98.319D,S98.321A-S98.321D,S98.322A-S98.322D,S98.329A-S98.329D,S98.911A-S98.911D,S98.912A-S98.912D,S98.919A-S98.919D,S98.921A-S98.921D,S98.922A-S98.922D,S98.929A-S98.929D
CPT: 11010-11012,20838,20920-20924,27888,28800-28810,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **277**
Condition: LEPROSY, YAWS, PINTA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A30.0-A30.9,A31.1,A65,A66.0-A66.9,A67.0-A67.9,A69.8-A69.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **278**
Condition: RETINOPATHY OF PREMATURITY
Treatment: CRYOSURGERY
ICD-10: H35.101-H35.179
CPT: 67101-67121,67227-67229,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **279**
Condition: UROLOGIC INFECTIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A02.25,B37.0,B37.41-B37.49,B37.81,N11.8-N11.9,N12,N13.6,N30.00-N30.01,N30.20-N30.31,N30.80-N30.91,N39.0,N41.0,N45.1-N45.4,N49.0
CPT: 50391,51100,51101,51700,52260,53450,54700,54860,54861,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **280**
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA (See Guideline Notes 7,11,12,19,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C4A.0,C4A.10-C4A.9,C44.00-C44.09,C44.101-C44.99,C46.0-C46.4,C46.50-C46.9,C79.2,D48.5,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.828
CPT: 11000-11047,11300-11446,11600-11646,12001-12020,12031-15040,15100,15110-15261,15570-15770,17000-17108,17260-17315,21011-21014,21016,21552-21558,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27048,27059,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,38700-38745,38760,38765,40530-40654,49411,67950-67975,69110,69120,69145,69910,77014,77261-77295,77300-77307,77321-77370,77385-77387,77401-77432,77469,77470,78811-78816,79005-79445,92002-92014,92285,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **281**
Condition: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-10: S25.00XA-S25.00XD,S25.01XA-S25.01XD,S25.02XA-S25.02XD,S25.09XA-S25.09XD,S25.101A-S25.101D, S25.102A-S25.102D,S25.109A-S25.109D,S25.111A-S25.111D,S25.112A-S25.112D,S25.119A-S25.119D, S25.121A-S25.121D,S25.122A-S25.122D,S25.129A-S25.129D,S25.191A-S25.191D,S25.192A-S25.192D, S25.199A-S25.199D,S25.20XA-S25.20XD,S25.21XA-S25.21XD,S25.22XA-S25.22XD,S25.29XA-S25.29XD, S25.301A-S25.301D,S25.302A-S25.302D,S25.309A-S25.309D,S25.311A-S25.311D,S25.312A-S25.312D, S25.319A-S25.319D,S25.321A-S25.321D,S25.322A-S25.322D,S25.329A-S25.329D,S25.391A-S25.391D, S25.392A-S25.392D,S25.399A-S25.399D,S25.401A-S25.401D,S25.402A-S25.402D,S25.409A-S25.409D, S25.411A-S25.411D,S25.412A-S25.412D,S25.419A-S25.419D,S25.421A-S25.421D,S25.422A-S25.422D, S25.429A-S25.429D,S25.491A-S25.491D,S25.492A-S25.492D,S25.499A-S25.499D,S25.501A-S25.501D, S25.502A-S25.502D,S25.509A-S25.509D,S25.511A-S25.511D,S25.512A-S25.512D,S25.519A-S25.519D, S25.591A-S25.591D,S25.592A-S25.592D,S25.599A-S25.599D,S25.801A-S25.801D,S25.802A-S25.802D, S25.809A-S25.809D,S25.811A-S25.811D,S25.812A-S25.812D,S25.819A-S25.819D,S25.891A-S25.891D, S25.892A-S25.892D,S25.899A-S25.899D,S25.90XA-S25.90XD,S25.91XA-S25.91XD,S25.99XA-S25.99XD
CPT: 32654,33320-33335,33880-33891,34502,34839-34848,35211,35216,35241,35246,35271,35276,35506,35516, 35616,37616,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **282**
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F22-F24,F28-F29,F53
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019, H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005, T1016

**Line:** **283**
Condition: HYDROPS FETALIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P56.0,P56.90-P56.99,P83.2
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **284**
Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS (See Guideline Notes 64,65)
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-10: E08.39,E09.39,E10.39,E11.39,E13.39,H31.401-H31.8,H33.001-H33.109,H33.191-H33.23,H33.40-H33.8,H43.00-H43.03,H43.311-H43.319,Z51.11
CPT: 66990,67005-67113,67145,67208,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **285**
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS (See Guideline Notes 64,65,77,147)
Treatment: THROMBECTOMY/LIGATION
ICD-10: I82.0-I82.1,I82.210-I82.3,I82.601-I82.709,I82.721-I82.C29,I82.890-I82.91,Z79.01
CPT: 34101,34401,34451-34530,35206-35226,35236-35256,35266-35286,35476,35572,35681,35761-35840,35875, 35876,35905,35907,37140,37160,37182,37183,37187-37193,37212-37214,37238,37239,98966-98969,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480, 99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **286**
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Notes 49,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I46.2-I46.9,I47.0,I47.2,I49.01-I49.02,I49.3,I97.120-I97.121,Z45.010-Z45.09,Z86.74
CPT: 31603,31605,32160,33202-33251,33261-33264,33270-33273,33820,33967,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93656,93724,93745,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,G0463,G0466,G0467,K0606-K0609

**Line:** **287**
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.00-F50.02
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99184,99201-99239,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **288**
Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE (See Guideline Notes 64,65,112)
Treatment: MEDICAL THERAPY
ICD-10: J41.1,J43.0-J43.9,J44.0-J44.9,J70.8-J70.9,J82,J96.10-J96.12,J98.4
CPT: 31600,32480-32491,32663,32672,94002-94005,94640,94644-94668,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,G0463,G0466,G0467,S9346

**Line:** **289**
Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I71.00-I71.1,I71.3,I71.5,I71.8
CPT: 32110-32124,32820,33320-33335,33530,33860-33891,33916,34520,34800-34805,34825,34826,34839-34848,35081-35103,35306,35311,35331,35500-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35663,35697,35820,35840,35870-35876,35905,35907,36825,36830,37236,37237,75956-75959,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **290**
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Guideline Notes 6,62,64,65,90,131,147)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: C80.2,D64.81,D78.01,D78.11-D78.22,D89.810-D89.813,E36.01-E36.12,G04.01-G04.02,G04.31-G04.39,G89.12-G89.18,G96.0,G97.0,G97.2,G97.31-G97.32,G97.48-G97.82,H44.40,H44.431-H44.439,H59.111-H59.329,H95.21-H95.42,I67.0,I77.71-I77.79,I97.410-I97.89,J95.01-J95.72,J95.830-J95.89,K68.11,K91.3,K91.61-K91.83,K91.840-K91.841,K91.86-K91.89,K94.01-K94.02,K94.11-K94.12,K94.21-K94.22,K94.31,K95.01-K95.89,L76.01-L76.22,M96.621-M96.831,N98.0,N99.0,N99.510-N99.821,N99.89,O86.0,O90.0,O90.2,R50.84,T80.0XXA-T80.0XXD,T80.211A-T80.211D,T80.212A-T80.212D,T80.218A-T80.218D,T80.219A-T80.219D,T80.22XA-T80.22XD,T80.29XA-T80.29XD,T80.51XA-T80.51XD,T80.52XA-T80.52XD,T80.59XA-T80.59XD,T80.810A-T80.810D,T80.818A-T80.818D,T80.89XA-T80.89XD,T80.90XA-T80.90XD,T80.910A-T80.910D,T80.911A-T80.911D,T80.919A-T80.919D,T80.92XA-T80.92XD,T81.30XA-T81.30XD,T81.31XA-T81.31XD,T81.32XA-T81.32XD,T81.33XA-T81.33XD,T81.4XXA-T81.4XXD,T81.520A-T81.520D,T81.521A-T81.521D,T81.522A-T81.522D,T81.523A-T81.523D,T81.524A-T81.524D,T81.525A-T81.525D,T81.526A-T81.526D,T81.710A-T81.710D,T81.711A-T81.711D,T81.718A-T81.718D,T81.719A-T81.719D,T81.72XA-T81.72XD,T81.83XA-T81.83XD,T82.01XA-T82.01XD,T82.02XA-T82.02XD,T82.03XA-T82.03XD,T82.09XA-T82.09XD,T82.110A-T82.110D,T82.111A-T82.111D,T82.118A-T82.118D,T82.119A-T82.119D,T82.120A-T82.120D,T82.121A-T82.121D,T82.128A-T82.128D,T82.129A-T82.129D,T82.190A-T82.190D,T82.191A-T82.191D,T82.198A-T82.198D,T82.199A-T82.199D,T82.211A-T82.211D,T82.212A-T82.212D,T82.213A-T82.213D,T82.218A-T82.218D,T82.221A-T82.221D,T82.222A-T82.222D,T82.223A-T82.223D,T82.228A-T82.228D,T82.310A-T82.310D,T82.311A-T82.311D,T82.312A-T82.312D,T82.318A-T82.318D,T82.319A-T82.319D,T82.320A-T82.320D,T82.321A-T82.321D,T82.322A-T82.322D,T82.328A-T82.328D,T82.329A-T82.329D,T82.330A-T82.330D,T82.331A-T82.331D,T82.332A-T82.332D,T82.338A-T82.338D,T82.339A-T82.339D,T82.390A-T82.390D,T82.391A-T82.391D,T82.392A-T82.392D,T82.398A-T82.398D,T82.399A-T82.399D,T82.41XA-T82.41XD,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T82.42XA-T82.42XD,T82.43XA-T82.43XD,T82.49XA-T82.49XD,T82.510A-T82.510D,T82.511A-T82.511D,
T82.512A-T82.512D,T82.513A-T82.513D,T82.514A-T82.514D,T82.515A-T82.515D,T82.518A-T82.518D,
T82.519A-T82.519D,T82.520A-T82.520D,T82.521A-T82.521D,T82.522A-T82.522D,T82.523A-T82.523D,
T82.524A-T82.524D,T82.525A-T82.525D,T82.528A-T82.528D,T82.529A-T82.529D,T82.530A-T82.530D,
T82.531A-T82.531D,T82.532A-T82.532D,T82.533A-T82.533D,T82.534A-T82.534D,T82.535A-T82.535D,
T82.538A-T82.538D,T82.539A-T82.539D,T82.590A-T82.590D,T82.591A-T82.591D,T82.592A-T82.592D,
T82.593A-T82.593D,T82.594A-T82.594D,T82.595A-T82.595D,T82.598A-T82.598D,T82.599A-T82.599D,
T82.6XXA-T82.6XXD,T82.7XXA-T82.7XXD,T82.817A-T82.817D,T82.818A-T82.818D,T82.827A-T82.827D,
T82.828A-T82.828D,T82.837A-T82.837D,T82.838A-T82.838D,T82.847A-T82.847D,T82.848A-T82.848D,
T82.857A-T82.857D,T82.858A-T82.858D,T82.867A-T82.867D,T82.868A-T82.868D,T82.897A-T82.897D,
T82.898A-T82.898D,T82.9XXA-T82.9XXD,T83.010A-T83.010D,T83.020A-T83.020D,T83.030A-T83.030D,
T83.090A-T83.090D,T83.110A-T83.110D,T83.111A-T83.111D,T83.112A-T83.112D,T83.118A-T83.118D,
T83.120A-T83.120D,T83.121A-T83.121D,T83.122A-T83.122D,T83.128A-T83.128D,T83.190A-T83.190D,
T83.191A-T83.191D,T83.192A-T83.192D,T83.198A-T83.198D,T83.21XA-T83.21XD,T83.22XA-T83.22XD,
T83.23XA-T83.23XD,T83.29XA-T83.29XD,T83.410A-T83.410D,T83.418A-T83.418D,T83.420A-T83.420D,
T83.428A-T83.428D,T83.490A-T83.490D,T83.498A-T83.498D,T83.51XA-T83.51XD,T83.59XA-T83.59XD,
T83.6XXA-T83.6XXD,T83.711A-T83.711D,T83.718A-T83.718D,T83.721A-T83.721D,T83.728A-T83.728D,
T83.81XA-T83.81XD,T83.82XA-T83.82XD,T83.83XA-T83.83XD,T83.84XA-T83.84XD,T83.85XA-T83.85XD,
T83.86XA-T83.86XD,T83.89XA-T83.89XD,T83.9XXA-T83.9XXD,T84.010A-T84.010D,T84.011A-T84.011D,
T84.012A-T84.012D,T84.013A-T84.013D,T84.018A-T84.018D,T84.019A-T84.019D,T84.020A-T84.020D,
T84.021A-T84.021D,T84.022A-T84.022D,T84.023A-T84.023D,T84.028A-T84.028D,T84.029A-T84.029D,
T84.030A-T84.030D,T84.031A-T84.031D,T84.032A-T84.032D,T84.033A-T84.033D,T84.038A-T84.038D,
T84.039A-T84.039D,T84.040A-T84.040D,T84.041A-T84.041D,T84.042A-T84.042D,T84.043A-T84.043D,
T84.048A-T84.048D,T84.049A-T84.049D,T84.050A-T84.050D,T84.051A-T84.051D,T84.052A-T84.052D,
T84.053A-T84.053D,T84.058A-T84.058D,T84.059A-T84.059D,T84.060A-T84.060D,T84.061A-T84.061D,
T84.062A-T84.062D,T84.063A-T84.063D,T84.068A-T84.068D,T84.069A-T84.069D,T84.090A-T84.090D,
T84.091A-T84.091D,T84.092A-T84.092D,T84.093A-T84.093D,T84.098A-T84.098D,T84.099A-T84.099D,
T84.110A-T84.110D,T84.111A-T84.111D,T84.112A-T84.112D,T84.113A-T84.113D,T84.114A-T84.114D,
T84.115A-T84.115D,T84.116A-T84.116D,T84.117A-T84.117D,T84.119A-T84.119D,T84.120A-T84.120D,
T84.121A-T84.121D,T84.122A-T84.122D,T84.123A-T84.123D,T84.124A-T84.124D,T84.125A-T84.125D,
T84.126A-T84.126D,T84.127A-T84.127D,T84.129A-T84.129D,T84.190A-T84.190D,T84.191A-T84.191D,
T84.192A-T84.192D,T84.193A-T84.193D,T84.194A-T84.194D,T84.195A-T84.195D,T84.196A-T84.196D,
T84.197A-T84.197D,T84.199A-T84.199D,T84.210A-T84.210D,T84.213A-T84.213D,T84.216A-T84.216D,
T84.218A-T84.218D,T84.220A-T84.220D,T84.223A-T84.223D,T84.226A-T84.226D,T84.228A-T84.228D,
T84.290A-T84.290D,T84.293A-T84.293D,T84.296A-T84.296D,T84.298A-T84.298D,T84.310A-T84.310D,
T84.318A-T84.318D,T84.320A-T84.320D,T84.328A-T84.328D,T84.390A-T84.390D,T84.398A-T84.398D,
T84.410A-T84.410D,T84.418A-T84.418D,T84.420A-T84.420D,T84.428A-T84.428D,T84.490A-T84.490D,
T84.498A-T84.498D,T84.50XA-T84.50XD,T84.51XA-T84.51XD,T84.52XA-T84.52XD,T84.53XA-T84.53XD,
T84.54XA-T84.54XD,T84.59XA-T84.59XD,T84.60XA-T84.60XD,T84.610A-T84.610D,T84.611A-T84.611D,
T84.612A-T84.612D,T84.613A-T84.613D,T84.614A-T84.614D,T84.615A-T84.615D,T84.619A-T84.619D,
T84.620A-T84.620D,T84.621A-T84.621D,T84.622A-T84.622D,T84.623A-T84.623D,T84.624A-T84.624D,
T84.625A-T84.625D,T84.629A-T84.629D,T84.63XA-T84.63XD,T84.69XA-T84.69XD,T84.7XXA-T84.7XXD,
T84.81XA-T84.81XD,T84.82XA-T84.82XD,T84.83XA-T84.83XD,T84.84XA-T84.84XD,T84.85XA-T84.85XD,
T84.86XA-T84.86XD,T84.89XA-T84.89XD,T84.9XXA-T84.9XXD,T85.01XA-T85.01XD,T85.02XA-T85.02XD,
T85.03XA-T85.03XD,T85.09XA-T85.09XD,T85.110A-T85.110D,T85.111A-T85.111D,T85.112A-T85.112D,
T85.118A-T85.118D,T85.120A-T85.120D,T85.121A-T85.121D,T85.122A-T85.122D,T85.128A-T85.128D,
T85.190A-T85.190D,T85.191A-T85.191D,T85.192A-T85.192D,T85.199A-T85.199D,T85.318A-T85.318D,
T85.328A-T85.328D,T85.398A-T85.398D,T85.611A-T85.611D,T85.621A-T85.621D,T85.631A-T85.631D,
T85.691A-T85.691D,T85.71XA-T85.71XD,T85.72XA-T85.72XD,T85.79XA-T85.79XD,T85.81XA-T85.81XD,
T85.82XA-T85.82XD,T85.83XA-T85.83XD,T85.84XA-T85.84XD,T85.85XA-T85.85XD,T85.86XA-T85.86XD,
T85.89XA-T85.89XD,T85.9XXA-T85.9XXD,T86.09-T86.19,T86.21-T86.23,T86.290-T86.298,T86.31-T86.49,
T86.810-T86.819,T86.830-T86.99,T87.0X1-T87.2,T87.40-T87.54,T88.0XXA-T88.0XXD,T88.1XXA-T88.1XXD,
T88.3XXA-T88.3XXD,T88.4XXA-T88.4XXD,Z45.010-Z45.09

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

CPT: 10030,10060,10061,10121-10180,11008,11042-11047,11982,12020,12021,13160-14302,15002-15005,15100, 15101,19328,20600-20611,20670,20680,20693,20694,20975,21120,21501,21627,21750,22010,22015,22849, 22850,22852,22855,23334,23335,23472-23474,23800,23802,24160,24164,24430,24435,24800,24802,24925-24935,25109,25250,25251,25415,25420,25431-25446,25449,25907-26035,26060-26110,26115-26117,26121-26340,26350-26556,26565,26568-26910,26991,27030,27090,27091,27130-27138,27236,27265,27266,27284, 27286,27301,27303,27310,27331,27486-27488,27580-27596,27786,27870,27884,27886,28715,31613,31614, 31750-31781,31800-31830,32120,33206-33215,33217-33223,33226-33249,33262-33264,33270-33273,33284, 33361-33496,33510-33536,33768,33863,33968,33971,33974,33977,33978,33980-33983,34203,34830,35188-35190,35301-35390,35471,35472,35476-35571,35583-35587,35601-35671,35700,35800-35907,36147,36261, 36514-36516,36818-36821,36825-36870,37182,37183,37192,37193,37197,37607,42960-42962,43260-43265, 43274-43278,43772-43774,43848,43860,43870,44137,44312,44314,44340,44640,47542,47802,49020,49402-49407,49422,49423,50065,50135,50225,50370,50400,50405,50435,50525,50544,50727,50728,50830,50920-50940,51705,51710,51860-51925,52001,52310,54340-54352,54390,54406,54415,57287,57296,58301,61070, 61880-61888,62160,62194,62225,62230,62256,62258,62272,62350-62365,63661-63664,63688,63707,63709, 63744,63746,64569,64570,64585,64595,65150-65175,65710-65757,65920,67005-67028,67036-67043,75791, 75984,76514,92002-92014,92507,92508,92521-92526,92607-92609,92633,93644,97001-97004,97012,97022, 97110-97124,97140-97532,97535,97542,97605-97608,97760-97762,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0448,G0463,G0466,G0467,S9152

**Line: 291**

Condition: CANCER OF VAGINA, VULVA, AND OTHER FEMALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,65)

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

ICD-10: C51.0-C51.9,C52,C57.00-C57.9,D07.1-D07.2,D07.30-D07.39,D39.2-D39.9,D61.810,G89.3,R87.620-R87.629, Z51.0,Z51.11-Z51.12

CPT: 11620-11626,32553,38562,38564,38571,38572,49327,49411,49412,55920,56501,56515,56620-56640,57065, 57106-57112,57156,57420,57421,57520,57530,57550,58150,58180-58260,58275,58285,58290,58541-58544, 58548-58554,58570-58573,58661,58943-58960,77014,77261-77290,77295,77300,77306-77370,77385-77387, 77401-77417,77424-77427,77469,77470,77750-77763,77770-77790,79005-79445,96150-96154,96405,96406, 96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line: 292**

Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX (See Coding Specification Below) (See Guideline Notes 6,7,11,12,19,64,65)

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

ICD-10: C00.0-C00.9,C01,C02.0-C02.9,C03.0-C03.9,C04.0-C04.9,C05.0-C05.9,C06.0-C06.2,C06.80-C06.9,C07,C08.0-C08.9,C09.0-C09.9,C10.0-C10.9,C11.0-C11.9,C12,C13.0-C13.9,C14.0-C14.8,C30.0-C30.1,C31.0-C31.9,C32.0-C32.9,C76.0,D02.0,D02.3,D11.0,D37.01-D37.02,D37.030-D37.09,D38.0,D38.5-D38.6,D61.810,G89.3,Z51.0, Z51.11-Z51.12,Z85.21-Z85.22,Z85.810-Z85.819

CPT: 13132,13151,14040-14302,15570,15732,15734,15756-15760,21011-21014,21016,21552-21555,21557,21558, 30117,30118,30520,31075-31230,31237,31300,31360-31370,31380-31395,31540,31541,31600-31603,31611, 31820,31825,32553,38700-38724,40500-40530,40810-40816,40819,40845,41019,41110-41155,41820,41825-41827,41850,42104-42120,42280,42281,42410-42500,42826,42842-42845,42890-42894,43450,43496,49411, 60220,69110,69150,69155,69502,77014,77261-77295,77300-77370,77385-77387,77401-77432,77469,77470, 77750-77763,77770-77790,78811-78816,79005-79445,92507,92508,92521-92526,92607-92609,92633,96150-96154,96405,96406,96420-96450,96542-96571,97802-97804,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: D5983-D5985,D7440,D7441,D7920,D7981,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466, G0467,G6001-G6017,S9152,S9537

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

**Line: 293**

Condition: OSTEOPETROSIS (See Guideline Notes 7,11,14)

Treatment: BONE MARROW RESCUE AND TRANSPLANT

ICD-10: D61.810,Q78.2,T86.01-T86.09,T86.5,Z48.290,Z52.000-Z52.098,Z52.3

CPT: 36680,38204-38215,38230-38243,86825-86835,96150-96154,96405,96406,96420-96440,96450,96542-96571, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **294**
Condition: CRUSH AND OTHER INJURIES OF DIGITS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: S65.401A-S65.401D,S65.402A-S65.402D,S65.409A-S65.409D,S65.411A-S65.411D,S65.412A-S65.412D, S65.419A-S65.419D,S65.491A-S65.491D,S65.492A-S65.492D,S65.499A-S65.499D,S65.500A-S65.500D, S65.501A-S65.501D,S65.502A-S65.502D,S65.503A-S65.503D,S65.504A-S65.504D,S65.505A-S65.505D, S65.506A-S65.506D,S65.507A-S65.507D,S65.508A-S65.508D,S65.509A-S65.509D,S65.510A-S65.510D, S65.511A-S65.511D,S65.512A-S65.512D,S65.513A-S65.513D,S65.514A-S65.514D,S65.515A-S65.515D, S65.516A-S65.516D,S65.517A-S65.517D,S65.518A-S65.518D,S65.519A-S65.519D,S65.590A-S65.590D, S65.591A-S65.591D,S65.592A-S65.592D,S65.593A-S65.593D,S65.594A-S65.594D,S65.595A-S65.595D, S65.596A-S65.596D,S65.597A-S65.597D,S65.598A-S65.598D,S65.599A-S65.599D,S67.00XA-S67.00XD, S67.01XA-S67.01XD,S67.02XA-S67.02XD,S67.10XA-S67.10XD,S67.190A-S67.190D,S67.191A-S67.191D, S67.192A-S67.192D,S67.193A-S67.193D,S67.194A-S67.194D,S67.195A-S67.195D,S67.196A-S67.196D, S67.197A-S67.197D,S67.198A-S67.198D,S97.101A-S97.101D,S97.102A-S97.102D,S97.109A-S97.109D, S97.111A-S97.111D,S97.112A-S97.112D,S97.119A-S97.119D,S97.121A-S97.121D,S97.122A-S97.122D, S97.129A-S97.129D
CPT: 11730,11740,11760,20973,25300,25301,29130,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **295**
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.0,R45.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99224,99231-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010-H2013,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016

**Line:** **296**
Condition: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P54.0,P54.4-P54.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **297**
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.3,D81.5,E00.0-E00.9,E45,E70.0-E70.1,E70.20-E70.29,E70.330-E70.331,E70.5-E70.9,E71.0,E71.110-E71.548,E72.00,E72.02-E72.51,E72.59-E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9, E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F71-F79,F84.0-F84.3,F84.8,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1, G12.21-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.01,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9,G32.0,G32.81-G32.89,G35,G36.0-G36.9, G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419, G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64, G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0, G83.10-G83.9,G90.01-G90.1,G90.3-G90.4,G90.50,G90.511-G90.8,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G96.8,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.81-G97.82, G98.0-G98.8,G99.0-G99.8,H49.811-H49.819,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.9,I67.3,I67.81-I67.83, I67.841-I67.89,I69.01,I69.031-I69.090,I69.093,I69.11,I69.131-I69.190,I69.193,I69.21,I69.231-I69.290,I69.293, I69.31,I69.331-I69.390,I69.393,I69.81,I69.831-I69.890,I69.893,I69.91,I69.931-I69.990,I69.993,I97.810-I97.821, M14.60,M14.611-M14.632,M14.641-M14.69,M24.50,M24.511-M24.519,M24.541-M24.549,M61.111-M61.112, M61.121-M61.122,M61.131-M61.132,M61.141-M61.142,M61.144-M61.145,M61.151-M61.152,M61.161-M61.162, M61.171-M61.172,M61.174-M61.175,M61.177-M61.178,M61.18-M61.19,M61.211-M61.212,M61.221-M61.222, M61.231-M61.232,M61.241-M61.242,M61.251-M61.252,M61.261-M61.262,M61.271-M61.272,M61.28-M61.29, M61.311-M61.312,M61.321-M61.322,M61.331-M61.332,M61.341-M61.342,M61.351-M61.352,M61.361-M61.362, M61.371-M61.372,M61.38-M61.39,M61.411-M61.412,M61.421-M61.422,M61.431-M61.432,M61.441-M61.442, M61.451-M61.452,M61.461-M61.462,M61.471-M61.472,M61.48-M61.49,M61.511-M61.512,M61.521-M61.522, M61.531-M61.532,M61.541-M61.542,M61.551-M61.552,M61.561-M61.562,M61.571-M61.572,M61.58-M61.59, M62.3,M62.411-M62.49,M62.511-M62.522,M62.531-M62.532,M62.541-M62.542,M62.551-M62.59,M62.89,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,
P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,
P52.21-P52.9,P54.0-P54.9,P55.0-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,
Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q68.1,Q74.3,Q77.3,
Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-
Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.7,Q93.81-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-
Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,S06.370A-S06.370D,S06.810A-
S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-
S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,S06.819A-S06.819D,S06.820A-
S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-
S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,S06.829A-S06.829D,S06.890A-
S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-
S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,S06.899A-S06.899D,S06.9X0A-
S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D,S06.9X4A-S06.9X4D,S06.9X5A-
S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-S06.9X7D,S06.9X8A-S06.9X8D,S06.9X9A-S06.9X9D,S14.0XXA-
S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-
S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-
S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-
S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-
S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-
S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-
S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-
S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-
S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-
S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-
S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2XXA-
S14.2XXD,S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-
S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-
S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-
S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-
S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-
S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,S34.01XA-S34.01XD,S34.02XA-
S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-
S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-
S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-
S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-
S34.132D,S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,S34.3XXA-S34.3XXD,S34.4XXA-
S34.4XXD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.1X1A-
T40.1X1D,T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-
T40.2X2D,T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-
T40.3X3D,T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,T40.4X4A-
T40.4X4D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,T40.5X4A-T40.5X4D,T40.601A-
T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-
T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-
T40.7X3D,T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,T40.8X4A-
T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-
T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-
T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-
T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-
T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-
T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-
T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-
T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-
T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA-T71.9XXD,T74.4XXA-
T74.4XXD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.4XXA-T75.4XXD,T78.00XA-
T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD,T78.05XA-
T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD,T78.3XXA-
T78.3XXD,T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,T79.6XXA-T79.6XXD,T88.2XXA-
T88.2XXD,T88.51XA-T88.51XD,T88.6XXA-T88.6XXD,Z47.1

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

CPT: 20550,20664,21610,23020,23800,23802,24149,24301-24331,24800,24802,25280,25290,25310-25332,25337, 25800,25805,25830,26442,26474,26490,27000-27006,27036,27097-27122,27140,27306,27307,27325,27326, 27390-27400,27430,27435,27605,27606,27612,27676-27692,27705,27870,27871,28005,28010,28011,28130, 28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29405,29425,29895,29904-29907, 32501,61215,61343,62161,62162,62310,62311,62360-62362,62367-62370,63600,63610,63650,63655,63685, 64642-64647,64763,92531-92548,95873,95874,95990,97001-97004,97012,97022,97110-97124,97140-97530, 97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G9156

Spinal cord stimulation (63655-63688) is not included on this line when paired with ICD-10-CM category G90.5 Complex regional pain syndrome/reflex sympathetic dystrophy. Chemodenervation with botulinum toxin injection (CPT 64642-64647) is included on this line for treatment of upper and lower limb spasticity (ICD-10-CM codes G24.02, G24.1, G35, G36.0, I69.03- I69.06 and categories G71, and G80-G83.)

**Line: 298**
Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER (See Guideline Notes 64,65,149)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K76.89,K83.4,Q44.0-Q44.7
CPT: 43260-43265,43273-43278,47010,47400-47490,47533-47540,47542,47544,47554-47556,47564,47570,47600-47620,47701-47900,48548,49185,49324,49325,49421,49422,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 299**
Condition: CANCER OF BRAIN AND NERVOUS SYSTEM (See Guideline Notes 7,11,12,64,65)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,C79.31-C79.32,C79.49,D42.0-D42.9,D43.0-D43.8, D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.841-Z85.848
CPT: 20926,32553,49411,61107,61140,61210,61215,61312-61321,61500-61512,61516-61521,61530,61582,61583, 61586,61592,61600-61608,61615,61616,61750,61751,61770-61783,61796-61800,62140-62148,62164,62165, 62223,62272,62350-62370,63265,63275-63308,63615-63621,64784-64792,64802-64818,77014,77261-77295, 77300-77372,77385-77387,77401-77432,77469,77470,77520-77763,77770-77790,79005-79445,92002-92014, 95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line: 300**
Condition: APLASTIC ANEMIAS (See Guideline Note 7)
Treatment: MEDICAL THERAPY
ICD-10: D60.0-D60.9,D61.01-D61.3,D61.82-D61.9
CPT: 38242,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9355

**Line: 301**
Condition: CATARACT (See Guideline Notes 32,64,65)
Treatment: EXTRACTION OF CATARACT
ICD-10: E08.36,E09.36,E10.36,E11.36,E13.36,H25.011-H25.9,H26.001-H26.33,H26.8,H28,Q12.0-Q12.8,Z96.1
CPT: 65770,66250,66682,66825-66984,66986,66990,67010,92002-92014,92018-92060,92081-92140,92225,92226, 92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 302**
Condition: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
ICD-10: H26.40,H26.411-H26.499
CPT: 66820-66830,66985-66990,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353, 92358-92371,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378, 99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **303**
Condition: FISTULA INVOLVING FEMALE GENITAL TRACT (See Guideline Notes 64,65)
Treatment: CLOSURE OF FISTULA
ICD-10: N82.0-N82.9
CPT: 44625,44626,44660,46715,50650,50660,50930,51900,51920,57300-57330,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **304**
Condition: VITREOUS DISORDERS (See Guideline Notes 64,65)
Treatment: VITRECTOMY
ICD-10: H43.10-H43.23,H43.811-H43.829,Q14.0
CPT: 67036,67040-67043,67210,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **305**
Condition: CLEFT PALATE AND/OR CLEFT LIP (See Guideline Notes 6,64,65,80)
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-10: Q30.2,Q35.1-Q35.9,Q36.0-Q36.9,Q37.0-Q37.9,Q38.0
CPT: 14060,14301,14302,15732,20900,21076,21079,21080,21082,21083,30460,30462,30600,40500-40520,40650-40761,40810-40845,42145,42200-42281,92507,92508,92521-92526,92607-92609,92633,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D5932,D5933,D5954-D5960,D5987,D5992,D5993,D7111-D7210,D7250,D7260,D7340,D7350,D7912,D8010-D8694,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **306**
Condition: GOUT (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M1A.00X0-M1A.9XX1,M10.00,M10.011-M10.9
CPT: 20600-20611,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **307**
Condition: PERTUSSIS AND DIPTHERIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A36.0-A36.3,A36.81-A36.9,A37.00-A37.91
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **308**
Condition: THROMBOCYTOPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D69.1,D69.3,D69.41-D69.6,D75.82,D82.0
CPT: 38100,38102,38120,90284,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **309**
Condition: VIRAL PNEUMONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B01.2,B05.2,B06.81,J12.0-J12.3,J12.81-J12.9
CPT: 31600-31603,31820,31825,94640,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **310**
Condition: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I68.2,I75.81-I75.89,I76,I77.0,I77.2-I77.6,I77.89-I77.9,I79.1-I79.8,M31.8-M31.9,N28.0,Q27.1-Q27.2,Q27.31-Q27.39,Q27.8-Q27.9
CPT: 34151,35256,35471,35501-35515,35526,35531,35535-35540,35560,35563,35601-35616,35626-35646,35663,35761,37607,62294,63250-63252,63295,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **311**
Condition: PARALYTIC ILEUS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K56.0,K56.7
CPT: 47562,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **312**
Condition: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-10: I82.0,K65.2,K70.2,K70.30-K70.31,K74.0,K74.3-K74.5,K74.60-K74.69,K76.81,P59.1,P59.20-P59.29,P76.8-P76.9,P78.1,P78.81,Q44.6,T86.40-T86.49,Z48.22-Z48.23,Z48.288,Z52.6
CPT: 47133-47147,50300,50323-50365,76776,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

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

**Line:** **313**
Condition: CHRONIC INFLAMMATORY DISORDER OF ORBIT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H05.10,H05.111-H05.129
CPT: 67515,68200,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **314**
Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-10: M21.859,Q65.00-Q65.89,Z47.32
CPT: 27001-27006,27036,27140-27165,27179-27185,27256-27259,29305,29325,29861-29863,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **315**
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA (See Guideline Notes 64,65)
Treatment: KERATOPLASTY
ICD-10: E50.4,H17.00-H17.13,H17.811-H17.89,H18.011-H18.13,H18.221-H18.229,H18.40,H18.411-H18.799,Q13.3-Q13.4
CPT: 65286,65400,65436,65450,65710-65757,65772-65782,65920,66250,66825,66985-66990,68371,76514,92002-92014,92018-92060,92072-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **316**
Condition: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 51,64,65,103,143,154)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
ICD-10: H72.00-H72.13,H72.2X1-H72.93,H83.3X1-H83.3X9,H90.0,H90.11-H90.8,H91.01-H91.09,H91.20-H91.3,H91.8X1-H91.93,H93.011-H93.099,H93.211-H93.249,H93.291-H93.8X9,H94.00-H94.83,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD,Z01.12,Z46.1
CPT: 69209,69210,69433,69436,69610-69646,69714-69718,92590-92595,92597,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **317**
Condition: GENDER DYSPHORIA (See Guideline Note 127)
Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
ICD-10: F64.1-F64.9,Z87.890
CPT: 14000,14001,15200,15201,17380,19303,19304,19316-19325,19340-19350,53415-53430,54120,54125,54520,54690,55150-55180,55866,55970,55980,56620,56625,56800-56810,57106,57107,57110,57111,57291-57296,57335,57426,58150-58180,58260,58262,58275-58291,58541-58544,58550-58554,58570-58573,58660,58661,58720,58940,90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S9484,T1016

**Line:** **318**
Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM (See Guideline Notes 64,65,115)
Treatment: MEDICAL THERAPY
ICD-10: D69.0,D80.0-D80.9,D81.0-D81.4,D81.6-D81.7,D81.89-D81.9,D82.1-D82.9,D83.0-D83.9,D84.0-D84.9,D89.3,D89.810-D89.89,Q89.01-Q89.09
CPT: 36514-36522,86486,90284,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **319**
Condition: CANCER OF ESOPHAGUS (See Guideline Notes 7,11,12,19,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C15.3-C15.9,D00.1,D61.810,G89.3,K22.710-K22.719,Z51.0,Z51.11-Z51.12,Z85.01
CPT: 15734,31540,31600,32553,38542,38720,38724,38794,43100-43124,43192,43195,43196,43201,43212-43214,43216-43229,43233,43248,43249,43266,43270,43340,43341,43360,43361,43496,44139-44147,44186,44204-44208,44213,44300,49411,49442,77014,77261-77295,77300-77307,77321-77370,77385-77387,77402-77427,77469,77470,77761-77763,77770-77790,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **320**
Condition: CANCER OF LIVER (See Guideline Notes 7,11,12,33,64,65,78)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C22.0-C22.9,C78.7,D37.6,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.05
CPT: 32553,36260-36262,37243,37617,43274-43277,47120-47130,47370,47371,47380-47382,47533,47534,47536-47540,47542,47562,47600-47620,47711,47712,48150,49411,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79440,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **321**
Condition: CANCER OF PANCREAS (See Guideline Notes 7,11,12,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C25.0-C25.3,C25.7-C25.9,D01.7,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,43260-43265,43273-43278,44130,47542,47721,47741,47760,47785,48140-48155,49324,49325,49327,49411,49412,49421,49422,77014,77261-77290,77295,77300-77307,77321-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **322**
Condition: STROKE (See Guideline Notes 6,64,65,90,125)
Treatment: MEDICAL THERAPY
ICD-10: G89.0,I63.00,I63.011-I63.9,I67.2,I67.6,I67.81-I67.83,I67.841-I67.89,Z79.01
CPT: 34001,35301,35390,37195,37211,37213-37218,61322,61323,61343,61781,61782,61796-61800,77014,77261-77295,77300,77301,77336,77370-77372,77417-77423,77427-77432,92507,92508,92521-92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **323**
Condition: PURULENT ENDOPHTHALMITIS (See Guideline Notes 64,65)
Treatment: VITRECTOMY
ICD-10: H21.331-H21.339,H33.121-H33.129,H44.001-H44.029,H44.121-H44.129,H44.19
CPT: 65101,65800,66020,66030,67005-67036,67041-67043,67515,68200,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **324**
Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC (See Guideline Notes 64,65)
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
ICD-10: T15.00XA-T15.00XD,T15.01XA-T15.01XD,T15.02XA-T15.02XD,T15.10XA-T15.10XD,T15.11XA-T15.11XD,T15.12XA-T15.12XD,T15.80XA-T15.80XD,T15.81XA-T15.81XD,T15.82XA-T15.82XD,T15.90XA-T15.90XD,T15.91XA-T15.91XD,T15.92XA-T15.92XD
CPT: 65205-65222,67938,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **325**
Condition: OBESITY (ADULT BMI ≥ 30, CHILDHOOD BMI ≥ 95TH PERCENTILE) AND OVERWEIGHT IN ADULTS (BMI >25) WITH CARDIOVASCULAR RISK FACTORS (See Guideline Notes 5,64,65)
Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
ICD-10: E66.01-E66.9,Z68.30-Z68.45,Z68.54
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498
HCPCS: G0396,G0397,G0447,G0463,G0466,G0467,G0473

**Line:** **326**
Condition: DERMATOLOGIC HEMANGIOMAS, COMPLICATED (See Guideline Note 13)
Treatment: MEDICAL THERAPY
ICD-10: D18.01
CPT: 11300-11446,12031,12032,13100-13151,17106-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **327**
Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
ICD-10: I72.1,I72.4,I72.9
CPT: 24900-24931,25900-25931,26910-26952,27590-27598,27880-27889,28800-28825,35001,35002,35011-35021,35141-35152,35572,35682,35683,35875,35876,35903,36002,37609,64802-64818,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **328**
Condition: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K11.20-K11.4
CPT: 40810-40816,42300-42340,42408,42410-42420,42440-42509,42600-42665,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D7980-D7983,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **329**
Condition: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B48.8,B68.1-B68.9,B69.0-B69.1,B69.81-B69.9,B70.0-B70.1,B71.0-B71.9,B75
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **330**
Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: I71.2,I71.4,I71.6,I71.9,I72.0-I72.9,I77.810-I77.819,I79.0
CPT: 33320-33335,33530,33860-33891,33916,34800-35081,35091,35102,35111-35152,35188,35301-35372,35500-35518,35526,35531,35535-35540,35560,35563,35572,35601-35671,35682,35683,35691-35697,35800-35840,35875,35876,35901,35905,35907,36002,36825,36830,37236,37237,37600-37606,37618,38100,75561-75565,75956-75959,92960-92971,92978-92998,93797,93798,93982,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **331**
Condition: SENSORINEURAL HEARING LOSS (See Guideline Note 31)
Treatment: COCHLEAR IMPLANT
ICD-10: H90.3,H90.41-H90.5,Z01.12,Z45.320-Z45.328
CPT: 69930,92562-92565,92571-92577,92590,92591,92601-92604,92626-92633,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **332**
Condition: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below) (See Guideline Notes 45,64,65,145)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N30.10-N30.11,N30.40-N30.41,N31.0-N31.2,N32.0,N32.3,N32.81,N35.010-N35.9,N36.44-N36.8,N39.490,N40.1,N43.40-N43.42,N48.30-N48.39,N50.1-N50.3,N53.11,N53.13-N53.19,N99.110-N99.12,T19.0XXA-T19.0XXD,T19.1XXA-T19.1XXD,T19.4XXA-T19.4XXD,T19.8XXA-T19.8XXD,T19.9XXA-T19.9XXD,Z43.5-Z43.6,Z46.6
CPT: 50706,50845,51040,51100-51102,51525,51700,51705-51715,51800-51845,51880-51980,52001,52214-52240,52260-52287,52305-52315,52355,52400,52450-52640,52648,52649,53020,53040,53400-53500,53600-53852,54115,54161,54220-54250,54420-54438,54520,54640,54670,54680,54700,54830-54861,54900,54901,55400,55450,55520,55600-55680,55801,55821,55831,55862,55865,57220,57287,74445,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

ICD-10-CM codes N40.1 and N40.3 are only included on this line when post-void residuals are at least 150 cc's.

**Line:** **333**
Condition: DISSEMINATED INTRAVASCULAR COAGULATION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D65
CPT: 15200-15261,25900,25905,25915,25920,25927,26910-26952,27598,27880-27882,27888,27889,28800-28825,30150,54130,54135,69110,69120,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **334**
Condition: CANCER OF PROSTATE GLAND (See Guideline Notes 7,11,12,64,65,148)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C61,D07.5,D40.0,D61.810,G89.3,Z51.0,Z51.11-Z51.12,Z85.46
CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,51700,52234,52240,52281,52400,52450,52601-52640,52649,53600,53601,54520,54530,55810-55866,58960,77014,77261-77295,77300-77370,77385-77387,77402-77417,77424-77427,77469,77470,77770-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0458,G0463,G0466,G0467,G6001-G6017,S9537,S9560

**Line:** **335**
Condition: SYSTEMIC SCLEROSIS; SJOGREN'S SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M34.0-M34.2,M34.81-M34.9,M35.01-M35.09
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **336**
Condition: ACUTE PROMYELOCYTIC LEUKEMIA
Treatment: BONE MARROW TRANSPLANT
ICD-10: C92.40-C92.42,D61.810,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86828-86835,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line:** **337**
Condition: CONDITIONS REQUIRING HYPERBARIC OXYGEN THERAPY (See Guideline Note 107)
Treatment: HYPERBARIC OXYGEN
ICD-10: E08.52,E08.621-E08.622,E09.52,E09.621-E09.622,E10.52,E10.621-E10.622,E11.52,E11.621-E11.622,E13.52,E13.621-E13.622,I70.361-I70.369,I70.461-I70.469,I70.561-I70.569,I70.661-I70.669,I70.761-I70.769,I96,L88,M27.8,M60.000-M60.005,M60.011-M60.09,M72.6,O08.0,O88.011-O88.03,Q52.9,S07.0XXA-S07.0XXD,S07.1XXA-S07.1XXD,S07.8XXA-S07.8XXD,S07.9XXA-S07.9XXD,S17.0XXA-S17.0XXD,S17.8XXA-S17.8XXD,S17.9XXA-S17.9XXD,S38.001A-S38.001D,S38.002A-S38.002D,S38.01XA-S38.01XD,S38.02XA-S38.02XD,S38.03XA-S38.03XD,S38.1XXA-S38.1XXD,S38.211A-S38.211D,S38.212A-S38.212D,S38.221A-S38.221D,S38.222A-S38.222D,S38.231A-S38.231D,S38.232A-S38.232D,S38.3XXA-S38.3XXD,S47.1XXA-S47.1XXD,S47.2XXA-S47.2XXD,S47.9XXA-S47.9XXD,S57.00XA-S57.00XD,S57.01XA-S57.01XD,S57.02XA-S57.02XD,S57.80XA-S57.80XD,S57.81XA-S57.81XD,S57.82XA-S57.82XD,S67.00XA-S67.00XD,S67.01XA-S67.01XD,S67.02XA-S67.02XD,S67.10XA-S67.10XD,S67.190A-S67.190D,S67.191A-S67.191D,S67.192A-S67.192D,S67.193A-S67.193D,S67.194A-S67.194D,S67.195A-S67.195D,S67.196A-S67.196D,S67.197A-S67.197D,S67.198A-S67.198D,S67.20XA-S67.20XD,S67.21XA-S67.21XD,S67.22XA-S67.22XD,S67.30XA-S67.30XD,S67.31XA-S67.31XD,S67.32XA-S67.32XD,S67.40XA-S67.40XD,S67.41XA-S67.41XD,S67.42XA-S67.42XD,S67.90XA-S67.90XD,S67.91XA-S67.91XD,S67.92XA-S67.92XD,S77.00XA-S77.00XD,S77.01XA-S77.01XD,S77.02XA-S77.02XD,S77.10XA-S77.10XD,S77.11XA-S77.11XD,S77.12XA-S77.12XD,S77.20XA-S77.20XD,S77.21XA-S77.21XD,S77.22XA-S77.22XD,S87.00XA-S87.00XD,S87.01XA-S87.01XD,S87.02XA-S87.02XD,S87.80XA-S87.80XD,S87.81XA-S87.81XD,S87.82XA-S87.82XD,S97.00XA-S97.00XD,S97.01XA-S97.01XD,S97.02XA-S97.02XD,S97.101A-S97.101D,S97.102A-S97.102D,S97.109A-S97.109D,S97.111A-S97.111D,S97.112A-S97.112D,S97.119A-S97.119D,S97.121A-S97.121D,S97.122A-S97.122D,S97.129A-S97.129D,S97.80XA-S97.80XD,S97.81XA-S97.81XD,S97.82XA-S97.82XD,T57.1X1A-T57.1X1D,T57.1X2A-T57.1X2D,T57.1X3A-T57.1X3D,T57.1X4A-T57.1X4D,T57.3X1A-T57.3X1D,T57.3X2A-T57.3X2D,T57.3X3A-T57.3X3D,T57.3X4A-T57.3X4D,T58.01XA-T58.01XD,T58.02XA-T58.02XD,T58.03XA-T58.03XD,T58.04XA-T58.04XD,T58.11XA-T58.11XD,T58.12XA-T58.12XD,T58.13XA-T58.13XD,T58.14XA-T58.14XD,T58.2X1A-T58.2X1D,T58.2X2A-T58.2X2D,T58.2X3A-T58.2X3D,T58.2X4A-T58.2X4D,T58.8X1A-T58.8X1D,T58.8X2A-T58.8X2D,T58.8X3A-T58.8X3D,T58.8X4A-T58.8X4D,T58.91XA-T58.91XD,T58.92XA-T58.92XD,T58.93XA-T58.93XD,T58.94XA-T58.94XD,T59.0X1A-T59.0X1D,T59.0X2A-T59.0X2D,T59.0X3A-T59.0X3D,T59.0X4A-T59.0X4D,T59.1X1A-T59.1X1D,T59.1X2A-T59.1X2D,T59.1X3A-T59.1X3D,T59.1X4A-T59.1X4D,T59.2X1A-T59.2X1D,T59.2X2A-T59.2X2D,T59.2X3A-T59.2X3D,T59.2X4A-T59.2X4D,T59.3X1A-T59.3X1D,T59.3X2A-T59.3X2D,T59.3X3A-T59.3X3D,T59.3X4A-T59.3X4D,T59.4X1A-T59.4X1D,T59.4X2A-T59.4X2D,T59.4X3A-T59.4X3D,T59.4X4A-T59.4X4D,T59.5X1A-T59.5X1D,T59.5X2A-T59.5X2D,T59.5X3A-T59.5X3D,T59.5X4A-T59.5X4D,T59.6X1A-T59.6X1D,T59.6X2A-T59.6X2D,T59.6X3A-T59.6X3D,T59.6X4A-T59.6X4D,T59.7X1A-T59.7X1D,T59.7X2A-T59.7X2D,T59.7X3A-T59.7X3D,T59.7X4A-T59.7X4D,T59.811A-T59.811D,T59.812A-T59.812D,T59.813A-T59.813D,T59.814A-T59.814D,T59.891A-T59.891D,T59.892A-T59.892D,T59.893A-T59.893D,T59.894A-T59.894D,T59.91XA-T59.91XD,T59.92XA-T59.92XD,T59.93XA-T59.93XD,T59.94XA-T59.94XD,T66.XXXA-T66.XXXD,T70.3XXA-T70.3XXD,T79.0XXA-T79.0XXD,T79.A0XA-T79.A0XD,T79.A11A-T79.A11D,T79.A12A-T79.A12D,T79.A19A-T79.A19D,T79.A21A-T79.A21D,T79.A22A-T79.A22D,T79.A29A-T79.A29D,T79.A3XA-T79.A3XD,T79.A9XA-T79.A9XD,T80.0XXA-T80.0XXD,T82.898A-T82.898D,T82.9XXA-T82.9XXD,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T83.89XA-T83.89XD,T83.9XXA-T83.9XXD,T84.89XA-T84.89XD,T84.9XXA-T84.9XXD,T85.89XA-T85.89XD, T85.9XXA-T85.9XXD,T86.820-T86.829
CPT: 98966-98969,99051,99060,99070,99078,99183,99184,99201-99239,99281-99285,99291-99327,99334-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0277,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 338**
Condition: BENIGN CEREBRAL CYSTS
Treatment: DRAINAGE
ICD-10: G93.0,G96.12-G96.19,M25.08
CPT: 61120,61150,61151,61314-61316,61516,61522,61524,61781,61782,62223,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 339**
Condition: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER (See Guideline Notes 64,65,77)
Treatment: MEDICAL THERAPY
ICD-10: K70.0,K70.10-K70.9,K71.3-K71.4,K71.50-K71.7,K72.10-K72.91,K74.0,K74.3-K74.5,K74.60-K74.69,K76.1,K76.6, K76.89
CPT: 37182,37183,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 340**
Condition: SCLERITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A18.51,H15.001-H15.099,H15.121-H15.89
CPT: 66130,66220-66250,67250,67255,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 341**
Condition: RUBEOSIS AND OTHER DISORDERS OF THE IRIS (See Guideline Notes 64,65)
Treatment: LASER SURGERY
ICD-10: H21.1X1-H21.1X9,H21.40-H21.43,H21.501-H21.569,Q13.1
CPT: 65870,65875,66170,66680,66682,66720,67228,67500,76514,92002-92014,92018-92060,92081-92140,92225, 92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 342**
Condition: WOUND OF EYE GLOBE (See Guideline Notes 64,65)
Treatment: SURGICAL REPAIR
ICD-10: S05.20XA-S05.20XD,S05.21XA-S05.21XD,S05.22XA-S05.22XD,S05.30XA-S05.30XD,S05.31XA-S05.31XD, S05.32XA-S05.32XD,S05.50XA-S05.50XD,S05.51XA-S05.51XD,S05.52XA-S05.52XD,S05.60XA-S05.60XD, S05.61XA-S05.61XD,S05.62XA-S05.62XD,S05.70XA-S05.70XD,S05.71XA-S05.71XD,S05.72XA-S05.72XD, S05.8X1A-S05.8X1D,S05.8X2A-S05.8X2D,S05.8X9A-S05.8X9D,S05.90XA-S05.90XD,S05.91XA-S05.91XD, S05.92XA-S05.92XD
CPT: 65105,65235-65273,65280,65285,65290,66680,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 343**
Condition: ACUTE NECROSIS OF LIVER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: K71.0,K71.10-K71.2,K71.8-K71.9,K72.00-K72.01,K75.2-K75.3,K75.89,K76.2,K76.89
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **344**
Condition: CHRONIC KIDNEY DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-10: B52.0,E08.21-E08.29,E09.21-E09.29,E10.21-E10.29,E11.21-E11.29,E13.21-E13.29,E88.3,I12.0-I12.9,N02.0-N02.9,N03.0-N03.9,N04.0-N04.9,N05.2-N05.9,N06.0-N06.9,N07.0-N07.9,N08,N14.0-N14.4,N15.0,N15.8-N15.9,N16,N18.1-N18.5,N18.9,N25.0-N25.1,N25.89,N26.1,N26.9,N27.0-N27.9,N28.9,N29,Z49.01-Z49.32
CPT: 36147,36148,36514-36516,36800-36821,36825-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9339,S9355,S9537

**Line:** **345**
Condition: HEREDITARY HEMORRHAGIC TELANGIECTASIA (See Guideline Note 65)
Treatment: EXCISION
ICD-10: I78.0
CPT: 11400-11426,45382,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **346**
Condition: RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: I00,I02.9
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **347**
Condition: OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-10: D34,D35.00-D35.02,D35.2-D35.9,E16.3-E16.9,E22.1-E22.9,E23.3,E23.7,E34.4,G89.3,Z51.0
CPT: 32553,48140,48155,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,77402,79005-79445,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **348**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Notes 91,123)
Treatment: BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
ICD-10: K02.3,K02.51-K02.9,K03.2,K03.89,K08.530-K08.539
HCPCS: D1354,D2140-D2394,D2930-D2933,D2941,D2950,D2951,D2954,D2957,D2980,D6980

**Line:** **349**
Condition: DENTAL CONDITIONS (EG. SEVERE CARIES, INFECTION) (See Guideline Notes 34,48)
Treatment: ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
ICD-10: E08.630-E08.638,E09.630-E09.638,E10.630-E10.638,E11.630-E11.638,E13.630-E13.638
CPT: 41870,41872
HCPCS: D7220-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7540,D7550,D7960-D7971,D9930

**Line:** **350**
Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 6,64,65,90)
Treatment: MEDICAL THERAPY
ICD-10: A33,A50.40,A50.43,A50.45,A52.10,A52.12-A52.15,A52.17-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C32.8-C32.9,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.3,D81.5,E00.0-E00.9,E45,E70.0-E70.1,E70.20-E70.29,E70.330-E70.331,E70.8-E70.9,E71.0,E71.110-E71.548,E72.00,E72.02-E72.51,E72.59-E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F70-F79,F80.0-F80.4,F80.81-F80.89,F84.0-F84.3,F84.8,F98.5,G04.1,G04.81-G04.91,G10,G11.0-G11.4,G11.9,G12.0-G12.1,G12.21-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.83,G31.85-G31.9,G32.0,G32.81-G32.89,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.30-G83.9,G90.01-G90.1,G90.3-G90.4,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.29,G95.89,G96.8,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.81-G97.82,G98.8,G99.0-G99.8,H49.811-H49.819,H93.25,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.01,I69.020-I69.028,I69.051-I69.090,I69.092,I69.11,I69.120-I69.128,I69.151-I69.190,I69.192,I69.21,I69.220-I69.228,I69.251-I69.290,I69.292,I69.31,I69.320-I69.328,I69.351-I69.390,I69.392,I69.81,I69.820-I69.828,I69.851-I69.890,I69.892,I69.91,I69.920-I69.928,I69.951-I69.990,I69.992,I97.810-I97.821,M62.3,M62.58-M62.59,M62.89,P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.0-P54.9,P55.0-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.7,Q93.81-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,S06.819A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,S06.829A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,S06.899A-S06.899D,S06.9X0A-S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D,S06.9X4A-S06.9X4D,S06.9X5A-S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-S06.9X7D,S06.9X8A-S06.9X8D,S06.9X9A-S06.9X9D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2XXA-S14.2XXD,S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.1X1A-T40.1X1D,T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,T40.4X4A-T40.4X4D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,T40.5X4A-T40.5X4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,T40.8X4A-T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA-T71.9XXD,T74.4XXA-T74.4XXD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.4XXA-T75.4XXD,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD,T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD,T78.3XXA-T78.3XXD,T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,T79.6XXA-T79.6XXD,T88.2XXA-T88.2XXD,T88.51XA-T88.51XD,T88.6XXA-T88.6XXD

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

CPT: 21084,31611,61215,92507,92508,92521-92524,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line: 351 (LINE 374 FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**
Condition: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,37,64,65,72,92,94,100,101,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G83.4,G95.0,M43.8X9,M45.0-M45.8,M46.81-M46.88,M46.91-M46.98,M47.20-M47.28,M49.80-M49.89,M50.00-M50.23,M51.04-M51.27,M53.2X1-M53.2X8,M54.11-M54.18,Q06.0-Q06.3,Q06.8-Q06.9,S13.0XXA-S13.0XXD,S23.0XXA-S23.0XXD,S33.0XXA-S33.0XXD,S34.3XXA-S34.3XXD
CPT: 20660-20662,20665,20930-20938,22532-22819,22840-22865,62287,62311,62355,62365-63091,63170-63200,63270-63273,63295-63610,63650,63655,63685,64483,64484,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99412,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2350,S2351

**Line: 352**
Condition: CARDIAC ARRHYTHMIAS (See Guideline Notes 49,64,65,146)
Treatment: MEDICAL THERAPY, PACEMAKER
ICD-10: I44.0-I44.2,I44.30-I44.7,I45.0,I45.10-I45.9,I47.1,I47.9,I48.0-I48.4,I48.91-I48.92,I49.1-I49.2,I49.40-I49.9,I97.120-I97.121,R00.1,Z45.010-Z45.09,Z79.01
CPT: 33202-33229,33233-33238,33250-33261,33265,33266,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93642,93650-93657,93724,93745,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467,K0606-K0609

**Line: 353**
Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: P11.1,P11.3-P11.4,P12.0-P12.1,P12.3-P12.4,P12.81-P12.9,P13.0-P13.9,P14.0-P14.9,P15.0-P15.9
CPT: 22830,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92140,92225-92313,92325-92353,92358-92371,96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 354**
Condition: NON-LIMB THREATENING PERIPHERAL VASCULAR DISEASE (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: E08.51,E09.51,E10.51,E11.51,E13.51,I70.201-I70.209,I70.231-I70.25,I70.291-I70.309,I70.331-I70.35,I70.391-I70.409,I70.431-I70.45,I70.491-I70.509,I70.531-I70.55,I70.591-I70.609,I70.631-I70.65,I70.691-I70.709,I70.731-I70.75,I70.791-I70.92,I74.2-I74.4,I74.9,I75.011-I75.029,I77.1
CPT: 34101,34111,34201,34203,35081,35256,35302-35321,35351-35372,35450-35500,35510,35512,35516-35525,35533,35539-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35701-35761,35860,35875-35881,35903,36002,37184-37186,37211,37213,37214,37220-37235,37609,64802-64818,64821-64823,93668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 355**
Condition: SARCOIDOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D86.0-D86.3,D86.81-D86.82,D86.84-D86.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **356**
Condition: STRABISMUS DUE TO NEUROLOGIC DISORDER (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H49.00-H49.43,H49.881-H49.9,H51.20-H51.23
CPT: 15822,15823,65778-65782,66820-66830,66985,66986,67311-67345,67710,67875,67880,67900-67912,67961,67971,68135,68320-68328,68335,68340,68371,92002-92014,92018-92065,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-10 H50.89).

**Line:** **357**
Condition: URINARY SYSTEM CALCULUS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N20.0-N20.9,N21.0-N21.9,N22
CPT: 50060-50081,50130,50382-50389,50395,50432-50435,50553,50557,50561,50572,50580,50590,50600,50605,50610-50630,50693-50700,50715,50900,50945,50947,50961-50972,50976,50980,51050-51065,52310-52325,52330-52334,52352,52353,52356,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **358**
Condition: STRUCTURAL CAUSES OF AMENORRHEA (See Guideline Note 65)
Treatment: SURGICAL TREATMENT
ICD-10: N85.7,N89.5-N89.7,N92.5,N93.8,N99.2,Q51.0,Q51.5,Q51.7,Q51.820-Q51.9,Q52.0,Q52.10-Q52.8,Z43.7
CPT: 56441,56442,56700,56800,57130,57291-57295,57400,57426,57800,58120,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **359**
Condition: PENETRATING WOUND OF ORBIT (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H05.50-H05.53,S01.101A-S01.101D,S01.102A-S01.102D,S01.109A-S01.109D,S05.40XA-S05.40XD,S05.41XA-S05.41XD,S05.42XA-S05.42XD
CPT: 12011,12013,12051,12052,13132,13151,13152,67405-67414,67420-67445,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **360**
Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT MINOR TOES) (See Guideline Notes 6,64,65)
Treatment: OPEN OR CLOSED REDUCTION
ICD-10: M24.029,M80.00XA,M80.011A-M80.011G,M80.012A-M80.012G,M80.019A-M80.019G,M80.021A-M80.021G,M80.022A-M80.022G,M80.029A-M80.029G,M80.031A-M80.031G,M80.032A-M80.032G,M80.039A-M80.039G,M80.041A-M80.041G,M80.042A-M80.042G,M80.049A-M80.049G,M80.051A-M80.051G,M80.052A-M80.052G,M80.059A-M80.059G,M80.061A-M80.061G,M80.062A-M80.062G,M80.069A-M80.069G,M80.071A-M80.071G,M80.072A-M80.072G,M80.079A-M80.079G,M80.80XA,M80.811A-M80.811G,M80.812A-M80.812G,M80.819A-M80.819G,M80.821A-M80.821G,M80.822A-M80.822G,M80.829A-M80.829G,M80.831A-M80.831G,M80.832A-M80.832G,M80.839A-M80.839G,M80.841A-M80.841G,M80.842A-M80.842G,M80.849A-M80.849G,M80.851A-M80.851G,M80.852A-M80.852G,M80.859A-M80.859G,M80.861A-M80.861G,M80.862A-M80.862G,M80.869A-M80.869G,M80.871A-M80.871G,M80.872A-M80.872G,M80.879A-M80.879G,M84.30XA,M84.311A-M84.311G,M84.312A-M84.312G,M84.319A-M84.319G,M84.321A-M84.321G,M84.322A-M84.322G,M84.329A-M84.329G,M84.331A-M84.331G,M84.332A-M84.332G,M84.333A-M84.333G,M84.334A-M84.334G,M84.339A-M84.339G,M84.341A-M84.341G,M84.342A-M84.342G,M84.343A-M84.343G,M84.344A-M84.344G,M84.345A-M84.345G,M84.346A-M84.346G,M84.351A-M84.351G,M84.352A-M84.352G,M84.353A-M84.353G,M84.361A-M84.361G,M84.362A-M84.362G,M84.363A-M84.363G,M84.364A-M84.364G,M84.369A-M84.369G,M84.371A-M84.371G,M84.372A-M84.372G,M84.373A-M84.373G,M84.374A-M84.374G,M84.375A-M84.375G,M84.376A-M84.376G,M84.38XA,M84.40XA,M84.411A-M84.411G,M84.412A-M84.412G,M84.419A-M84.419G,M84.421A-M84.421G,M84.422A-M84.422G,M84.429A-M84.429G,M84.431A-M84.431G,M84.432A-M84.432G,M84.433A-M84.433G,M84.434A-M84.434G,M84.439A-M84.439G,M84.441A-M84.441G,M84.442A-M84.442G,M84.443A-M84.443G,M84.444A-M84.444G,M84.445A-M84.445G,M84.446A-M84.446G,M84.451A-M84.451G,M84.452A-M84.452G,M84.453A-M84.453G,M84.461A-M84.461G,M84.462A-M84.462G,M84.463A-M84.463G,M84.464A-M84.464G,M84.469A-M84.469G,M84.471A-M84.471G,M84.472A-M84.472G,M84.473A-M84.473G,M84.474A-M84.474G,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

M84.475A-M84.475G,M84.476A-M84.476G,M84.48XA,M84.50XA,M84.511A-M84.511G,M84.512A-M84.512G,
M84.519A-M84.519G,M84.521A-M84.521G,M84.522A-M84.522G,M84.529A-M84.529G,M84.531A-M84.531G,
M84.532A-M84.532G,M84.533A-M84.533G,M84.534A-M84.534G,M84.539A-M84.539G,M84.541A-M84.541G,
M84.542A-M84.542G,M84.549A-M84.549G,M84.551A-M84.551G,M84.552A-M84.552G,M84.553A-M84.553G,
M84.561A-M84.561G,M84.562A-M84.562G,M84.563A-M84.563G,M84.564A-M84.564G,M84.569A-M84.569G,
M84.571A-M84.571G,M84.572A-M84.572G,M84.573A-M84.573G,M84.574A-M84.574G,M84.575A-M84.575G,
M84.576A-M84.576G,M84.58XD-M84.58XG,M84.60XA,M84.611A-M84.611G,M84.612A-M84.612G,M84.619A-
M84.619G,M84.621A-M84.621G,M84.622A-M84.622G,M84.629A-M84.629G,M84.631A-M84.631G,M84.632A-
M84.632G,M84.633A-M84.633G,M84.634A-M84.634G,M84.639A-M84.639G,M84.641A-M84.641G,M84.642A-
M84.642G,M84.649A-M84.649G,M84.651A-M84.651G,M84.652A-M84.652G,M84.653A-M84.653G,M84.661A-
M84.661G,M84.662A-M84.662G,M84.663A-M84.663G,M84.664A-M84.664G,M84.669A-M84.669G,M84.671A-
M84.671G,M84.672A-M84.672G,M84.673A-M84.673G,M84.674A-M84.674G,M84.675A-M84.675G,M84.676A-
M84.676G,M93.001-M93.033,S32.446D,S42.001A,S42.001D-S42.001G,S42.002A,S42.002D-S42.002G,
S42.009A,S42.009D-S42.009G,S42.011A,S42.011D-S42.011G,S42.012A,S42.012D-S42.012G,S42.013A,
S42.013D-S42.013G,S42.014A,S42.014D-S42.014G,S42.015A,S42.015D-S42.015G,S42.016A,S42.016D-
S42.016G,S42.017A,S42.017D-S42.017G,S42.018A,S42.018D-S42.018G,S42.019A,S42.019D-S42.019G,
S42.021A,S42.021D-S42.021G,S42.022A,S42.022D-S42.022G,S42.023A,S42.023D-S42.023G,S42.024A,
S42.024D-S42.024G,S42.025A,S42.025D-S42.025G,S42.026A,S42.026D-S42.026G,S42.031A,S42.031D-
S42.031G,S42.032A,S42.032D-S42.032G,S42.033A,S42.033D-S42.033G,S42.034A,S42.034D-S42.034G,
S42.035A,S42.035D-S42.035G,S42.036A,S42.036D-S42.036G,S42.101A,S42.101D-S42.101G,S42.102A,
S42.102D-S42.102G,S42.109A,S42.109D-S42.109G,S42.111A,S42.111D-S42.111G,S42.112A,S42.112D-
S42.112G,S42.113A,S42.113D-S42.113G,S42.114A,S42.114D-S42.114G,S42.115A,S42.115D-S42.115G,
S42.116A,S42.116D-S42.116G,S42.121A,S42.121D-S42.121G,S42.122A,S42.122D-S42.122G,S42.123A,
S42.123D-S42.123G,S42.124A,S42.124D-S42.124G,S42.125A,S42.125D-S42.125G,S42.126A,S42.126D-
S42.126G,S42.131A,S42.131D-S42.131G,S42.132A,S42.132D-S42.132G,S42.133A,S42.133D-S42.133G,
S42.134A,S42.134D-S42.134G,S42.135A,S42.135D-S42.135G,S42.136A,S42.136D-S42.136G,S42.141A,
S42.141D-S42.141G,S42.142A,S42.142D-S42.142G,S42.143A,S42.143D-S42.143G,S42.144A,S42.144D-
S42.144G,S42.145A,S42.145D-S42.145G,S42.146A,S42.146D-S42.146G,S42.151A,S42.151D-S42.151G,
S42.152A,S42.152D-S42.152G,S42.153A,S42.153D-S42.153G,S42.154A,S42.154D-S42.154G,S42.155A,
S42.155D-S42.155G,S42.156A,S42.156D-S42.156G,S42.191A,S42.191D-S42.191G,S42.192A,S42.192D-
S42.192G,S42.199A,S42.199D-S42.199G,S42.201A,S42.201D-S42.201G,S42.202A,S42.202D-S42.202G,
S42.209A,S42.209D-S42.209G,S42.211A,S42.211D-S42.211G,S42.212A,S42.212D-S42.212G,S42.213A,
S42.213D-S42.213G,S42.214A,S42.214D-S42.214G,S42.215A,S42.215D-S42.215G,S42.216A,S42.216D-
S42.216G,S42.221A,S42.221D-S42.221G,S42.222A,S42.222D-S42.222G,S42.223A,S42.223D-S42.223G,
S42.224A,S42.224D-S42.224G,S42.225A,S42.225D-S42.225G,S42.226A,S42.226D-S42.226G,S42.231A,
S42.231D-S42.231G,S42.232A,S42.232D-S42.232G,S42.239A,S42.239D-S42.239G,S42.241A,S42.241D-
S42.241G,S42.242A,S42.242D-S42.242G,S42.249A,S42.249D-S42.249G,S42.251A,S42.251D-S42.251G,
S42.252A,S42.252D-S42.252G,S42.253A,S42.253D-S42.253G,S42.254A,S42.254D-S42.254G,S42.255A,
S42.255D-S42.255G,S42.256A,S42.256D-S42.256G,S42.261A,S42.261D-S42.261G,S42.262A,S42.262D-
S42.262G,S42.263A,S42.263D-S42.263G,S42.264A,S42.264D-S42.264G,S42.265A,S42.265D-S42.265G,
S42.266A,S42.266D-S42.266G,S42.271A-S42.271G,S42.272A-S42.272G,S42.279A-S42.279G,S42.291A,
S42.291D-S42.291G,S42.292A,S42.292D-S42.292G,S42.293A,S42.293D-S42.293G,S42.294A,S42.294D-
S42.294G,S42.295A,S42.295D-S42.295G,S42.296A,S42.296D-S42.296G,S42.301A,S42.301D-S42.301G,
S42.302A,S42.302D-S42.302G,S42.309A,S42.309D-S42.309G,S42.311A-S42.311G,S42.312A-S42.312G,
S42.319A-S42.319G,S42.321A,S42.321D-S42.321G,S42.322A,S42.322D-S42.322G,S42.323A,S42.323D-
S42.323G,S42.324A,S42.324D-S42.324G,S42.325A,S42.325D-S42.325G,S42.326A,S42.326D-S42.326G,
S42.331A,S42.331D-S42.331G,S42.332A,S42.332D-S42.332G,S42.333A,S42.333D-S42.333G,S42.334A,
S42.334D-S42.334G,S42.335A,S42.335D-S42.335G,S42.336A,S42.336D-S42.336G,S42.341A,S42.341D-
S42.341G,S42.342A,S42.342D-S42.342G,S42.343A,S42.343D-S42.343G,S42.344A,S42.344D-S42.344G,
S42.345A,S42.345D-S42.345G,S42.346A,S42.346D-S42.346G,S42.351A,S42.351D-S42.351G,S42.352A,
S42.352D-S42.352G,S42.353A,S42.353D-S42.353G,S42.354A,S42.354D-S42.354G,S42.355A,S42.355D-
S42.355G,S42.356A,S42.356D-S42.356G,S42.361A,S42.361D-S42.361G,S42.362A,S42.362D-S42.362G,
S42.363A,S42.363D-S42.363G,S42.364A,S42.364D-S42.364G,S42.365A,S42.365D-S42.365G,S42.366A,
S42.366D-S42.366G,S42.391A,S42.391D-S42.391G,S42.392A,S42.392D-S42.392G,S42.399A,S42.399D-
S42.399G,S42.401A,S42.401D-S42.401G,S42.402A,S42.402D-S42.402G,S42.409A,S42.409D-S42.409G,
S42.411A,S42.411D-S42.411G,S42.412A,S42.412D-S42.412G,S42.413A,S42.413D-S42.413G,S42.414A,
S42.414D-S42.414G,S42.415A,S42.415D-S42.415G,S42.416A,S42.416D-S42.416G,S42.421A,S42.421D-
S42.421G,S42.422A,S42.422D-S42.422G,S42.423A,S42.423D-S42.423G,S42.424A,S42.424D-S42.424G,
S42.425A,S42.425D-S42.425G,S42.426A,S42.426D-S42.426G,S42.431A,S42.431D-S42.431G,S42.432A,
S42.432D-S42.432G,S42.433A,S42.433D-S42.433G,S42.434A,S42.434D-S42.434G,S42.435A,S42.435D-
S42.435G,S42.436A,S42.436D-S42.436G,S42.441A,S42.441D-S42.441G,S42.442A,S42.442D-S42.442G,
S42.443A,S42.443D-S42.443G,S42.444A,S42.444D-S42.444G,S42.445A,S42.445D-S42.445G,S42.446A,
S42.446D-S42.446G,S42.447A,S42.447D-S42.447G,S42.448A,S42.448D-S42.448G,S42.449A,S42.449D-
S42.449G,S42.451A,S42.451D-S42.451G,S42.452A,S42.452D-S42.452G,S42.453A,S42.453D-S42.453G,
S42.454A,S42.454D-S42.454G,S42.455A,S42.455D-S42.455G,S42.456A,S42.456D-S42.456G,S42.461A,
S42.461D-S42.461G,S42.462A,S42.462D-S42.462G,S42.463A,S42.463D-S42.463G,S42.464A,S42.464D-
S42.464G,S42.465A,S42.465D-S42.465G,S42.466A,S42.466D-S42.466G,S42.471A,S42.471D-S42.471G,
S42.472A,S42.472D-S42.472G,S42.473A,S42.473D-S42.473G,S42.474A,S42.474D-S42.474G,S42.475A,
S42.475D-S42.475G,S42.476A,S42.476D-S42.476G,S42.481A-S42.481G,S42.482A-S42.482G,S42.489A-
S42.489G,S42.491A,S42.491D-S42.491G,S42.492A,S42.492D-S42.492G,S42.493A,S42.493D-S42.493G,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S42.494A,S42.494D-S42.494G,S42.495A,S42.495D-S42.495G,S42.496A,S42.496D-S42.496G,S42.90XA,
S42.90XD-S42.90XG,S42.91XA,S42.91XD-S42.91XG,S42.92XA,S42.92XD-S42.92XG,S49.001A-S49.001G,
S49.002A-S49.002G,S49.009A-S49.009G,S49.011A-S49.011G,S49.012A-S49.012G,S49.019A-S49.019G,
S49.021A-S49.021G,S49.022A-S49.022G,S49.029A-S49.029G,S49.031A-S49.031G,S49.032A-S49.032G,
S49.039A-S49.039G,S49.041A-S49.041G,S49.042A-S49.042G,S49.049A-S49.049G,S49.091A-S49.091G,
S49.092A-S49.092G,S49.099A-S49.099G,S49.101A-S49.101G,S49.102A-S49.102G,S49.109A-S49.109G,
S49.111A-S49.111G,S49.112A-S49.112G,S49.119A-S49.119G,S49.121A-S49.121G,S49.122A-S49.122G,
S49.129A-S49.129G,S49.131A-S49.131G,S49.132A-S49.132G,S49.139A-S49.139G,S49.141A-S49.141G,
S49.142A-S49.142G,S49.149A-S49.149G,S49.191A-S49.191G,S49.192A-S49.192G,S49.199A-S49.199G,
S52.001A,S52.001D,S52.001G,S52.002A,S52.002D,S52.002G,S52.002J,S52.009A,S52.009D,S52.009G,
S52.011A-S52.011G,S52.012A-S52.012G,S52.019A-S52.019G,S52.021A,S52.021D,S52.021G,S52.022A,
S52.022D,S52.022G,S52.023A,S52.023D,S52.023G,S52.024A,S52.024D,S52.024G,S52.025A,S52.025D,
S52.025G,S52.026A,S52.026D,S52.026G,S52.031A,S52.031D,S52.031G,S52.032A,S52.032D,S52.032G,
S52.033A,S52.033D,S52.033G,S52.034A,S52.034D,S52.034G,S52.035A,S52.035D,S52.035G,S52.036A,
S52.036D,S52.036G,S52.041A,S52.041D,S52.041G,S52.042A,S52.042D,S52.042G,S52.043A,S52.043D,
S52.043G,S52.044A,S52.044D,S52.044G,S52.045A,S52.045D,S52.045G,S52.046A,S52.046D,S52.046G,
S52.091A,S52.091D,S52.091G,S52.092A,S52.092D,S52.092G,S52.099A,S52.099D,S52.099G,S52.101A,
S52.101D,S52.101G,S52.102A,S52.102D,S52.102G,S52.109A,S52.109D,S52.109G,S52.111A-S52.111G,
S52.112A-S52.112G,S52.119A-S52.119G,S52.121A,S52.121D,S52.121G,S52.122A,S52.122D,S52.122G,
S52.123A,S52.123D,S52.123G,S52.124A,S52.124D,S52.124G,S52.125A,S52.125D,S52.125G,S52.126A,
S52.126D,S52.126G,S52.131A,S52.131D,S52.131G,S52.132A,S52.132D,S52.132G,S52.133A,S52.133D,
S52.133G,S52.134A,S52.134D,S52.134G,S52.135A,S52.135D,S52.135G,S52.136A,S52.136D,S52.136G,
S52.181A,S52.181D,S52.181G,S52.182A,S52.182D,S52.182G,S52.189A,S52.189D,S52.189G,S52.201A,
S52.201D,S52.201G,S52.202A,S52.202D,S52.202G,S52.209A,S52.209D,S52.209G,S52.211A-S52.211G,
S52.212A-S52.212G,S52.219A-S52.219G,S52.221A,S52.221D,S52.221G,S52.222A,S52.222D,S52.222G,
S52.223A,S52.223D,S52.223G,S52.224A,S52.224D,S52.224G,S52.225A,S52.225D,S52.225G,S52.226A,
S52.226D,S52.226G,S52.231A,S52.231D,S52.231G,S52.232A,S52.232D,S52.232G,S52.233A,S52.233D,
S52.233G,S52.234A,S52.234D,S52.234G,S52.235A,S52.235D,S52.235G,S52.236A,S52.236D,S52.236G,
S52.241A,S52.241D,S52.241G,S52.242A,S52.242D,S52.242G,S52.243A,S52.243D,S52.243G,S52.244A,
S52.244D,S52.244G,S52.245A,S52.245D,S52.245G,S52.246A,S52.246D,S52.246G,S52.251A,S52.251D,
S52.251G,S52.252A,S52.252D,S52.252G,S52.253A,S52.253D,S52.253G,S52.254A,S52.254D,S52.254G,
S52.255A,S52.255D,S52.255G,S52.256A,S52.256D,S52.256G,S52.261A,S52.261D,S52.261G,S52.262A,
S52.262D,S52.262G,S52.263A,S52.263D,S52.263G,S52.264A,S52.264D,S52.264G,S52.265A,S52.265D,
S52.265G,S52.266A,S52.266D,S52.266G,S52.271A,S52.271D,S52.271G,S52.272A,S52.272D,S52.272G,
S52.279A,S52.279D,S52.279G,S52.281A,S52.281D,S52.281G,S52.282A,S52.282D,S52.282G,S52.283A,
S52.283D,S52.283G,S52.291A,S52.291D,S52.291G,S52.292A,S52.292D,S52.292G,S52.299A,S52.299D,
S52.299G,S52.301A,S52.301D,S52.301G,S52.302A,S52.302D,S52.302G,S52.309A,S52.309D,S52.309G,
S52.311A-S52.311G,S52.312A-S52.312G,S52.319A-S52.319G,S52.321A,S52.321D,S52.321G,S52.322A,
S52.322D,S52.322G,S52.323A,S52.323D,S52.323G,S52.324A,S52.324D,S52.324G,S52.325A,S52.325D,
S52.325G,S52.326A,S52.326D,S52.326G,S52.331A,S52.331D,S52.331G,S52.332A,S52.332D,S52.332G,
S52.333A,S52.333D,S52.333G,S52.334A,S52.334D,S52.334G,S52.335A,S52.335D,S52.335G,S52.336A,
S52.336D,S52.336G,S52.341A,S52.341D,S52.341G,S52.342A,S52.342D,S52.342G,S52.343A,S52.343D,
S52.343G,S52.344A,S52.344D,S52.344G,S52.345A,S52.345D,S52.345G,S52.346A,S52.346D,S52.346G,
S52.351A,S52.351D,S52.351G,S52.352A,S52.352D,S52.352G,S52.353A,S52.353D,S52.353G,S52.354A,
S52.354D,S52.354G,S52.355A,S52.355D,S52.355G,S52.356A,S52.356D,S52.356G,S52.361A,S52.361D,
S52.361G,S52.362A,S52.362D,S52.362G,S52.363A,S52.363D,S52.363G,S52.364A,S52.364D,S52.364G,
S52.365A,S52.365D,S52.365G,S52.366A,S52.366D,S52.366G,S52.371A,S52.371D,S52.371G,S52.372A,
S52.372D,S52.372G,S52.379A,S52.379D,S52.379G,S52.381A,S52.381D,S52.381G,S52.382A,S52.382D,
S52.382G,S52.389A,S52.389D,S52.389G,S52.391A,S52.391D,S52.391G,S52.392A,S52.392D,S52.392G,
S52.399A,S52.399D,S52.399G,S52.501A,S52.501D,S52.501G,S52.502A,S52.502D,S52.502G,S52.509A,
S52.509D,S52.509G,S52.511A,S52.511D,S52.511G,S52.512A,S52.512D,S52.512G,S52.513A,S52.513D,
S52.513G,S52.514A,S52.514D,S52.514G,S52.515A,S52.515D,S52.515G,S52.516A,S52.516D,S52.516G,
S52.521A-S52.521G,S52.522A-S52.522G,S52.529A-S52.529G,S52.531A,S52.531D,S52.531G,S52.532A,
S52.532D,S52.532G,S52.539A,S52.539D,S52.539G,S52.541A,S52.541D,S52.541G,S52.542A,S52.542D,
S52.542G,S52.549A,S52.549D,S52.549G,S52.551A,S52.551D,S52.551G,S52.552A,S52.552D,S52.552G,
S52.559A,S52.559D,S52.559G,S52.561A,S52.561D,S52.561G,S52.562A,S52.562D,S52.562G,S52.569A,
S52.569D,S52.569G,S52.571A,S52.571D,S52.571G,S52.572A,S52.572D,S52.572G,S52.579A,S52.579D,
S52.579G,S52.591A,S52.591D,S52.591G,S52.592A,S52.592D,S52.592G,S52.599A,S52.599D,S52.599G,
S52.601A,S52.601D,S52.601G,S52.602A,S52.602D,S52.602G,S52.609A,S52.609D,S52.609G,S52.611A,
S52.611D,S52.611G,S52.612A,S52.612D,S52.612G,S52.613A,S52.613D,S52.613G,S52.614A,S52.614D,
S52.614G,S52.615A,S52.615D,S52.615G,S52.616A,S52.616D,S52.616G,S52.621A-S52.621G,S52.622A-
S52.622G,S52.629A-S52.629G,S52.691A,S52.691D,S52.691G,S52.692A,S52.692D,S52.692G-S52.692J,
S52.699A,S52.699D,S52.699G,S52.90XA,S52.90XD,S52.90XG,S52.91XA,S52.91XD,S52.91XG,S52.92XA,
S52.92XD,S52.92XG,S59.001A-S59.001G,S59.002A-S59.002G,S59.009A-S59.009G,S59.011A-S59.011G,
S59.012A-S59.012G,S59.019A-S59.019G,S59.021A-S59.021G,S59.022A-S59.022G,S59.029A-S59.029G,
S59.031A-S59.031G,S59.032A-S59.032G,S59.039A-S59.039G,S59.041A-S59.041G,S59.042A-S59.042G,
S59.049A-S59.049G,S59.091A-S59.091G,S59.092A-S59.092G,S59.099A-S59.099G,S59.101A-S59.101G,
S59.102A-S59.102G,S59.109A-S59.109G,S59.111A-S59.111G,S59.112A-S59.112G,S59.119A-S59.119G,
S59.121A-S59.121G,S59.122A-S59.122G,S59.129A-S59.129G,S59.131A-S59.131G,S59.132A-S59.132G,
S59.139A-S59.139G,S59.141A-S59.141G,S59.142A-S59.142G,S59.149A-S59.149G,S59.191A-S59.191G,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S59.192A-S59.192G,S59.199A-S59.199G,S59.201A-S59.201G,S59.202A-S59.202G,S59.209A-S59.209G,
S59.211A-S59.211G,S59.212A-S59.212G,S59.219A-S59.219G,S59.221A-S59.221G,S59.222A-S59.222G,
S59.229A-S59.229G,S59.231A-S59.231G,S59.232A-S59.232G,S59.239A-S59.239G,S59.241A-S59.241G,
S59.242A-S59.242G,S59.249A-S59.249G,S59.291A-S59.291G,S59.292A-S59.292G,S59.299A-S59.299G,
S62.001A,S62.001D-S62.001G,S62.002A,S62.002D-S62.002G,S62.009A,S62.009D-S62.009G,S62.011A,
S62.011D-S62.011G,S62.012A,S62.012D-S62.012G,S62.013A,S62.013D-S62.013G,S62.014A,S62.014D-
S62.014G,S62.015A,S62.015D-S62.015G,S62.016A,S62.016D-S62.016G,S62.021A,S62.021D-S62.021G,
S62.022A,S62.022D-S62.022G,S62.023A,S62.023D-S62.023G,S62.024A,S62.024D-S62.024G,S62.025A,
S62.025D-S62.025G,S62.026A,S62.026D-S62.026G,S62.031A,S62.031D-S62.031G,S62.032A,S62.032D-
S62.032G,S62.033A,S62.033D-S62.033G,S62.034A,S62.034D-S62.034G,S62.035A,S62.035D-S62.035G,
S62.036A,S62.036D-S62.036G,S62.101A,S62.101D-S62.101G,S62.102A,S62.102D-S62.102G,S62.109A,
S62.109D-S62.109G,S62.111A,S62.111D-S62.111G,S62.112A,S62.112D-S62.112G,S62.113A,S62.113D-
S62.113G,S62.114A,S62.114D-S62.114G,S62.115A,S62.115D-S62.115G,S62.116A,S62.116D-S62.116G,
S62.121A,S62.121D-S62.121G,S62.122A,S62.122D-S62.122G,S62.123A,S62.123D-S62.123G,S62.124A,
S62.124D-S62.124G,S62.125A,S62.125D-S62.125G,S62.126A,S62.126D-S62.126G,S62.131A,S62.131D-
S62.131G,S62.132A,S62.132D-S62.132G,S62.133A,S62.133D-S62.133G,S62.134A,S62.134D-S62.134G,
S62.135A,S62.135D-S62.135G,S62.136A,S62.136D-S62.136G,S62.141A,S62.141D-S62.141G,S62.142A,
S62.142D-S62.142G,S62.143A,S62.143D-S62.143G,S62.144A,S62.144D-S62.144G,S62.145A,S62.145D-
S62.145G,S62.146A,S62.146D-S62.146G,S62.151A,S62.151D-S62.151G,S62.152A,S62.152D-S62.152G,
S62.153A,S62.153D-S62.153G,S62.154A,S62.154D-S62.154G,S62.155A,S62.155D-S62.155G,S62.156A,
S62.156D-S62.156G,S62.161A,S62.161D-S62.161G,S62.162A,S62.162D-S62.162G,S62.163A,S62.163D-
S62.163G,S62.164A,S62.164D-S62.164G,S62.165A,S62.165D-S62.165G,S62.166A,S62.166D-S62.166G,
S62.171A,S62.171D-S62.171G,S62.172A,S62.172D-S62.172G,S62.173A,S62.173D-S62.173G,S62.174A,
S62.174D-S62.174G,S62.175A,S62.175D-S62.175G,S62.176A,S62.176D-S62.176G,S62.181A,S62.181D-
S62.181G,S62.182A,S62.182D-S62.182G,S62.183A,S62.183D-S62.183G,S62.184A,S62.184D-S62.184G,
S62.185A,S62.185D-S62.185G,S62.186A,S62.186D-S62.186G,S62.201A,S62.201D-S62.201G,S62.202A,
S62.202D-S62.202G,S62.209A,S62.209D-S62.209G,S62.211A,S62.211D-S62.211G,S62.212A,S62.212D-
S62.212G,S62.213A,S62.213D-S62.213G,S62.221A,S62.221D-S62.221G,S62.222A,S62.222D-S62.222G,
S62.223A,S62.223D-S62.223G,S62.224A,S62.224D-S62.224G,S62.225A,S62.225D-S62.225G,S62.226A,
S62.226D-S62.226G,S62.231A,S62.231D-S62.231G,S62.232A,S62.232D-S62.232G,S62.233A,S62.233D-
S62.233G,S62.234A,S62.234D-S62.234G,S62.235A,S62.235D-S62.235G,S62.236A,S62.236D-S62.236G,
S62.241A,S62.241D-S62.241G,S62.242A,S62.242D-S62.242G,S62.243A,S62.243D-S62.243G,S62.244A,
S62.244D-S62.244G,S62.245A,S62.245D-S62.245G,S62.246A,S62.246D-S62.246G,S62.251A,S62.251D-
S62.251G,S62.252A,S62.252D-S62.252G,S62.253A,S62.253D-S62.253G,S62.254A,S62.254D-S62.254G,
S62.255A,S62.255D-S62.255G,S62.256A,S62.256D-S62.256G,S62.291A,S62.291D-S62.291G,S62.292A,
S62.292D-S62.292G,S62.299A,S62.299D-S62.299G,S62.300A,S62.300D-S62.300G,S62.301A,S62.301D-
S62.301G,S62.302A,S62.302D-S62.302G,S62.303A,S62.303D-S62.303G,S62.304A,S62.304D-S62.304G,
S62.305A,S62.305D-S62.305G,S62.306A,S62.306D-S62.306G,S62.307A,S62.307D-S62.307G,S62.308A,
S62.308D-S62.308G,S62.309A,S62.309D-S62.309G,S62.310A,S62.310D-S62.310G,S62.311A,S62.311D-
S62.311G,S62.312A,S62.312D-S62.312G,S62.313A,S62.313D-S62.313G,S62.314A,S62.314D-S62.314G,
S62.315A,S62.315D-S62.315G,S62.316A,S62.316D-S62.316G,S62.317A,S62.317D-S62.317G,S62.318A,
S62.318D-S62.318G,S62.319A,S62.319D-S62.319G,S62.320A,S62.320D-S62.320G,S62.321A,S62.321D-
S62.321G,S62.322A,S62.322D-S62.322G,S62.323A,S62.323D-S62.323G,S62.324A,S62.324D-S62.324G,
S62.325A,S62.325D-S62.325G,S62.326A,S62.326D-S62.326G,S62.327A,S62.327D-S62.327G,S62.328A,
S62.328D-S62.328G,S62.329A,S62.329D-S62.329G,S62.330A,S62.330D-S62.330G,S62.331A,S62.331D-
S62.331G,S62.332A,S62.332D-S62.332G,S62.333A,S62.333D-S62.333G,S62.334A,S62.334D-S62.334G,
S62.335A,S62.335D-S62.335G,S62.336A,S62.336D-S62.336G,S62.337A,S62.337D-S62.337G,S62.338A,
S62.338D-S62.338G,S62.339A,S62.339D-S62.339G,S62.340A,S62.340D-S62.340G,S62.341A,S62.341D-
S62.341G,S62.342A,S62.342D-S62.342G,S62.343A,S62.343D-S62.343G,S62.344A,S62.344D-S62.344G,
S62.345A,S62.345D-S62.345G,S62.346A,S62.346D-S62.346G,S62.347A,S62.347D-S62.347G,S62.348A,
S62.348D-S62.348G,S62.349A,S62.349D-S62.349G,S62.350A,S62.350D-S62.350G,S62.351A,S62.351D-
S62.351G,S62.352A,S62.352D-S62.352G,S62.353A,S62.353D-S62.353G,S62.354A,S62.354D-S62.354G,
S62.355A,S62.355D-S62.355G,S62.356A,S62.356D-S62.356G,S62.357A,S62.357D-S62.357G,S62.358A,
S62.358D-S62.358G,S62.359A,S62.359D-S62.359G,S62.360A,S62.360D-S62.360G,S62.361A,S62.361D-
S62.361G,S62.362A,S62.362D-S62.362G,S62.363A,S62.363D-S62.363G,S62.364A,S62.364D-S62.364G,
S62.365A,S62.365D-S62.365G,S62.366A,S62.366D-S62.366G,S62.367A,S62.367D-S62.367G,S62.368A,
S62.368D-S62.368G,S62.369A,S62.369D-S62.369G,S62.390A,S62.390D-S62.390G,S62.391A,S62.391D-
S62.391G,S62.392A,S62.392D-S62.392G,S62.393A,S62.393D-S62.393G,S62.394A,S62.394D-S62.394G,
S62.395A,S62.395D-S62.395G,S62.396A,S62.396D-S62.396G,S62.397A,S62.397D-S62.397G,S62.398A,
S62.398D-S62.398G,S62.399A,S62.399D-S62.399G,S62.501A,S62.501D-S62.501G,S62.502A,S62.502D-
S62.502G,S62.509A,S62.509D-S62.509G,S62.511A,S62.511D-S62.511G,S62.512A,S62.512D-S62.512G,
S62.513A,S62.513D-S62.513G,S62.514A,S62.514D-S62.514G,S62.515A,S62.515D-S62.515G,S62.516A,
S62.516D-S62.516G,S62.521A,S62.521D-S62.521G,S62.522A,S62.522D-S62.522G,S62.523A,S62.523D-
S62.523G,S62.524A,S62.524D-S62.524G,S62.525A,S62.525D-S62.525G,S62.526A,S62.526D-S62.526G,
S62.600A,S62.600D-S62.600G,S62.601A,S62.601D-S62.601G,S62.602A,S62.602D-S62.602G,S62.603A,
S62.603D-S62.603G,S62.604A,S62.604D-S62.604G,S62.605A,S62.605D-S62.605G,S62.606A,S62.606D-
S62.606G,S62.607A,S62.607D-S62.607G,S62.608A,S62.608D-S62.608G,S62.609A,S62.609D-S62.609G,
S62.610A,S62.610D-S62.610G,S62.611A,S62.611D-S62.611G,S62.612A,S62.612D-S62.612G,S62.613A,
S62.613D-S62.613G,S62.614A,S62.614D-S62.614G,S62.615A,S62.615D-S62.615G,S62.616A,S62.616D-
S62.616G,S62.617A,S62.617D-S62.617G,S62.618A,S62.618D-S62.618G,S62.619A,S62.619D-S62.619G,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S62.620A,S62.620D-S62.620G,S62.621A,S62.621D-S62.621G,S62.622A,S62.622D-S62.622G,S62.623A,
S62.623D-S62.623G,S62.624A,S62.624D-S62.624G,S62.625A,S62.625D-S62.625G,S62.626A,S62.626D-
S62.626G,S62.627A,S62.627D-S62.627G,S62.628A,S62.628D-S62.628G,S62.629A,S62.629D-S62.629G,
S62.630A,S62.630D-S62.630G,S62.631A,S62.631D-S62.631G,S62.632A,S62.632D-S62.632G,S62.633A,
S62.633D-S62.633G,S62.634A,S62.634D-S62.634G,S62.635A,S62.635D-S62.635G,S62.636A,S62.636D-
S62.636G,S62.637A,S62.637D-S62.637G,S62.638A,S62.638D-S62.638G,S62.639A,S62.639D-S62.639G,
S62.640A,S62.640D-S62.640G,S62.641A,S62.641D-S62.641G,S62.642A,S62.642D-S62.642G,S62.643A,
S62.643D-S62.643G,S62.644A,S62.644D-S62.644G,S62.645A,S62.645D-S62.645G,S62.646A,S62.646D-
S62.646G,S62.647A,S62.647D-S62.647G,S62.648A,S62.648D-S62.648G,S62.649A,S62.649D-S62.649G,
S62.650A,S62.650D-S62.650G,S62.651A,S62.651D-S62.651G,S62.652A,S62.652D-S62.652G,S62.653A,
S62.653D-S62.653G,S62.654A,S62.654D-S62.654G,S62.655A,S62.655D-S62.655G,S62.656A,S62.656D-
S62.656G,S62.657A,S62.657D-S62.657G,S62.658A,S62.658D-S62.658G,S62.659A,S62.659D-S62.659G,
S62.660A,S62.660D-S62.660G,S62.661A,S62.661D-S62.661G,S62.662A,S62.662D-S62.662G,S62.663A,
S62.663D-S62.663G,S62.664A,S62.664D-S62.664G,S62.665A,S62.665D-S62.665G,S62.666A,S62.666D-
S62.666G,S62.667A,S62.667D-S62.667G,S62.668A,S62.668D-S62.668G,S62.669A,S62.669D-S62.669G,
S62.90XA,S62.90XD-S62.90XG,S62.91XA,S62.91XD-S62.91XG,S62.92XA,S62.92XD-S62.92XG,S72.301A,
S72.301D,S72.301G,S72.302A,S72.302D,S72.302G,S72.309A,S72.309D,S72.309G,S72.321A,S72.321D,
S72.321G,S72.322A,S72.322D,S72.322G,S72.323A,S72.323D,S72.323G,S72.324A,S72.324D,S72.324G,
S72.325A,S72.325D,S72.325G,S72.326A,S72.326D,S72.326G,S72.331A,S72.331D,S72.331G,S72.332A,
S72.332D,S72.332G,S72.333A,S72.333D,S72.333G,S72.334A,S72.334D,S72.334G,S72.335A,S72.335D,
S72.335G,S72.336A,S72.336D,S72.336G,S72.341A,S72.341D,S72.341G,S72.342A,S72.342D,S72.342G,
S72.343A,S72.343D,S72.343G,S72.344A,S72.344D,S72.344G,S72.345A,S72.345D,S72.345G,S72.346A,
S72.346D,S72.346G,S72.351A,S72.351D,S72.351G,S72.352A,S72.352D,S72.352G,S72.353A,S72.353D,
S72.353G,S72.354A,S72.354D,S72.354G,S72.355A,S72.355D,S72.355G,S72.356A,S72.356D,S72.356G,
S72.361A,S72.361D,S72.361G,S72.362A,S72.362D,S72.362G,S72.363A,S72.363D,S72.363G,S72.364A,
S72.364D,S72.364G,S72.365A,S72.365D,S72.365G,S72.366A,S72.366D,S72.366G,S72.391A,S72.391D,
S72.391G,S72.392A,S72.392D,S72.392G,S72.399A,S72.399D,S72.399G,S72.401A,S72.401D,S72.401G,
S72.402A,S72.402D,S72.402G,S72.409A,S72.409D,S72.409G,S72.411A,S72.411D,S72.411G,S72.412A,
S72.412D,S72.412G,S72.413A,S72.413D,S72.413G,S72.414A,S72.414D,S72.414G,S72.415A,S72.415D,
S72.415G,S72.416A,S72.416D,S72.416G,S72.421A,S72.421D,S72.421G,S72.422A,S72.422D,S72.422G,
S72.423A,S72.423D,S72.423G,S72.424A,S72.424D,S72.424G,S72.425A,S72.425D,S72.425G,S72.426A,
S72.426D,S72.426G,S72.431A,S72.431D,S72.431G,S72.432A,S72.432D,S72.432G,S72.433A,S72.433D,
S72.433G,S72.434A,S72.434D,S72.434G,S72.435A,S72.435D,S72.435G,S72.436A,S72.436D,S72.436G,
S72.441A,S72.441D,S72.441G,S72.442A,S72.442D,S72.442G,S72.443A,S72.443D,S72.443G,S72.444A,
S72.444D,S72.444G,S72.445A,S72.445D,S72.445G,S72.446A,S72.446D,S72.446G,S72.451A,S72.451D,
S72.451G,S72.452A,S72.452D,S72.452G,S72.453A,S72.453D,S72.453G,S72.454A,S72.454D,S72.454G,
S72.455A,S72.455D,S72.455G,S72.456A,S72.456D,S72.456G,S72.461A,S72.461D,S72.461G,S72.462A,
S72.462D,S72.462G,S72.463A,S72.463D,S72.463G,S72.464A,S72.464D,S72.464G,S72.465A,S72.465D,
S72.465G,S72.466A,S72.466D,S72.466G,S72.471A-S72.471G,S72.472A-S72.472G,S72.479A-S72.479G,
S72.491A,S72.491D,S72.491G,S72.492A,S72.492D,S72.492G,S72.499A,S72.499D,S72.499G,S72.8X1A,
S72.8X1D,S72.8X1G,S72.8X2A,S72.8X2D,S72.8X2G,S72.8X9A,S72.8X9D,S72.8X9G,S72.90XA,S72.90XD,
S72.90XG,S72.91XA,S72.91XD,S72.91XG,S72.92XA,S72.92XD,S72.92XG,S79.101A-S79.101G,S79.102A-
S79.102G,S79.109A-S79.109G,S79.111A-S79.111G,S79.112A-S79.112G,S79.119A-S79.119G,S79.121A-
S79.121G,S79.122A-S79.122G,S79.129A-S79.129G,S79.131A-S79.131G,S79.132A-S79.132G,S79.139A-
S79.139G,S79.141A-S79.141G,S79.142A-S79.142G,S79.149A-S79.149G,S79.191A-S79.191G,S79.192A-
S79.192G,S79.199A-S79.199G,S82.001A,S82.001D,S82.001G,S82.002A,S82.002D,S82.002G,S82.009A,
S82.009D,S82.009G,S82.011A,S82.011D,S82.011G,S82.012A,S82.012D,S82.012G,S82.013A,S82.013D,
S82.013G,S82.014A,S82.014D,S82.014G,S82.015A,S82.015D,S82.015G,S82.016A,S82.016D,S82.016G,
S82.021A,S82.021D,S82.021G,S82.022A,S82.022D,S82.022G,S82.023A,S82.023D,S82.023G,S82.024A,
S82.024D,S82.024G,S82.025A,S82.025D,S82.025G,S82.026A,S82.026D,S82.026G,S82.031A,S82.031D,
S82.031G,S82.032A,S82.032D,S82.032G,S82.033A,S82.033D,S82.033G,S82.034A,S82.034D,S82.034G,
S82.035A,S82.035D,S82.035G,S82.036A,S82.036D,S82.036G,S82.041A,S82.041D,S82.041G,S82.042A,
S82.042D,S82.042G,S82.043A,S82.043D,S82.043G,S82.044A,S82.044D,S82.044G,S82.045A,S82.045D,
S82.045G,S82.046A,S82.046D,S82.046G,S82.091A,S82.091D,S82.091G,S82.092A,S82.092D,S82.092G,
S82.099A,S82.099D,S82.099G,S82.101A,S82.101D,S82.101G,S82.102A,S82.102D,S82.102G,S82.109A,
S82.109D,S82.109G,S82.111A,S82.111D,S82.111G,S82.112A,S82.112D,S82.112G,S82.113A,S82.113D,
S82.113G,S82.114A,S82.114D,S82.114G,S82.115A,S82.115D,S82.115G,S82.116A,S82.116D,S82.116G,
S82.121A,S82.121D,S82.121G,S82.122A,S82.122D,S82.122G,S82.123A,S82.123D,S82.123G,S82.124A,
S82.124D,S82.124G,S82.125A,S82.125D,S82.125G,S82.126A,S82.126D,S82.126G,S82.131A,S82.131D,
S82.131G,S82.132A,S82.132D,S82.132G,S82.133A,S82.133D,S82.133G,S82.134A,S82.134D,S82.134G,
S82.135A,S82.135D,S82.135G,S82.136A,S82.136D,S82.136G,S82.141A,S82.141D,S82.141G,S82.142A,
S82.142D,S82.142G,S82.143A,S82.143D,S82.143G,S82.144A,S82.144D,S82.144G,S82.145A,S82.145D,
S82.145G,S82.146A,S82.146D,S82.146G,S82.151A,S82.151D,S82.151G,S82.152A,S82.152D,S82.152G,
S82.153A,S82.153D,S82.153G,S82.154A,S82.154D,S82.154G,S82.155A,S82.155D,S82.155G,S82.156A,
S82.156D,S82.156G,S82.161A-S82.161G,S82.162A-S82.162G,S82.169A-S82.169G,S82.191A,S82.191D,
S82.191G,S82.192A,S82.192D,S82.192G,S82.199A,S82.199D,S82.199G,S82.201A,S82.201D,S82.201G,
S82.202A,S82.202D,S82.202G,S82.209A,S82.209D,S82.209G,S82.221A,S82.221D,S82.221G,S82.222A,
S82.222D,S82.222G,S82.223A,S82.223D,S82.223G,S82.224A,S82.224D,S82.224G,S82.225A,S82.225D,
S82.225G,S82.226A,S82.226D,S82.226G,S82.231A,S82.231D,S82.231G,S82.232A,S82.232D,S82.232G,
S82.233A,S82.233D,S82.233G,S82.234A,S82.234D,S82.234G,S82.235A,S82.235D,S82.235G,S82.236A,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S82.236D,S82.236G,S82.241A,S82.241D,S82.241G,S82.242A,S82.242D,S82.242G,S82.243A,S82.243D,
S82.243G,S82.244A,S82.244D,S82.244G,S82.245A,S82.245D,S82.245G,S82.246A,S82.246D,S82.246G,
S82.251A,S82.251D,S82.251G,S82.252A,S82.252D,S82.252G,S82.253A,S82.253D,S82.253G,S82.254A,
S82.254D,S82.254G,S82.255A,S82.255D,S82.255G,S82.256A,S82.256D,S82.256G,S82.261A,S82.261D,
S82.261G,S82.262A,S82.262D,S82.262G,S82.263A,S82.263D,S82.263G,S82.264A,S82.264D,S82.264G,
S82.265A,S82.265D,S82.265G,S82.266A,S82.266D,S82.266G,S82.291A,S82.291D,S82.291G,S82.291J,
S82.292A,S82.292D,S82.292G,S82.299A,S82.299D,S82.299G,S82.301A,S82.301D,S82.301G,S82.302A,
S82.302D,S82.302G,S82.309A,S82.309D,S82.309G,S82.311A-S82.311G,S82.312A-S82.312G,S82.319A-
S82.319G,S82.391A,S82.391D,S82.391G,S82.392A,S82.392D,S82.392G,S82.399A,S82.399D,S82.399G,
S82.401A,S82.401D,S82.401G,S82.402A,S82.402D,S82.402G,S82.409A,S82.409D,S82.409G,S82.421A,
S82.421D,S82.421G,S82.422A,S82.422D,S82.422G,S82.423A,S82.423D,S82.423G,S82.424A,S82.424D,
S82.424G,S82.425A,S82.425D,S82.425G,S82.426A,S82.426D,S82.426G,S82.431A,S82.431D,S82.431G,
S82.432A,S82.432D,S82.432G,S82.433A,S82.433D,S82.433G,S82.434A,S82.434D,S82.434G,S82.435A,
S82.435D,S82.435G,S82.436A,S82.436D,S82.436G,S82.441A,S82.441D,S82.441G,S82.442A,S82.442D,
S82.442G,S82.442J,S82.443A,S82.443D,S82.443G,S82.444A,S82.444D,S82.444G,S82.445A,S82.445D,
S82.445G,S82.446A,S82.446D,S82.446G,S82.451A,S82.451D,S82.451G,S82.452A,S82.452D,S82.452G,
S82.453A,S82.453D,S82.453G,S82.454A,S82.454D,S82.454G,S82.455A,S82.455D,S82.455G,S82.456A,
S82.456D,S82.456G,S82.461A,S82.461D,S82.461G,S82.462A,S82.462D,S82.462G,S82.463A,S82.463D,
S82.463G,S82.464A,S82.464D,S82.464G,S82.465A,S82.465D,S82.465G,S82.466A,S82.466D,S82.466G,
S82.491A,S82.491D,S82.491G,S82.492A,S82.492D,S82.492G,S82.499A,S82.499D,S82.499G,S82.51XA,
S82.51XD,S82.51XG,S82.52XA,S82.52XD,S82.52XG,S82.53XA,S82.53XD,S82.53XG,S82.54XA,S82.54XD,
S82.54XG,S82.55XA,S82.55XD,S82.55XG,S82.56XA,S82.56XD,S82.56XG,S82.61XA,S82.61XD,S82.61XG,
S82.62XA,S82.62XD,S82.62XG,S82.63XA,S82.63XD,S82.63XG,S82.64XA,S82.64XD,S82.64XG,S82.65XA,
S82.65XD,S82.65XG-S82.65XJ,S82.66XA,S82.66XD,S82.66XG,S82.811A-S82.811G,S82.812A-S82.812G,
S82.819A-S82.819G,S82.821A-S82.821G,S82.822A-S82.822G,S82.829A-S82.829G,S82.831A,S82.831D,
S82.831G,S82.832A,S82.832D,S82.832G,S82.839A,S82.839D,S82.839G,S82.841A,S82.841D,S82.841G,
S82.842A,S82.842D,S82.842G,S82.843A,S82.843D,S82.843G,S82.844A,S82.844D,S82.844G,S82.845A,
S82.845D,S82.845G,S82.846A,S82.846D,S82.846G,S82.851A,S82.851D,S82.851G,S82.852A,S82.852D,
S82.852G,S82.853A,S82.853D,S82.853G,S82.854A,S82.854D,S82.854G,S82.855A,S82.855D,S82.855G,
S82.856A,S82.856D,S82.856G,S82.861A,S82.861D,S82.861G,S82.862A,S82.862D,S82.862G,S82.863A,
S82.863D,S82.863G,S82.864A,S82.864D,S82.864G,S82.865A,S82.865D,S82.865G,S82.866A,S82.866D,
S82.866G,S82.871A,S82.871D,S82.871G,S82.872A,S82.872D,S82.872G,S82.873A,S82.873D,S82.873G,
S82.874A,S82.874D,S82.874G,S82.875A,S82.875D,S82.875G,S82.876A,S82.876D,S82.876G,S82.891A,
S82.891D,S82.891G,S82.892A,S82.892D,S82.892G,S82.899A,S82.899D,S82.899G,S82.90XA,S82.90XD,
S82.90XG,S82.91XA,S82.91XD,S82.91XG,S82.92XA,S82.92XD,S82.92XG,S89.001A-S89.001G,S89.002A-
S89.002G,S89.009A-S89.009G,S89.011A-S89.011G,S89.012A-S89.012G,S89.019A-S89.019G,S89.021A-
S89.021G,S89.022A-S89.022G,S89.029A-S89.029G,S89.031A-S89.031G,S89.032A-S89.032G,S89.039A-
S89.039G,S89.041A-S89.041G,S89.042A-S89.042G,S89.049A-S89.049G,S89.091A-S89.091G,S89.092A-
S89.092G,S89.099A-S89.099G,S89.101A-S89.101G,S89.102A-S89.102G,S89.109A-S89.109G,S89.111A-
S89.111G,S89.112A-S89.112G,S89.119A-S89.119G,S89.121A-S89.121G,S89.122A-S89.122G,S89.129A-
S89.129G,S89.131A-S89.131G,S89.132A-S89.132G,S89.139A-S89.139G,S89.141A-S89.141G,S89.142A-
S89.142G,S89.149A-S89.149G,S89.191A-S89.191G,S89.192A-S89.192G,S89.199A-S89.199G,S89.201A-
S89.201G,S89.202A-S89.202G,S89.209A-S89.209G,S89.211A-S89.211G,S89.212A-S89.212G,S89.219A-
S89.219G,S89.221A-S89.221G,S89.222A-S89.222G,S89.229A-S89.229G,S89.291A-S89.291G,S89.292A-
S89.292G,S89.299A-S89.299G,S89.301A-S89.301G,S89.302A-S89.302G,S89.309A-S89.309G,S89.311A-
S89.311G,S89.312A-S89.312G,S89.319A-S89.319G,S89.321A-S89.321G,S89.322A-S89.322G,S89.329A-
S89.329G,S89.391A-S89.391G,S89.392A-S89.392G,S89.399A-S89.399G,S92.001A,S92.001D-S92.001G,
S92.002A,S92.002D-S92.002G,S92.009A,S92.009D-S92.009G,S92.011A,S92.011D-S92.011G,S92.012A,
S92.012D-S92.012G,S92.013A,S92.013D-S92.013G,S92.014A,S92.014D-S92.014G,S92.015A,S92.015D-
S92.015G,S92.016A,S92.016D-S92.016G,S92.021A,S92.021D-S92.021G,S92.022A,S92.022D-S92.022G,
S92.023A,S92.023D-S92.023G,S92.024A,S92.024D-S92.024G,S92.025A,S92.025D-S92.025G,S92.026A,
S92.026D-S92.026G,S92.031A,S92.031D-S92.031G,S92.032A,S92.032D-S92.032G,S92.033A,S92.033D-
S92.033G,S92.034A,S92.034D-S92.034G,S92.035A,S92.035D-S92.035G,S92.036A,S92.036D-S92.036G,
S92.041A,S92.041D-S92.041G,S92.042A,S92.042D-S92.042G,S92.043A,S92.043D-S92.043G,S92.044A,
S92.044D-S92.044G,S92.045A,S92.045D-S92.045G,S92.046A,S92.046D-S92.046G,S92.051A,S92.051D-
S92.051G,S92.052A,S92.052D-S92.052G,S92.053A,S92.053D-S92.053G,S92.054A,S92.054D-S92.054G,
S92.055A,S92.055D-S92.055G,S92.056A,S92.056D-S92.056G,S92.061A,S92.061D-S92.061G,S92.062A,
S92.062D-S92.062G,S92.063A,S92.063D-S92.063G,S92.064A,S92.064D-S92.064G,S92.065A,S92.065D-
S92.065G,S92.066A,S92.066D-S92.066G,S92.101A,S92.101D-S92.101G,S92.102A,S92.102D-S92.102G,
S92.109A,S92.109D-S92.109G,S92.111A,S92.111D-S92.111G,S92.112A,S92.112D-S92.112G,S92.113A,
S92.113D-S92.113G,S92.114A,S92.114D-S92.114G,S92.115A,S92.115D-S92.115G,S92.116A,S92.116D-
S92.116G,S92.121A,S92.121D-S92.121G,S92.122A,S92.122D-S92.122G,S92.123A,S92.123D-S92.123G,
S92.124A,S92.124D-S92.124G,S92.125A,S92.125D-S92.125G,S92.126A,S92.126D-S92.126G,S92.131A,
S92.131D-S92.131G,S92.132A,S92.132D-S92.132G,S92.133A,S92.133D-S92.133G,S92.134A,S92.134D-
S92.134G,S92.135A,S92.135D-S92.135G,S92.136A,S92.136D-S92.136G,S92.141A,S92.141D-S92.141G,
S92.142A,S92.142D-S92.142G,S92.143A,S92.143D-S92.143G,S92.144A,S92.144D-S92.144G,S92.145A,
S92.145D-S92.145G,S92.146A,S92.146D-S92.146G,S92.151A,S92.151D-S92.151G,S92.152A,S92.152D-
S92.152G,S92.153A,S92.153D-S92.153G,S92.154A,S92.154D-S92.154G,S92.155A,S92.155D-S92.155G,
S92.156A,S92.156D-S92.156G,S92.191A,S92.191D-S92.191G,S92.192A,S92.192D-S92.192G,S92.199A,
S92.199D-S92.199G,S92.201A,S92.201D-S92.201G,S92.202A,S92.202D-S92.202G,S92.209A,S92.209D-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S92.209G,S92.211A,S92.211D-S92.211G,S92.212A,S92.212D-S92.212G,S92.213A,S92.213D-S92.213G, S92.214A,S92.214D-S92.214G,S92.215A,S92.215D-S92.215G,S92.216A,S92.216D-S92.216G,S92.221A, S92.221D-S92.221G,S92.222A,S92.222D-S92.222G,S92.223A,S92.223D-S92.223G,S92.224A,S92.224D-S92.224G,S92.225A,S92.225D-S92.225G,S92.226A,S92.226D-S92.226G,S92.231A,S92.231D-S92.231G, S92.232A,S92.232D-S92.232G,S92.233A,S92.233D-S92.233G,S92.234A,S92.234D-S92.234G,S92.235A, S92.235D-S92.235G,S92.236A,S92.236D-S92.236G,S92.241A,S92.241D-S92.241G,S92.242A,S92.242D-S92.242G,S92.243A,S92.243D-S92.243G,S92.244A,S92.244D-S92.244G,S92.245A,S92.245D-S92.245G, S92.246A,S92.246D-S92.246G,S92.251A,S92.251D-S92.251G,S92.252A,S92.252D-S92.252G,S92.253A, S92.253D-S92.253G,S92.254A,S92.254D-S92.254G,S92.255A,S92.255D-S92.255G,S92.256A,S92.256D-S92.256G,S92.301A,S92.301D-S92.301G,S92.302A,S92.302D-S92.302G,S92.309A,S92.309D-S92.309G, S92.311A,S92.311D-S92.311G,S92.312A,S92.312D-S92.312G,S92.313A,S92.313D-S92.313G,S92.314A, S92.314D-S92.314G,S92.315A,S92.315D-S92.315G,S92.316A,S92.316D-S92.316G,S92.321A,S92.321D-S92.321G,S92.322A,S92.322D-S92.322G,S92.323A,S92.323D-S92.323G,S92.324A,S92.324D-S92.324G, S92.325A,S92.325D-S92.325G,S92.326A,S92.326D-S92.326G,S92.331A,S92.331D-S92.331G,S92.332A, S92.332D-S92.332G,S92.333A,S92.333D-S92.333G,S92.334A,S92.334D-S92.334G,S92.335A,S92.335D-S92.335G,S92.336A,S92.336D-S92.336G,S92.341A,S92.341D-S92.341G,S92.342A,S92.342D-S92.342G, S92.343A,S92.343D-S92.343G,S92.344A,S92.344D-S92.344G,S92.345A,S92.345D-S92.345G,S92.346A, S92.346D-S92.346G,S92.351A,S92.351D-S92.351G,S92.352A,S92.352D-S92.352G,S92.353A,S92.353D-S92.353G,S92.354A,S92.354D-S92.354G,S92.355A,S92.355D-S92.355G,S92.356A,S92.356D-S92.356G, S92.401A,S92.401D-S92.401G,S92.402A,S92.402D-S92.402G,S92.403A,S92.403D-S92.403G,S92.404A, S92.404D-S92.404G,S92.405A,S92.405D-S92.405G,S92.406A,S92.406D-S92.406G,S92.411A,S92.411D-S92.411G,S92.412A,S92.412D-S92.412G,S92.413A,S92.413D-S92.413G,S92.414A,S92.414D-S92.414G, S92.415A,S92.415D-S92.415G,S92.416A,S92.416D-S92.416G,S92.421A,S92.421D-S92.421G,S92.422A, S92.422D-S92.422G,S92.423A,S92.423D-S92.423G,S92.424A,S92.424D-S92.424G,S92.425A,S92.425D-S92.425G,S92.426A,S92.426D-S92.426G,S92.491A,S92.491D-S92.491G,S92.492A,S92.492D-S92.492G, S92.499A,S92.499D-S92.499G,S92.901A,S92.901D,S92.902A,S92.902D,S92.909A,S92.909D,Z47.2

CPT: 11740,20650,20670-20694,20900,23470,23500-23515,23570-23630,24130,24500-24587,24620,24635,24650-24685,25119,25210-25240,25259,25320,25337-25393,25440-25447,25450-25652,25671,25800-25830,26520, 26600-26615,26645-26665,26676,26720-26770,27130,27175-27181,27230-27235,27244,27350,27409,27424, 27430,27435,27465-27468,27500-27540,27610,27656,27664,27712,27750-27829,27846,27848,28400-28531, 28730,29049-29105,29126-29131,29240,29305-29445,29505,29515,29700-29720,29850-29856,29874-29879, 29897,29898,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 361**

Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Coding Specification Below) (See Guideline Notes 6,15,64,65,71,83,104,114)

Treatment: ARTHROPLASTY/RECONSTRUCTION

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

CPT: 20690-20694,23120,23470-23474,23800,23802,24000,24006,24101,24102,24130,24160,24164,24360-24371, 24800,24802,25000,25101-25109,25115-25119,25210,25215,25240,25270,25320,25337,25390-25393,25441-25492,25800,25810-25830,26320,26516-26536,26820-26863,26990-26992,27036,27090,27091,27122-27132, 27187,27284,27286,27358,27437-27454,27457,27580,27620-27626,27641,27700-27704,27870,27871,28090, 28104,28114,28116,28122,28446,28715,28725,28740,28750,29819-29826,29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29891,29892,29894-29899,29904-29916,77014,77261-77290,77295,77300, 77306,77307,77331-77336,77385-77387,77401-77423,77427,77470,97001-97004,97012,97022,97110-97124, 97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S2118,S2325

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **362**
Condition: CONDITIONS OF PULMONARY ARTERY (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: I28.0-I28.9,S25.401A-S25.401D,S25.402A-S25.402D,S25.409A-S25.409D,S25.411A-S25.411D,S25.412A-S25.412D,S25.419A-S25.419D,S25.421A-S25.421D,S25.422A-S25.422D,S25.429A-S25.429D,S25.491A-S25.491D,S25.492A-S25.492D,S25.499A-S25.499D
CPT: 32480-32488,32501,32505-32540,32663,32666-32670,33726,33917-33922,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0463,G0466,G0467

**Line:** **363**
Condition: BODY INFESTATIONS (EG. LICE, SCABIES) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B83.4,B85.0-B85.4,B86,B87.0-B87.4,B87.81-B87.9,B88.0-B88.9
CPT: 96900-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **364**
Condition: DEFORMITY/CLOSED DISLOCATION OF MAJOR JOINT AND RECURRENT JOINT DISLOCATIONS (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-10: M22.00-M22.12,M24.00,M24.011-M24.073,M24.321-M24.376,M24.411-M24.443,M24.451-M24.476,M24.811-M24.812,M24.821-M24.822,M24.831-M24.832,M24.841-M24.842,M24.851-M24.852,M24.871-M24.872,M24.874-M24.875,M43.3-M43.4,M43.5X2-M43.5X9,M72.0,M92.40-M92.52,M99.16-M99.19,Q66.0-Q66.4,Q66.6-Q66.7,Q68.2,Q69.0-Q69.1,Q70.00-Q70.13,Q71.00-Q71.63,Q71.811-Q71.93,Q72.00-Q72.73,Q72.811-Q72.93,Q73.0-Q73.8,Q74.0,S03.0XXA-S03.0XXD,S33.30XA-S33.30XD,S33.39XA-S33.39XD,S43.001A-S43.001D,S43.002A-S43.002D,S43.003A-S43.003D,S43.004A-S43.004D,S43.005A-S43.005D,S43.006A-S43.006D,S43.011A-S43.011D,S43.012A-S43.012D,S43.013A-S43.013D,S43.014A-S43.014D,S43.015A-S43.015D,S43.016A-S43.016D,S43.021A-S43.021D,S43.022A-S43.022D,S43.023A-S43.023D,S43.024A-S43.024D,S43.025A-S43.025D,S43.026A-S43.026D,S43.031A-S43.031D,S43.032A-S43.032D,S43.033A-S43.033D,S43.034A-S43.034D,S43.035A-S43.035D,S43.036A-S43.036D,S43.081A-S43.081D,S43.082A-S43.082D,S43.083A-S43.083D,S43.084A-S43.084D,S43.085A-S43.085D,S43.086A-S43.086D,S43.101A-S43.101D,S43.102A-S43.102D,S43.109A-S43.109D,S43.111A-S43.111D,S43.112A-S43.112D,S43.119A-S43.119D,S43.121A-S43.121D,S43.122A-S43.122D,S43.129A-S43.129D,S43.131A-S43.131D,S43.132A-S43.132D,S43.139A-S43.139D,S43.141A-S43.141D,S43.142A-S43.142D,S43.149A-S43.149D,S43.151A-S43.151D,S43.152A-S43.152D,S43.159A-S43.159D,S43.201A-S43.201D,S43.202A-S43.202D,S43.203A-S43.203D,S43.204A-S43.204D,S43.205A-S43.205D,S43.206A-S43.206D,S43.211A-S43.211D,S43.212A-S43.212D,S43.213A-S43.213D,S43.214A-S43.214D,S43.215A-S43.215D,S43.216A-S43.216D,S43.221A-S43.221D,S43.222A-S43.222D,S43.223A-S43.223D,S43.224A-S43.224D,S43.225A-S43.225D,S43.226A-S43.226D,S43.301A-S43.301D,S43.302A-S43.302D,S43.303A-S43.303D,S43.304A-S43.304D,S43.305A-S43.305D,S43.306A-S43.306D,S43.311A-S43.311D,S43.312A-S43.312D,S43.313A-S43.313D,S43.314A-S43.314D,S43.315A-S43.315D,S43.316A-S43.316D,S43.391A-S43.391D,S43.392A-S43.392D,S43.393A-S43.393D,S43.394A-S43.394D,S43.395A-S43.395D,S43.396A-S43.396D,S53.001A-S53.001D,S53.002A-S53.002D,S53.003A-S53.003D,S53.004A-S53.004D,S53.005A-S53.005D,S53.006A-S53.006D,S53.011A-S53.011D,S53.012A-S53.012D,S53.013A-S53.013D,S53.014A-S53.014D,S53.015A-S53.015D,S53.016A-S53.016D,S53.021A-S53.021D,S53.022A-S53.022D,S53.023A-S53.023D,S53.024A-S53.024D,S53.025A-S53.025D,S53.026A-S53.026D,S53.031A-S53.031D,S53.032A-S53.032D,S53.033A-S53.033D,S53.091A-S53.091D,S53.092A-S53.092D,S53.093A-S53.093D,S53.094A-S53.094D,S53.095A-S53.095D,S53.096A-S53.096D,S53.101A-S53.101D,S53.102A-S53.102D,S53.103A-S53.103D,S53.104A-S53.104D,S53.105A-S53.105D,S53.106A-S53.106D,S53.111A-S53.111D,S53.112A-S53.112D,S53.113A-S53.113D,S53.114A-S53.114D,S53.115A-S53.115D,S53.116A-S53.116D,S53.121A-S53.121D,S53.122A-S53.122D,S53.123A-S53.123D,S53.124A-S53.124D,S53.125A-S53.125D,S53.126A-S53.126D,S53.131A-S53.131D,S53.132A-S53.132D,S53.133A-S53.133D,S53.134A-S53.134D,S53.135A-S53.135D,S53.136A-S53.136D,S53.141A-S53.141D,S53.142A-S53.142D,S53.143A-S53.143D,S53.144A-S53.144D,S53.145A-S53.145D,S53.146A-S53.146D,S53.191A-S53.191D,S53.192A-S53.192D,S53.193A-S53.193D,S53.194A-S53.194D,S53.195A-S53.195D,S53.196A-S53.196D,S63.001A-S63.001D,S63.002A-S63.002D,S63.003A-S63.003D,S63.004A-S63.004D,S63.005A-S63.005D,S63.006A-S63.006D,S63.011A-S63.011D,S63.012A-S63.012D,S63.013A-S63.013D,S63.014A-S63.014D,S63.015A-S63.015D,S63.016A-S63.016D,S63.021A-S63.021D,S63.022A-S63.022D,S63.023A-S63.023D,S63.024A-S63.024D,S63.025A-S63.025D,S63.026A-S63.026D,S63.031A-S63.031D,S63.032A-S63.032D,S63.033A-S63.033D,S63.034A-S63.034D,S63.035A-S63.035D,S63.036A-S63.036D,S63.041A-S63.041D,S63.042A-S63.042D,S63.043A-S63.043D,S63.044A-S63.044D,S63.045A-S63.045D,S63.046A-S63.046D,S63.051A-S63.051D,S63.052A-S63.052D,S63.053A-S63.053D,S63.054A-S63.054D,S63.055A-S63.055D,S63.056A-S63.056D,S63.061A-S63.061D,S63.062A-S63.062D,S63.063A-S63.063D,S63.064A-S63.064D,S63.065A-S63.065D,S63.066A-S63.066D,S63.071A-S63.071D,S63.072A-S63.072D,S63.073A-S63.073D,S63.074A-S63.074D,S63.075A-S63.075D,S63.076A-S63.076D,S63.091A-S63.091D,S63.092A-S63.092D,S63.093A-S63.093D,S63.094A-S63.094D,S63.095A-S63.095D,S63.096A-S63.096D,S63.101A-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S63.101D,S63.102A-S63.102D,S63.103A-S63.103D,S63.104A-S63.104D,S63.105A-S63.105D,S63.106A-S63.106D,S63.111A-S63.111D,S63.112A-S63.112D,S63.113A-S63.113D,S63.114A-S63.114D,S63.115A-S63.115D,S63.116A-S63.116D,S63.121A-S63.121D,S63.122A-S63.122D,S63.123A-S63.123D,S63.124A-S63.124D,S63.125A-S63.125D,S63.126A-S63.126D,S63.131A-S63.131D,S63.132A-S63.132D,S63.133A-S63.133D,S63.134A-S63.134D,S63.135A-S63.135D,S63.136A-S63.136D,S63.141A-S63.141D,S63.142A-S63.142D,S63.143A-S63.143D,S63.144A-S63.144D,S63.145A-S63.145D,S63.146A-S63.146D,S63.200A-S63.200D,S63.201A-S63.201D,S63.202A-S63.202D,S63.203A-S63.203D,S63.204A-S63.204D,S63.205A-S63.205D,S63.206A-S63.206D,S63.207A-S63.207D,S63.208A-S63.208D,S63.209A-S63.209D,S63.210A-S63.210D,S63.211A-S63.211D,S63.212A-S63.212D,S63.213A-S63.213D,S63.214A-S63.214D,S63.215A-S63.215D,S63.216A-S63.216D,S63.217A-S63.217D,S63.218A-S63.218D,S63.219A-S63.219D,S63.220A-S63.220D,S63.221A-S63.221D,S63.222A-S63.222D,S63.223A-S63.223D,S63.224A-S63.224D,S63.225A-S63.225D,S63.226A-S63.226D,S63.227A-S63.227D,S63.228A-S63.228D,S63.229A-S63.229D,S63.230A-S63.230D,S63.231A-S63.231D,S63.232A-S63.232D,S63.233A-S63.233D,S63.234A-S63.234D,S63.235A-S63.235D,S63.236A-S63.236D,S63.237A-S63.237D,S63.238A-S63.238D,S63.239A-S63.239D,S63.240A-S63.240D,S63.241A-S63.241D,S63.242A-S63.242D,S63.243A-S63.243D,S63.244A-S63.244D,S63.245A-S63.245D,S63.246A-S63.246D,S63.247A-S63.247D,S63.248A-S63.248D,S63.249A-S63.249D,S63.250A-S63.250D,S63.251A-S63.251D,S63.252A-S63.252D,S63.253A-S63.253D,S63.254A-S63.254D,S63.255A-S63.255D,S63.256A-S63.256D,S63.257A-S63.257D,S63.258A-S63.258D,S63.259A-S63.259D,S63.260A-S63.260D,S63.261A-S63.261D,S63.262A-S63.262D,S63.263A-S63.263D,S63.264A-S63.264D,S63.265A-S63.265D,S63.266A-S63.266D,S63.267A-S63.267D,S63.268A-S63.268D,S63.269A-S63.269D,S63.270A-S63.270D,S63.271A-S63.271D,S63.272A-S63.272D,S63.273A-S63.273D,S63.274A-S63.274D,S63.275A-S63.275D,S63.276A-S63.276D,S63.277A-S63.277D,S63.278A-S63.278D,S63.279A-S63.279D,S63.280A-S63.280D,S63.281A-S63.281D,S63.282A-S63.282D,S63.283A-S63.283D,S63.284A-S63.284D,S63.285A-S63.285D,S63.286A-S63.286D,S63.287A-S63.287D,S63.288A-S63.288D,S63.289A-S63.289D,S63.290A-S63.290D,S63.291A-S63.291D,S63.292A-S63.292D,S63.293A-S63.293D,S63.294A-S63.294D,S63.295A-S63.295D,S63.296A-S63.296D,S63.297A-S63.297D,S63.298A-S63.298D,S63.299A-S63.299D,S73.001A-S73.001D,S73.002A-S73.002D,S73.003A-S73.003D,S73.004A-S73.004D,S73.005A-S73.005D,S73.006A-S73.006D,S73.011A-S73.011D,S73.012A-S73.012D,S73.013A-S73.013D,S73.014A-S73.014D,S73.015A-S73.015D,S73.016A-S73.016D,S73.021A-S73.021D,S73.022A-S73.022D,S73.023A-S73.023D,S73.024A-S73.024D,S73.025A-S73.025D,S73.026A-S73.026D,S73.031A-S73.031D,S73.032A-S73.032D,S73.033A-S73.033D,S73.034A-S73.034D,S73.035A-S73.035D,S73.036A-S73.036D,S73.041A-S73.041D,S73.042A-S73.042D,S73.043A-S73.043D,S73.044A-S73.044D,S73.045A-S73.045D,S73.046A-S73.046D,S83.001A-S83.001D,S83.002A-S83.002D,S83.003A-S83.003D,S83.004A-S83.004D,S83.005A-S83.005D,S83.006A-S83.006D,S83.011A-S83.011D,S83.012A-S83.012D,S83.013A-S83.013D,S83.014A-S83.014D,S83.015A-S83.015D,S83.016A-S83.016D,S83.091A-S83.091D,S83.092A-S83.092D,S83.093A-S83.093D,S83.094A-S83.094D,S83.095A-S83.095D,S83.096A-S83.096D,S83.101A-S83.101D,S83.102A-S83.102D,S83.103A-S83.103D,S83.104A-S83.104D,S83.105A-S83.105D,S83.106A-S83.106D,S83.111A-S83.111D,S83.112A-S83.112D,S83.113A-S83.113D,S83.114A-S83.114D,S83.115A-S83.115D,S83.116A-S83.116D,S83.121A-S83.121D,S83.122A-S83.122D,S83.123A-S83.123D,S83.124A-S83.124D,S83.125A-S83.125D,S83.126A-S83.126D,S83.131A-S83.131D,S83.132A-S83.132D,S83.133A-S83.133D,S83.134A-S83.134D,S83.135A-S83.135D,S83.136A-S83.136D,S83.141A-S83.141D,S83.142A-S83.142D,S83.143A-S83.143D,S83.144A-S83.144D,S83.145A-S83.145D,S83.146A-S83.146D,S83.191A-S83.191D,S83.192A-S83.192D,S83.193A-S83.193D,S83.194A-S83.194D,S83.195A-S83.195D,S83.196A-S83.196D,S93.01XA-S93.01XD,S93.02XA-S93.02XD,S93.03XA-S93.03XD,S93.04XA-S93.04XD,S93.05XA-S93.05XD,S93.06XA-S93.06XD,S93.101A-S93.101D,S93.102A-S93.102D,S93.103A-S93.103D,S93.104A-S93.104D,S93.105A-S93.105D,S93.106A-S93.106D,S93.111A-S93.111D,S93.112A-S93.112D,S93.113A-S93.113D,S93.114A-S93.114D,S93.115A-S93.115D,S93.116A-S93.116D,S93.119A-S93.119D,S93.121A-S93.121D,S93.122A-S93.122D,S93.123A-S93.123D,S93.124A-S93.124D,S93.125A-S93.125D,S93.126A-S93.126D,S93.129A-S93.129D,S93.131A-S93.131D,S93.132A-S93.132D,S93.133A-S93.133D,S93.134A-S93.134D,S93.135A-S93.135D,S93.136A-S93.136D,S93.139A-S93.139D,S93.141A-S93.141D,S93.142A-S93.142D,S93.143A-S93.143D,S93.144A-S93.144D,S93.145A-S93.145D,S93.146A-S93.146D,S93.149A-S93.149D,S93.301A-S93.301D,S93.302A-S93.302D,S93.303A-S93.303D,S93.304A-S93.304D,S93.305A-S93.305D,S93.306A-S93.306D,S93.311A-S93.311D,S93.312A-S93.312D,S93.313A-S93.313D,S93.314A-S93.314D,S93.315A-S93.315D,S93.316A-S93.316D,S93.321A-S93.321D,S93.322A-S93.322D,S93.323A-S93.323D,S93.324A-S93.324D,S93.325A-S93.325D,S93.326A-S93.326D,S93.331A-S93.331D,S93.332A-S93.332D,S93.333A-S93.333D,S93.334A-S93.334D,S93.335A-S93.335D,S93.336A-S93.336D,Z47.1,Z47.33

CPT: 11200,20527,20690-20694,20900,20920-20924,21480,23455,23470,23520-23552,23650-23700,24000,24006,24101,24102,24300,24332,24343,24345,24346,24600-24640,25001,25101-25109,25259,25275,25320,25335,25337,25390-25394,25430,25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035,26040,26060,26121-26180,26320-26341,26390,26440-26596,26641-26715,26770-26863,26951,27097,27100-27122,27138-27170,27179,27185,27250-27258,27265,27266,27269,27275,27306,27307,27350,27420-27495,27550-27598,27603-27612,27615,27618-27630,27634-27692,27698,27705,27715,27727-27742,27829-27860,28008-28035,28043-28072,28086-28092,28110-28118,28126-28160,28220-28280,28288,28289,28300-28305,28307-28341,28360,28540-28760,29049-29105,29126-29131,29305-29515,29700-29720,29750,29806-29819,29828,29834,29861-29863,29873,29874,29881,29882,29891,29892,29894,29904-29907,64702,64704,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: D7810-D7830,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2115

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **365**
Condition: CHORIORETINAL INFLAMMATION (See Guideline Notes 10,64,65,116)
Treatment: MEDICAL, SURGICAL, AND LASER TREATMENT
ICD-10: H20.821-H20.829,H30.001-H30.93,H31.21,H32,H44.111-H44.119,H44.131-H44.139
CPT: 67027,67028,67036-67043,67208,67210,67220,67227-67229,67515,92002-92014,92018-92060,92081-92140, 92225-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **366 (LINE 428 FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**
Condition: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 6,41,64,65,100,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M40.00-M40.05,M40.12-M40.15,M40.202-M40.47,M41.00-M41.08,M41.112-M41.35,M41.41-M41.47,M41.52-M41.9,M42.00-M42.09,M43.8X1-M43.8X8,M43.9,M47.011-M47.16,M48.00-M48.27,M96.2-M96.5,M99.20-M99.79, Q67.5,Q68.0,Q76.0-Q76.1,Q76.3,Q76.411-Q76.49,Q76.6-Q76.9,Z47.82
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,29000-29046,29710,29720,62287,63001-63091,63170, 63180-63200,63295-63610,63650,63655,63685,77014,96150-96154,97001-97004,97012,97022,97110-97124, 97140-97530,97535,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99412,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **367**
Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: G10,G21.0,G23.0-G23.9,G24.02-G24.3,G24.5-G24.9,G25.0-G25.5,G25.61-G25.69,G25.9,G80.3,G90.3,J38.5-J38.6,Z45.31,Z45.49,Z46.2
CPT: 31513,31528,31529,31570,31571,31582,31641,64612,64616,95873,95874,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607
HCPCS: C9742,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

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

**Line:** **368**
Condition: CYST AND PSEUDOCYST OF PANCREAS (See Guideline Notes 64,65)
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-10: K86.2-K86.3
CPT: 43240,48000-48020,48105-48148,48152-48154,48500-48540,48548,49322,49324,49325,49421-49424,64680, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **369**
Condition: ACUTE SINUSITIS (See Guideline Notes 35,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J01.00-J01.91
CPT: 31000-31090,31256,61782,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355, 99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467,S2342

**Line:** **370**
Condition: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
ICD-10: H21.00-H21.03
CPT: 65810,65815,65930,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **371**
Condition: ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B44.81
CPT: 32662,33405-33430,33973,33974,35180-35184,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **372**
Condition: ENTROPION AND TRICHIASIS OF EYELID
Treatment: REPAIR
ICD-10: H02.001-H02.059
CPT: 67820-67850,67880,67882,67921-67924,67950-67975,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **373**
Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL (See Guideline Notes 36,64,65)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-10: A38.0-A38.9,A69.0-A69.1,J02.0,J03.00-J03.01,J35.1,J35.3-J35.8
CPT: 42820-42826,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **374**
Condition: INTESTINAL PARASITES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A07.2-A07.4,A07.9,B65.0-B65.9,B66.0-B66.9,B67.0-B67.2,B67.31-B67.99,B68.0,B72,B73.00-B73.1,B74.0-B74.9,B76.0-B76.9,B77.0,B77.81-B77.9,B78.0,B78.7-B78.9,B79-B80,B81.0-B81.8,B82.0-B82.9,B83.0-B83.3,B83.8-B83.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **375**
Condition: AMBLYOPIA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H53.001-H53.039
CPT: 65778-65782,66820-66986,67311-67343,67901-67909,68135,68320-68328,68335,68340,68371,92002-92014,92018-92065,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **376**
Condition: ENCEPHALOCELE
Treatment: SURGICAL TREATMENT
ICD-10: Q01.0-Q01.9
CPT: 20664,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **377**
Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (See Guideline Notes 12,64,65)
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-10: D14.1-D14.2,D14.30-D14.4,D15.0-D15.9,D19.0,D3A.090-D3A.091,G89.3,Z51.0
CPT: 19260-19272,21627,21630,31512,31541-31546,31630,31631,31636-31641,31770,31775,32320,32480-32488,32505-32540,32553,32661-32663,32666-32670,32673,33120,33130,39000,39010,39220,49411,60520-60522,77014,77261-77290,77295,77306-77318,77331-77370,77385-77387,77402-77432,77469,77470,77520-77763,77770-77790,79005-79445,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **378**
Condition: ACNE CONGLOBATA (SEVERE CYSTIC ACNE) (See Guideline Notes 64,65,132)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L70.0-L70.9,L73.0
CPT: 10040-10061,11450-11471,11900,11901,17000,17340,17360,96900-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **379**
Condition: RETINAL TEAR (See Guideline Notes 64,65)
Treatment: LASER PROPHYLAXIS
ICD-10: H33.301-H33.339
CPT: 67141,67145,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **380**
Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H60.40-H60.43,H61.001-H61.039,H70.811-H70.899,H71.00-H71.93,H74.11-H74.23,H74.311-H74.399,H95.00-H95.03,H95.121-H95.129
CPT: 21235,69220,69420,69421,69433-69540,69601-69646,69662,69670,69700,69905,69910,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **381**
Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,28,64,65,98,120)
Treatment: REPAIR
ICD-10: M12.00,M12.011-M12.09,M25.751-M25.759,M35.4,M62.10,M62.111-M62.28,M62.89,M65.311-M65.319,M66.0,M66.111-M66.18,M66.221-M66.259,M66.271-M66.80,M66.821-M66.89,M70.60-M70.72,M72.8,M76.00-M76.12,M76.30-M76.32,S53.20XA-S53.20XD,S53.21XA-S53.21XD,S53.22XA-S53.22XD,S53.30XA-S53.30XD,S53.31XA-S53.31XD,S53.32XA-S53.32XD,S53.401A-S53.401D,S53.402A-S53.402D,S53.409A-S53.409D,S53.411A-S53.411D,S53.412A-S53.412D,S53.419A-S53.419D,S53.421A-S53.421D,S53.422A-S53.422D,S53.429A-S53.429D,S53.431A-S53.431D,S53.432A-S53.432D,S53.439A-S53.439D,S53.441A-S53.441D,S53.442A-S53.442D,S53.449A-S53.449D,S53.491A-S53.491D,S53.492A-S53.492D,S53.499A-S53.499D,S56.011A-S56.011D,S56.012A-S56.012D,S56.019A-S56.019D,S56.111A-S56.111D,S56.112A-S56.112D,S56.113A-S56.113D,S56.114A-S56.114D,S56.115A-S56.115D,S56.116A-S56.116D,S56.117A-S56.117D,S56.118A-S56.118D,S56.119A-S56.119D,S56.211A-S56.211D,S56.212A-S56.212D,S56.219A-S56.219D,S56.311A-S56.311D,S56.312A-S56.312D,S56.319A-S56.319D,S56.411A-S56.411D,S56.412A-S56.412D,S56.413A-S56.413D,S56.414A-S56.414D,S56.415A-S56.415D,S56.416A-S56.416D,S56.417A-S56.417D,S56.418A-S56.418D,S56.419A-S56.419D,S56.511A-S56.511D,S56.512A-S56.512D,S56.519A-S56.519D,S56.811A-S56.811D,S56.812A-S56.812D,S56.819A-S56.819D,S56.911A-S56.911D,S56.912A-S56.912D,S56.919A-S56.919D,S63.301A-S63.301D,S63.302A-S63.302D,S63.309A-S63.309D,S63.311A-S63.311D,S63.312A-S63.312D,S63.319A-S63.319D,S63.321A-S63.321D,S63.322A-S63.322D,S63.329A-S63.329D,S63.331A-S63.331D,S63.332A-S63.332D,S63.339A-S63.339D,S63.391A-S63.391D,S63.392A-S63.392D,S63.399A-S63.399D,S63.400A-S63.400D,S63.401A-S63.401D,S63.402A-S63.402D,S63.403A-S63.403D,S63.404A-S63.404D,S63.405A-S63.405D,S63.406A-S63.406D,S63.407A-S63.407D,S63.408A-S63.408D,S63.409A-S63.409D,S63.410A-S63.410D,S63.411A-S63.411D,S63.412A-S63.412D,S63.413A-S63.413D,S63.414A-S63.414D,S63.415A-S63.415D,S63.416A-S63.416D,S63.417A-S63.417D,S63.418A-S63.418D,S63.419A-S63.419D,S63.420A-S63.420D,S63.421A-S63.421D,S63.422A-S63.422D,S63.423A-S63.423D,S63.424A-S63.424D,S63.425A-S63.425D,S63.426A-S63.426D,S63.427A-S63.427D,S63.428A-S63.428D,S63.429A-S63.429D,S63.430A-S63.430D,S63.431A-S63.431D,S63.432A-S63.432D,S63.433A-S63.433D,S63.434A-S63.434D,S63.435A-S63.435D,S63.436A-S63.436D,S63.437A-S63.437D,S63.438A-S63.438D,S63.439A-S63.439D,S63.490A-S63.490D,S63.491A-S63.491D,S63.492A-S63.492D,S63.493A-S63.493D,S63.494A-S63.494D,S63.495A-S63.495D,S63.496A-S63.496D,S63.497A-S63.497D,S63.498A-S63.498D,S63.499A-S63.499D,S63.501A-S63.501D,S63.502A-S63.502D,S63.509A-S63.509D,S63.511A-S63.511D,S63.512A-S63.512D,S63.519A-S63.519D,S63.521A-S63.521D,S63.522A-S63.522D,S63.529A-S63.529D,S63.591A-S63.591D,S63.592A-S63.592D,S63.599A-S63.599D,S63.601A-S63.601D,S63.602A-S63.602D,S63.609A-S63.609D,S63.610A-S63.610D,S63.611A-S63.611D,S63.612A-S63.612D,S63.613A-S63.613D,S63.614A-S63.614D,S63.615A-S63.615D,S63.616A-S63.616D,S63.617A-S63.617D,S63.618A-S63.618D,S63.619A-S63.619D,S63.621A-S63.621D,S63.622A-S63.622D,S63.629A-S63.629D,S63.630A-S63.630D,S63.631A-S63.631D,S63.632A-S63.632D,S63.633A-S63.633D,S63.634A-S63.634D,S63.635A-S63.635D,S63.636A-S63.636D,S63.637A-S63.637D,S63.638A-S63.638D,S63.639A-S63.639D,S63.641A-S63.641D,S63.642A-

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S63.642D,S63.649A-S63.649D,S63.650A-S63.650D,S63.651A-S63.651D,S63.652A-S63.652D,S63.653A-S63.653D,S63.654A-S63.654D,S63.655A-S63.655D,S63.656A-S63.656D,S63.657A-S63.657D,S63.658A-S63.658D,S63.659A-S63.659D,S63.681A-S63.681D,S63.682A-S63.682D,S63.689A-S63.689D,S63.690A-S63.690D,S63.691A-S63.691D,S63.692A-S63.692D,S63.693A-S63.693D,S63.694A-S63.694D,S63.695A-S63.695D,S63.696A-S63.696D,S63.697A-S63.697D,S63.698A-S63.698D,S63.699A-S63.699D,S63.8X1A-S63.8X1D,S63.8X2A-S63.8X2D,S63.8X9A-S63.8X9D,S63.90XA-S63.90XD,S63.91XA-S63.91XD,S63.92XA-S63.92XD,S66.011A-S66.011D,S66.012A-S66.012D,S66.019A-S66.019D,S66.110A-S66.110D,S66.111A-S66.111D,S66.112A-S66.112D,S66.113A-S66.113D,S66.114A-S66.114D,S66.115A-S66.115D,S66.116A-S66.116D,S66.117A-S66.117D,S66.118A-S66.118D,S66.119A-S66.119D,S66.211A-S66.211D,S66.212A-S66.212D,S66.219A-S66.219D,S66.310A-S66.310D,S66.311A-S66.311D,S66.312A-S66.312D,S66.313A-S66.313D,S66.314A-S66.314D,S66.315A-S66.315D,S66.316A-S66.316D,S66.317A-S66.317D,S66.318A-S66.318D,S66.319A-S66.319D,S66.411A-S66.411D,S66.412A-S66.412D,S66.419A-S66.419D,S66.510A-S66.510D,S66.511A-S66.511D,S66.512A-S66.512D,S66.513A-S66.513D,S66.514A-S66.514D,S66.515A-S66.515D,S66.516A-S66.516D,S66.517A-S66.517D,S66.518A-S66.518D,S66.519A-S66.519D,S66.811A-S66.811D,S66.812A-S66.812D,S66.819A-S66.819D,S66.911A-S66.911D,S66.912A-S66.912D,S66.919A-S66.919D,S73.101A-S73.101D,S73.102A-S73.102D,S73.109A-S73.109D,S73.111A-S73.111D,S73.112A-S73.112D,S73.119A-S73.119D,S73.121A-S73.121D,S73.122A-S73.122D,S73.129A-S73.129D,S73.191A-S73.191D,S73.192A-S73.192D,S73.199A-S73.199D,S76.011A-S76.011D,S76.012A-S76.012D,S76.019A-S76.019D,S76.111A-S76.111D,S76.112A-S76.112D,S76.119A-S76.119D,S76.211A-S76.211D,S76.212A-S76.212D,S76.219A-S76.219D,S76.311A-S76.311D,S76.312A-S76.312D,S76.319A-S76.319D,S76.811A-S76.811D,S76.812A-S76.812D,S76.819A-S76.819D,S76.911A-S76.911D,S76.912A-S76.912D,S76.919A-S76.919D,S86.011A-S86.011D,S86.012A-S86.012D,S86.019A-S86.019D,S93.401A-S93.401D,S93.402A-S93.402D,S93.409A-S93.409D,S93.411A-S93.411D,S93.412A-S93.412D,S93.419A-S93.419D,S93.421A-S93.421D,S93.422A-S93.422D,S93.429A-S93.429D,S93.431A-S93.431D,S93.432A-S93.432D,S93.439A-S93.439D,S93.491A-S93.491D,S93.492A-S93.492D,S93.499A-S93.499D,S96.011A-S96.011D,S96.012A-S96.012D,S96.019A-S96.019D,S96.111A-S96.111D,S96.112A-S96.112D,S96.119A-S96.119D,S96.211A-S96.211D,S96.212A-S96.212D,S96.219A-S96.219D,S96.811A-S96.811D,S96.812A-S96.812D,S96.819A-S96.819D,S96.911A-S96.911D,S96.912A-S96.912D,S96.919A-S96.919D

CPT: 20550,20610,20611,23430,24340-24342,24344,25310,26055,26350-26412,26418,26420,26428-26437,26474,26497,26530,26540,26775,26776,27380-27386,27650-27654,27658-27675,27695-27698,27829,28200-28210,29065-29105,29126-29280,29345-29425,29440,29445,29505-29540,29700,29705,29828,29861-29863,29901,29902,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 382**

Condition: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION (See Guideline Notes 6,38,64,65,90)

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

ICD-10: A33,A50.40,A50.43,A50.45,A52.10-A52.19,A52.3,A81.00-A81.83,A87.1-A87.2,A88.8,A89,C70.0-C70.9,C71.0-C71.9,C72.0-C72.1,C72.20-C72.9,D33.9,D81.3,D81.5,E00.0-E00.9,E45,E70.0-E70.1,E70.20-E70.29,E70.320-E70.331,E70.39,E70.5-E70.9,E71.0,E71.110-E71.548,E72.00-E72.51,E72.59-E72.9,E74.00-E74.09,E74.20-E74.29,E75.00-E75.09,E75.11-E75.23,E75.240-E75.6,E76.01-E76.1,E76.210-E76.9,E77.0-E77.9,E78.70-E78.9,E79.1-E79.9,E80.0-E80.1,E80.20-E80.3,E83.00-E83.09,E88.2,E88.40-E88.49,E88.89,F01.50-F01.51,F03.90-F03.91,F06.1,F06.8,F07.89,F70-F79,F84.0-F84.3,F84.8,G04.1,G04.81-G04.91,G10,G11.0-G11.9,G12.0-G12.1,G12.21-G12.9,G13.1-G13.8,G14-G20,G21.0,G21.11-G21.9,G23.0-G23.9,G24.01,G24.1-G24.2,G24.8,G25.4-G25.5,G25.82,G25.9,G30.0-G30.8,G31.01-G31.9,G32.0,G32.81-G32.89,G35,G36.0-G36.9,G37.0-G37.9,G40.011-G40.019,G40.111-G40.119,G40.211-G40.219,G40.311-G40.319,G40.411-G40.419,G40.811,G40.89,G40.911-G40.919,G60.0-G60.8,G61.0-G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G64,G71.0,G71.11-G71.8,G72.0-G72.3,G72.41-G72.89,G73.7,G80.0-G80.9,G81.00-G81.94,G82.20-G82.54,G83.0,G83.10-G83.9,G90.01-G90.1,G90.3-G90.4,G90.50,G90.511-G90.59,G91.0-G91.9,G92,G93.0-G93.1,G93.40-G93.81,G93.89,G94,G95.0,G95.11-G95.89,G96.8,G97.0,G97.2,G97.31-G97.32,G97.48-G97.49,G97.81-G97.82,G98.0-G98.8,G99.0-G99.8,H49.811-H49.819,H54.0,H54.10-H54.3,H54.8,I61.0-I61.9,I62.00-I62.9,I63.30,I63.311-I63.9,I67.3,I67.81-I67.83,I67.841-I67.89,I69.01,I69.020-I69.090,I69.092-I69.093,I69.11,I69.120-I69.190,I69.192-I69.193,I69.21,I69.220-I69.290,I69.292-I69.293,I69.31,I69.320-I69.390,I69.392-I69.393,I69.81,I69.820-I69.890,I69.892-I69.893,I69.91,I69.920-I69.990,I69.992-I69.993,I97.810-I97.821,M14.60,M14.611-M14.69,M20.021-M20.099,M21.00,M21.021-M21.079,M21.121-M21.172,M21.20,M21.211-M21.379,M21.511-M21.969,M24.521-M24.539,M24.551-M24.576,M61.111-M61.112,M61.121-M61.122,M61.131-M61.132,M61.141-M61.142,M61.144-M61.145,M61.151-M61.152,M61.161-M61.162,M61.171-M61.172,M61.174-M61.175,M61.177-M61.178,M61.18-M61.19,M61.211-M61.212,M61.221-M61.222,M61.231-M61.232,M61.241-M61.242,M61.251-M61.252,M61.261-M61.262,M61.271-M61.272,M61.28-M61.29,M61.311-M61.312,M61.321-M61.322,M61.331-M61.332,M61.341-M61.342,M61.351-M61.352,M61.361-M61.362,M61.371-M61.372,M61.38-M61.39,M61.411-M61.412,M61.421-M61.422,M61.431-M61.432,M61.441-M61.442,M61.451-M61.452,M61.461-M61.462,M61.471-M61.472,M61.48-M61.49,M61.511-M61.512,M61.521-M61.522,M61.531-M61.532,M61.541-M61.542,M61.551-M61.552,M61.561-M61.562,M61.571-M61.572,M61.58-M61.59,M62.3,M62.511-M62.59,M62.89,M67.00-M67.02,P05.01-P05.08,P05.11-P05.2,P07.00-P07.39,P10.0-P10.9,P11.0,P11.2,P11.5-P11.9,P19.0-P19.9,P24.00-P24.21,P24.80-P24.9,P35.0-P35.9,P37.0-P37.9,P38.1-P38.9,P39.0,P39.2-P39.9,P50.0-P50.9,P51.0-P51.9,P52.0-P52.1,P52.21-P52.9,P54.0-P54.9,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

P55.0-P55.9,P56.0,P56.90-P56.99,P57.0,P91.2,P91.60-P91.63,P96.81,Q00.0-Q00.2,Q01.0-Q01.9,Q02,Q03.0-Q03.9,Q04.0-Q04.9,Q05.0-Q05.9,Q06.0-Q06.9,Q07.00-Q07.9,Q68.1,Q74.3,Q77.3,Q77.6,Q78.0-Q78.3,Q78.5-Q78.6,Q85.1,Q86.0-Q86.8,Q87.1-Q87.3,Q87.40,Q87.410-Q87.89,Q89.4-Q89.8,Q90.0-Q90.9,Q91.0-Q91.7,Q92.0-Q92.5,Q92.62-Q92.9,Q93.0-Q93.7,Q93.81-Q93.9,Q95.2-Q95.8,Q96.0-Q96.9,Q97.0-Q97.8,Q98.0-Q98.3,Q98.5-Q98.8,Q99.0-Q99.8,R41.4,R41.81,R53.2,R54,S06.370A-S06.370D,S06.810A-S06.810D,S06.811A-S06.811D,S06.812A-S06.812D,S06.813A-S06.813D,S06.814A-S06.814D,S06.815A-S06.815D,S06.816A-S06.816D,S06.817A-S06.817D,S06.818A-S06.818D,S06.819A-S06.819D,S06.820A-S06.820D,S06.821A-S06.821D,S06.822A-S06.822D,S06.823A-S06.823D,S06.824A-S06.824D,S06.825A-S06.825D,S06.826A-S06.826D,S06.827A-S06.827D,S06.828A-S06.828D,S06.829A-S06.829D,S06.890A-S06.890D,S06.891A-S06.891D,S06.892A-S06.892D,S06.893A-S06.893D,S06.894A-S06.894D,S06.895A-S06.895D,S06.896A-S06.896D,S06.897A-S06.897D,S06.898A-S06.898D,S06.899A-S06.899D,S06.9X0A-S06.9X0D,S06.9X1A-S06.9X1D,S06.9X2A-S06.9X2D,S06.9X3A-S06.9X3D,S06.9X4A-S06.9X4D,S06.9X5A-S06.9X5D,S06.9X6A-S06.9X6D,S06.9X7A-S06.9X7D,S06.9X8A-S06.9X8D,S06.9X9A-S06.9X9D,S14.0XXA-S14.0XXD,S14.101A-S14.101D,S14.102A-S14.102D,S14.103A-S14.103D,S14.104A-S14.104D,S14.105A-S14.105D,S14.106A-S14.106D,S14.107A-S14.107D,S14.108A-S14.108D,S14.109A-S14.109D,S14.111A-S14.111D,S14.112A-S14.112D,S14.113A-S14.113D,S14.114A-S14.114D,S14.115A-S14.115D,S14.116A-S14.116D,S14.117A-S14.117D,S14.118A-S14.118D,S14.119A-S14.119D,S14.121A-S14.121D,S14.122A-S14.122D,S14.123A-S14.123D,S14.124A-S14.124D,S14.125A-S14.125D,S14.126A-S14.126D,S14.127A-S14.127D,S14.128A-S14.128D,S14.129A-S14.129D,S14.131A-S14.131D,S14.132A-S14.132D,S14.133A-S14.133D,S14.134A-S14.134D,S14.135A-S14.135D,S14.136A-S14.136D,S14.137A-S14.137D,S14.138A-S14.138D,S14.139A-S14.139D,S14.141A-S14.141D,S14.142A-S14.142D,S14.143A-S14.143D,S14.144A-S14.144D,S14.145A-S14.145D,S14.146A-S14.146D,S14.147A-S14.147D,S14.148A-S14.148D,S14.149A-S14.149D,S14.151A-S14.151D,S14.152A-S14.152D,S14.153A-S14.153D,S14.154A-S14.154D,S14.155A-S14.155D,S14.156A-S14.156D,S14.157A-S14.157D,S14.158A-S14.158D,S14.159A-S14.159D,S14.2XXA-S14.2XXD,S14.3XXA-S14.3XXD,S24.0XXA-S24.0XXD,S24.101A-S24.101D,S24.102A-S24.102D,S24.103A-S24.103D,S24.104A-S24.104D,S24.109A-S24.109D,S24.111A-S24.111D,S24.112A-S24.112D,S24.113A-S24.113D,S24.114A-S24.114D,S24.119A-S24.119D,S24.131A-S24.131D,S24.132A-S24.132D,S24.133A-S24.133D,S24.134A-S24.134D,S24.139A-S24.139D,S24.141A-S24.141D,S24.142A-S24.142D,S24.143A-S24.143D,S24.144A-S24.144D,S24.149A-S24.149D,S24.151A-S24.151D,S24.152A-S24.152D,S24.153A-S24.153D,S24.154A-S24.154D,S24.159A-S24.159D,S24.2XXA-S24.2XXD,S34.01XA-S34.01XD,S34.02XA-S34.02XD,S34.101A-S34.101D,S34.102A-S34.102D,S34.103A-S34.103D,S34.104A-S34.104D,S34.105A-S34.105D,S34.109A-S34.109D,S34.111A-S34.111D,S34.112A-S34.112D,S34.113A-S34.113D,S34.114A-S34.114D,S34.115A-S34.115D,S34.119A-S34.119D,S34.121A-S34.121D,S34.122A-S34.122D,S34.123A-S34.123D,S34.124A-S34.124D,S34.125A-S34.125D,S34.129A-S34.129D,S34.131A-S34.131D,S34.132A-S34.132D,S34.139A-S34.139D,S34.21XA-S34.21XD,S34.22XA-S34.22XD,S34.3XXA-S34.3XXD,S34.4XXA-S34.4XXD,T40.0X1A-T40.0X1D,T40.0X2A-T40.0X2D,T40.0X3A-T40.0X3D,T40.0X4A-T40.0X4D,T40.1X1A-T40.1X1D,T40.1X2A-T40.1X2D,T40.1X3A-T40.1X3D,T40.1X4A-T40.1X4D,T40.2X1A-T40.2X1D,T40.2X2A-T40.2X2D,T40.2X3A-T40.2X3D,T40.2X4A-T40.2X4D,T40.3X1A-T40.3X1D,T40.3X2A-T40.3X2D,T40.3X3A-T40.3X3D,T40.3X4A-T40.3X4D,T40.4X1A-T40.4X1D,T40.4X2A-T40.4X2D,T40.4X3A-T40.4X3D,T40.4X4A-T40.4X4D,T40.5X1A-T40.5X1D,T40.5X2A-T40.5X2D,T40.5X3A-T40.5X3D,T40.5X4A-T40.5X4D,T40.601A-T40.601D,T40.602A-T40.602D,T40.603A-T40.603D,T40.604A-T40.604D,T40.691A-T40.691D,T40.692A-T40.692D,T40.693A-T40.693D,T40.694A-T40.694D,T40.7X1A-T40.7X1D,T40.7X2A-T40.7X2D,T40.7X3A-T40.7X3D,T40.7X4A-T40.7X4D,T40.8X1A-T40.8X1D,T40.8X2A-T40.8X2D,T40.8X3A-T40.8X3D,T40.8X4A-T40.8X4D,T40.901A-T40.901D,T40.902A-T40.902D,T40.903A-T40.903D,T40.904A-T40.904D,T40.991A-T40.991D,T71.111A-T71.111D,T71.112A-T71.112D,T71.113A-T71.113D,T71.114A-T71.114D,T71.121A-T71.121D,T71.122A-T71.122D,T71.123A-T71.123D,T71.124A-T71.124D,T71.131A-T71.131D,T71.132A-T71.132D,T71.133A-T71.133D,T71.134A-T71.134D,T71.141A-T71.141D,T71.143A-T71.143D,T71.144A-T71.144D,T71.151A-T71.151D,T71.152A-T71.152D,T71.153A-T71.153D,T71.154A-T71.154D,T71.161A-T71.161D,T71.162A-T71.162D,T71.163A-T71.163D,T71.164A-T71.164D,T71.191A-T71.191D,T71.192A-T71.192D,T71.193A-T71.193D,T71.194A-T71.194D,T71.20XA-T71.20XD,T71.21XA-T71.21XD,T71.221A-T71.221D,T71.222A-T71.222D,T71.223A-T71.223D,T71.224A-T71.224D,T71.231A-T71.231D,T71.232A-T71.232D,T71.233A-T71.233D,T71.234A-T71.234D,T71.29XA-T71.29XD,T71.9XXA-T71.9XXD,T74.4XXA-T74.4XXD,T75.01XA-T75.01XD,T75.09XA-T75.09XD,T75.1XXA-T75.1XXD,T75.4XXA-T75.4XXD,T78.00XA-T78.00XD,T78.01XA-T78.01XD,T78.02XA-T78.02XD,T78.03XA-T78.03XD,T78.04XA-T78.04XD,T78.05XA-T78.05XD,T78.06XA-T78.06XD,T78.07XA-T78.07XD,T78.08XA-T78.08XD,T78.09XA-T78.09XD,T78.3XXA-T78.3XXD,T78.8XXA-T78.8XXD,T79.0XXA-T79.0XXD,T79.4XXA-T79.4XXD,T79.6XXA-T79.6XXD,T88.2XXA-T88.2XXD,T88.51XA-T88.51XD,T88.6XXA-T88.6XXD,Z44.001-Z44.22,Z44.8,Z46.3,Z47.81,Z89.011-Z89.629

CPT: 61215,92002-92014,92083,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2117

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **383**
Condition: ESOPHAGEAL STRICTURE; ACHALASIA (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K22.0,K22.2,Z46.59
CPT: 32110-32124,32820,43192,43195,43196,43201,43212-43214,43220,43226,43229,43233,43248,43249,43266, 43279,43330,43410-43453,44300,49442,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

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

**Line:** **384**
Condition: CHRONIC ULCER OF SKIN (See Guideline Notes 62,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E08.621-E08.622,E09.621-E09.622,E10.621-E10.622,E11.621-E11.622,E13.621-E13.622,I70.231-I70.25,I70.331-I70.35,I70.431-I70.45,I70.531-I70.55,I70.631-I70.65,I70.731-I70.75,I83.001-I83.029,I83.201-I83.229,I87.011-I87.019,I87.031-I87.039,I87.311-I87.319,I87.331-I87.339,L88,L89.000-L89.95,L97.101-L97.929,L98.411-L98.499
CPT: 10060,10061,11000-11047,14000-15136,15200-15221,15241-15770,15920-15958,27598,28122,28810,29445, 29580-29584,36470-36479,37700-37785,96150-96154,97036,97605-97608,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607
HCPCS: D7920,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **385**
Condition: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS (See Guideline Note 144)
Treatment: SHORT-TERM MEDICAL THERAPY; SURGICAL TREATMENT
ICD-10: K20.0-K20.9,K21.0-K21.9,K22.5,K22.70,K44.0-K44.1
CPT: 39503-39541,39560,39561,43030,43130-43180,43192,43201,43210,43227,43279-43282,43327-43337,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **386**
Condition: BULIMIA NERVOSA AND UNSPECIFIED EATING DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.2-F50.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99184,99201-99239,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

ICD-10-CM F50.8 is included on this line only for binge eating disorder. All other diagnoses using this code (i.e. pica in adults) are included on Line 664, pica.

**Line:** **387**
Condition: LATE SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A52.10-A52.15,A52.19-A52.9,A53.0-A53.9
CPT: 47015,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **388**
Condition: CENTRAL SEROUS CHORIORETINOPATHY (See Coding Specification Below) (See Guideline Notes 10,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H31.401-H31.8,H35.50-H35.54,H35.711-H35.719,H44.421-H44.429
CPT: 66020,67005-67028,67036-67043,67210,67515,68200,92002-92014,92018-92060,92081-92100,92134-92140, 92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **389**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3310,D3332

**Line:** **390**
Condition: SUPERFICIAL INJURIES WITH INFECTION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L08.89,T79.8XXA-T79.8XXD
CPT: 10120-10160,11000,11001,12001-12014,28190,29515,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **391**
Condition: PITUITARY DWARFISM (See Guideline Notes 64,65,74)
Treatment: MEDICAL THERAPY
ICD-10: E23.0,Q77.0-Q77.1,Q77.4-Q77.5,Q77.7-Q77.8
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9558

**Line:** **392**
Condition: DEFORMITY/CLOSED DISLOCATION OF MINOR JOINT AND RECURRENT JOINT DISLOCATIONS (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-10: M20.021-M20.039,M21.531-M21.539,M21.751-M21.769,M24.074-M24.176,M24.30,M24.40,M24.411-M24.479,Q69.0-Q69.1,Q70.00-Q70.13,S63.200A-S63.200D,S63.201A-S63.201D,S63.202A-S63.202D,S63.203A-S63.203D,S63.204A-S63.204D,S63.205A-S63.205D,S63.206A-S63.206D,S63.207A-S63.207D,S63.208A-S63.208D,S63.209A-S63.209D,S63.210A-S63.210D,S63.211A-S63.211D,S63.212A-S63.212D,S63.213A-S63.213D,S63.214A-S63.214D,S63.215A-S63.215D,S63.216A-S63.216D,S63.217A-S63.217D,S63.218A-S63.218D,S63.219A-S63.219D,S63.220A-S63.220D,S63.221A-S63.221D,S63.222A-S63.222D,S63.223A-S63.223D,S63.224A-S63.224D,S63.225A-S63.225D,S63.226A-S63.226D,S63.227A-S63.227D,S63.228A-S63.228D,S63.229A-S63.229D,S63.230A-S63.230D,S63.231A-S63.231D,S63.232A-S63.232D,S63.233A-S63.233D,S63.234A-S63.234D,S63.235A-S63.235D,S63.236A-S63.236D,S63.237A-S63.237D,S63.238A-S63.238D,S63.239A-S63.239D,S63.240A-S63.240D,S63.241A-S63.241D,S63.242A-S63.242D,S63.243A-S63.243D,S63.244A-S63.244D,S63.245A-S63.245D,S63.246A-S63.246D,S63.247A-S63.247D,S63.248A-S63.248D,S63.249A-S63.249D,S63.250A-S63.250D,S63.251A-S63.251D,S63.252A-S63.252D,S63.253A-S63.253D,S63.254A-S63.254D,S63.255A-S63.255D,S63.256A-S63.256D,S63.257A-S63.257D,S63.258A-S63.258D,S63.259A-S63.259D,S63.260A-S63.260D,S63.261A-S63.261D,S63.262A-S63.262D,S63.263A-S63.263D,S63.264A-S63.264D,S63.265A-S63.265D,S63.266A-S63.266D,S63.267A-S63.267D,S63.268A-S63.268D,S63.269A-S63.269D,S63.270A-S63.270D,S63.271A-S63.271D,S63.272A-S63.272D,S63.273A-S63.273D,S63.274A-S63.274D,S63.275A-S63.275D,S63.276A-S63.276D,S63.277A-S63.277D,S63.278A-S63.278D,S63.279A-S63.279D,S63.280A-S63.280D,S63.281A-S63.281D,S63.282A-S63.282D,S63.283A-S63.283D,S63.284A-S63.284D,S63.285A-S63.285D,S63.286A-S63.286D,S63.287A-S63.287D,S63.288A-S63.288D,S63.289A-S63.289D,S63.290A-S63.290D,S63.291A-S63.291D,S63.292A-S63.292D,S63.293A-S63.293D,S63.294A-S63.294D,S63.295A-S63.295D,S63.296A-S63.296D,S63.297A-S63.297D,S63.298A-S63.298D,S63.299A-S63.299D,S93.101A-S93.101D,S93.102A-S93.102D,S93.103A-S93.103D,S93.104A-S93.104D,S93.105A-S93.105D,S93.106A-S93.106D,S93.111A-S93.111D,S93.112A-S93.112D,S93.113A-S93.113D,S93.114A-S93.114D,S93.115A-S93.115D,S93.116A-S93.116D,S93.119A-S93.119D,S93.121A-S93.121D,S93.122A-S93.122D,S93.123A-S93.123D,S93.124A-S93.124D,S93.125A-S93.125D,S93.126A-S93.126D,S93.129A-S93.129D,S93.131A-S93.131D,S93.132A-S93.132D,S93.133A-S93.133D,S93.134A-S93.134D,S93.135A-S93.135D,S93.136A-S93.136D,S93.139A-S93.139D,S93.141A-S93.141D,S93.142A-S93.142D,S93.143A-S93.143D,S93.144A-S93.144D,S93.145A-S93.145D,S93.146A-S93.146D,S93.149A-S93.149D
CPT: 11200,20527,20690-20694,20900,20920-20924,21480,23455,23470,23520-23552,23650-23700,24000,24006,24101,24102,24300,24332,24343,24345,24346,24600-24640,25001,25101-25109,25259,25275,25320,25335,25337,25390-25394,25430,25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035,26040,26045,26060,26121-26180,26320-26341,26390,26426,26440-26556,26565-26596,26641-26715,26770-26776,26820-26863,26951,27097,27100-27122,27138-27170,27179,27185,27250-27258,27265,27266,27269,27275,27306,27307,27350,27420-27495,27550-27598,27603-27612,27615,27618-27630,27634-27692,27698,27705,27715,27727-27742,27830-27860,28008-28035,28043-28072,28086-28092,28110-28118,28126-28160,28220-28280,28288,28289,28300-28305,28307-28341,28360,28540-28760,29049-29105,29126-29131,29305-29515,29700-29720,29750,29806-29819,29828,29834,29861-29863,29873,29874,29881,29882,29891,29892,29894,29904-29907,64702,64704,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D7810-D7830,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2115

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **393**
Condition: ANOGENITAL VIRAL WARTS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A63.0
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,96150-96154,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **394**
Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F93.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005,T1016

**Line:** **395**
Condition: ACUTE OTITIS MEDIA (See Guideline Notes 29,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H65.00-H65.07,H65.111-H65.199,H66.001-H66.019,H66.40-H66.93,H67.1-H67.9,H68.011-H68.019,H69.90-H69.93,H73.001-H73.099,H73.20-H73.23,T70.0XXA-T70.0XXD
CPT: 69209,69210,69420,69421,69433,69436,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **396**
Condition: INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E72.52-E72.53,E74.10,E74.31-E74.39
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **397**
Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.00-F40.02,F41.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **398**
Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-10: J04.10-J04.2,J04.31,J05.0,J05.10-J05.11
CPT: 31600-31605,31820-31830,94640,94664,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **399**
Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN (See Coding Specification Below) (See Guideline Notes 64,65,134)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E70.310-E70.329,H02.521-H02.529,H04.531-H04.539,H49.13,H50.00,H50.011-H50.89,H51.0,H51.11-H51.8, H53.2,H53.30-H53.34,H55.00-H55.01,H55.03,H55.09,Q10.0-Q10.7,Q11.0-Q11.3,Q13.0,Q13.2,Q13.4-Q13.5, Q13.89-Q13.9,Q14.0-Q14.9,Q15.8
CPT: 65778-65782,66820-66986,67311-67345,67901-67909,68135,68320-68328,68335,68340,68371,68810-68840, 92002-92014,92018-92065,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969, 99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

Chemodenervation with botulinum toxin injection (CPT 67345) is included on this line for the treatment of strabismus due to other neurological disorders (ICD-10 H50.89)

**Line:** **400**
Condition: ANAL FISTULA (See Guideline Notes 64,65)
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-10: K60.3-K60.5
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46700,46706,46707,46940,46942,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **401**
Condition: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Notes 39,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N80.0-N80.9
CPT: 49203-49205,49322,58145-58150,58260-58263,58290-58292,58550-58554,58570-58573,58660-58662,58740, 58940,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9560

**Line:** **402**
Condition: ACUTE MYELOID LEUKEMIA (See Guideline Notes 7,11,12)
Treatment: BONE MARROW TRANSPLANT AND MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C92.00-C92.02,C92.50-C92.A2,C93.00-C93.02,C94.00-C94.6,D61.810,G89.3,Z48.290,Z51.0,Z51.12,Z52.000-Z52.098,Z52.3
CPT: 32553,36680,38100,38120,38204-38215,38230-38243,38760,49411,62350-62370,77014,77261-77290,77295, 77300,77306,77307,77321-77370,77385-77387,77401-77427,77469,81246,86828-86835,95990,96150-96154, 96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S2142,S2150,S9537

**Line:** **403**
Condition: MYELOID DISORDERS (See Guideline Notes 7,11,12)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C92.00-C92.02,C92.50-C92.92,C93.00-C93.02,C93.90-C93.92,C94.00-C94.6,C95.00-C95.02,D45,D61.810, G89.3,Z51.0,Z51.12
CPT: 32553,38100,38120,38760,49411,62350-62370,77014,77261-77290,77295,77300,77306,77307,77321-77370, 77385-77387,77401-77427,77469,81246,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **404**
Condition: INFLUENZA (See Guideline Notes 64,65,87)
Treatment: MEDICAL THERAPY
ICD-10: J09.X1-J09.X9,J10.00-J10.89,J11.00-J11.89
CPT: 94640,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **405**
Condition: CHRONIC MYELOID LEUKEMIA
Treatment: BONE MARROW TRANSPLANT
ICD-10: C92.10-C92.22,C93.10-C93.12,C93.90-C93.92,D61.810,T86.5,Z48.290,Z52.000-Z52.098,Z52.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S2142,S2150,S9537

**Line:** **406**
Condition: BENIGN CONDITIONS OF BONE AND JOINTS AT HIGH RISK FOR COMPLICATIONS (See Guideline Notes 6,7,11,64,65,100,137)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: D16.00-D16.9,D17.79,D18.09,D48.1,K09.0-K09.1,M12.20,M12.211-M12.29,M27.1,M27.40-M27.49,M67.80,M67.811-M67.89,M85.40,M85.411-M85.69,Z51.0,Z51.12
CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20600-20611,20615,20900,20930-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600,21930-21936,22532-22819,22851,23071-23076,23101,23140-23156,23200,24071-24079,24105-24126,24420,24498,25000,25071,25073,25110-25136,25170-25240,25295-25301,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27337,27339,27355-27358,27365,27465-27468,27495,27630-27638,27645-27647,27656,27745,28039-28045,28100-28108,28122,28124,28171-28175,28820,28825,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79445,96405,96406,96420-96440,96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99412,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017

**Line:** **407 (IMPLEMENTATION OF THIS LINE HAS BEEN TEMPORARILY DELAYED†)**

**Line:** **408**
Condition: LYMPHADENITIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I88.0-I88.8,L04.0-L04.9
CPT: 10030,10060,10061,38300-38308,38542,49405-49407,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **409**
Condition: UTERINE LEIOMYOMA AND POLYPS (See Guideline Notes 40,64,65)
Treatment: SURGICAL TREATMENT
ICD-10: D25.0-D25.9,D26.0-D26.9,D39.0,N84.0,N84.8-N84.9,N85.2-N85.3
CPT: 37243,58120-58180,58260-58263,58290-58292,58541-58554,58559,58561,58570-58573,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9560

**Line:** **410**
Condition: APHAKIA AND OTHER DISORDERS OF LENS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-10: H27.00-H27.10,H27.111-H27.8
CPT: 65750,65765,65767,66825,66985-66990,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **411**
Condition: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING (See Guideline Notes 64,65)
Treatment: RECONSTRUCT OF EAR CANAL
ICD-10: H61.301-H61.399,Q16.0-Q16.1,Q16.3-Q16.9,Z01.12
CPT: 15040,15110-15120,15130-15157,69310,69320,69631-69637,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **412**
Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F44.0-F44.2,F44.81-F44.89,F48.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **413**
Condition: EPIDERMOLYSIS BULLOSA (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: Q81.0-Q81.9
CPT: 11000,11001,96150-96154,96900-96913,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **414**
Condition: DELIRIUM DUE TO MEDICAL CAUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: F05
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **415**
Condition: MIGRAINE HEADACHES (See Guideline Notes 42,64,65,92)
Treatment: MEDICAL THERAPY
ICD-10: G43.001-G43.719,G43.B0-G43.C1,G43.801-G43.919,G44.001-G44.1
CPT: 64615,92002-92014,92081-92083,96150-96154,97810-97814,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **416**
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3320,D3332

**Line:** **417**
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F21
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **418**
Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N47.2,N47.6,N48.1,N48.5
CPT: 53431,54000-54015,54110-54112,54200,54205,54230-54250,54450,74445,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **419**
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F41.1-F41.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99215,99224, 99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005, T1016

**Line:** **420**
Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION (See Guideline Notes 64,65,119,125)
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
ICD-10: G45.0-G45.3,G45.8-G45.9,G46.0-G46.2,H34.00-H34.03,H93.011-H93.019,I65.01-I65.9,I66.01-I66.9,Z86.73
CPT: 34001,35301,35390,35606,37215-37218,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **421**
Condition: PERIPHERAL NERVE ENTRAPMENT; PALMAR FASCIAL FIBROMATOSIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: G56.00-G56.02,G56.20-G56.22,G57.30-G57.52,M53.1,M72.0
CPT: 20526,25109,25111,25118,25447,26035,26045,26060,26121-26180,26320,26440-26498,28035,29105,29515, 29848,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,97001-97004,97012, 97022,97110-97124,97140-97530,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **422**
Condition: MENIERE'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H81.01-H81.09
CPT: 69666,69667,69801-69806,69915,69950,92531-92548,96150-96154,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **423**
Condition: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 4 THROUGH 6 (See Guideline Notes 6,64,65,97)
Treatment: REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-10: M24.011-M24.019,M24.111-M24.119,M24.311-M24.319,M24.611-M24.619,M24.811-M24.819,M25.211-M25.219, M25.311-M25.319,M25.711-M25.719,M66.211-M66.219,M66.811-M66.819,M75.00-M75.02,M75.100-M75.122, M75.30-M75.92,S43.401A-S43.401D,S43.402A-S43.402D,S43.409A-S43.409D,S43.411A-S43.411D,S43.412A-S43.412D,S43.419A-S43.419D,S43.421A-S43.421D,S43.422A-S43.422D,S43.429A-S43.429D,S43.431A-S43.431D,S43.432A-S43.432D,S43.439A-S43.439D,S43.491A-S43.491D,S43.492A-S43.492D,S43.499A-S43.499D,S43.50XA-S43.50XD,S43.51XA-S43.51XD,S43.52XA-S43.52XD,S43.60XA-S43.60XD,S43.61XA-S43.61XD,S43.62XA-S43.62XD,S43.80XA-S43.80XD,S43.81XA-S43.81XD,S43.82XA-S43.82XD,S43.90XA-S43.90XD,S43.91XA-S43.91XD,S43.92XA-S43.92XD,S46.011A-S46.011D,S46.012A-S46.012D,S46.019A-S46.019D,S46.111A-S46.111D,S46.112A-S46.112D,S46.119A-S46.119D,S46.211A-S46.211D,S46.212A-S46.212D,S46.219A-S46.219D,S46.311A-S46.311D,S46.312A-S46.312D,S46.319A-S46.319D,S46.811A-S46.811D,S46.812A-S46.812D,S46.819A-S46.819D,S46.911A-S46.911D,S46.912A-S46.912D,S46.919A-S46.919D,Z47.31
CPT: 20550,20610,20611,20615,23000,23020,23105-23130,23190,23195,23334,23335,23395,23410-23466,23490, 23491,23650-23700,29806-29828,97001-97004,97012,97110-97124,97140-97530,97535,97542,97760-97762, 98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **424**
Condition: CHRONIC LEUKEMIAS WITH POOR PROGNOSIS (See Guideline Notes 7,11,12)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-10: C91.10-C91.92,C93.Z0-C93.Z2,C94.80-C94.82,C95.10-C95.92,D61.810,G89.3,Z51.0,Z51.12
CPT: 32553,49411,77014,77261-77290,77295,77300,77306,77307,77321-77370,77385-77387,77401-77417,77424-77427,77469,79101,90284,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99195,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **425**
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 64,65,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.3,F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016

**Line:** **426**
Condition: MENSTRUAL BLEEDING DISORDERS (See Guideline Notes 44,64,65,88)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N85.01,N85.5,N92.0-N92.6,Q51.5
CPT: 57800,58120,58150,58180,58260,58262,58290,58291,58300,58301,58353,58356,58541-58544,58550-58554,58561-58563,58570-58573,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **427**
Condition: LYMPHEDEMA (See Guideline Notes 6,43,64,65,149)
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-10: I89.0,I89.8-I89.9,I97.2,Q82.0
CPT: 29581-29584,38300-38382,38542-38555,38700-38745,38747,38760,49062,49185,49323,49423,49424,97001-97004,97110,97124,97140,97530,97760,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99360,99366-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **428**
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Notes 6,62,64,65,149)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D78.81-D78.89,E36.8,E89.810-E89.89,G89.22,G96.11,G97.1,G97.41,H59.011-H59.099,H59.811-H59.89,H74.8X1-H74.8X9,H95.811-H95.89,I97.3,J95.00,K91.61-K91.62,K91.840-K91.858,K94.00,K94.03-K94.10,K94.13-K94.20,K94.23-K94.30,K94.32-K94.39,K95.09-K95.89,L27.0,L76.01-L76.02,L76.21-L76.82,M96.810-M96.811,M96.830-M96.89,N98.1-N98.9,N99.110-N99.114,N99.61-N99.62,N99.820-N99.821,T66.XXXA-T66.XXXD,T80.1XXA-T80.1XXD,T80.30XA-T80.30XD,T80.310A-T80.310D,T80.311A-T80.311D,T80.319A-T80.319D,T80.39XA-T80.39XD,T80.40XA-T80.40XD,T80.410A-T80.410D,T80.411A-T80.411D,T80.419A-T80.419D,T80.49XA-T80.49XD,T80.A0XA-T80.A0XD,T80.A10A-T80.A10D,T80.A11A-T80.A11D,T80.A19A-T80.A19D,T80.A9XA-T80.A9XD,T80.61XA-T80.61XD,T80.62XA-T80.62XD,T80.69XA-T80.69XD,T81.500A-T81.500D,T81.501A-T81.501D,T81.502A-T81.502D,T81.503A-T81.503D,T81.504A-T81.504D,T81.505A-T81.505D,T81.506A-T81.506D,T81.507A-T81.507D,T81.508A-T81.508D,T81.509A-T81.509D,T81.510A-T81.510D,T81.511A-T81.511D,T81.512A-T81.512D,T81.513A-T81.513D,T81.514A-T81.514D,T81.515A-T81.515D,T81.516A-T81.516D,T81.517A-T81.517D,T81.518A-T81.518D,T81.519A-T81.519D,T81.527A-T81.527D,T81.528A-T81.528D,T81.529A-T81.529D,T81.530A-T81.530D,T81.531A-T81.531D,T81.532A-T81.532D,T81.533A-T81.533D,T81.534A-T81.534D,T81.535A-T81.535D,T81.536A-T81.536D,T81.537A-T81.537D,T81.538A-T81.538D,T81.539A-T81.539D,T81.590A-T81.590D,T81.591A-T81.591D,T81.592A-T81.592D,T81.593A-T81.593D,T81.594A-T81.594D,T81.595A-T81.595D,T81.596A-T81.596D,T81.597A-T81.597D,T81.598A-T81.598D,T81.599A-T81.599D,T81.60XA-T81.60XD,T81.61XA-T81.61XD,T81.69XA-T81.69XD,T81.89XA-T81.89XD,T83.018A-T83.018D,T83.028A-T83.028D,T83.038A-T83.038D,T83.098A-T83.098D,T83.31XA-T83.31XD,T83.32XA-T83.32XD,T83.39XA-T83.39XD,T83.711A-T83.711D,T83.718A-T83.718D,T83.721A-T83.721D,T83.728A-T83.728D,T85.21XA-T85.21XD,T85.22XA-T85.22XD,T85.29XA-T85.29XD,T85.310A-T85.310D,T85.311A-T85.311D,T85.318A-T85.318D,T85.320A-T85.320D,T85.321A-T85.321D,T85.328A-T85.328D,T85.390A-T85.390D,T85.391A-T85.391D,T85.398A-T85.398D,T85.41XA-T85.41XD,T85.42XA-T85.42XD,T85.43XA-T85.43XD,T85.44XA-T85.44XD,T85.49XA-T85.49XD,T85.510A-T85.510D,T85.511A-T85.511D,T85.518A-T85.518D,T85.520A-T85.520D,T85.521A-T85.521D,T85.528A-T85.528D,T85.590A-T85.590D,T85.591A-T85.591D,T85.598A-T85.598D,T85.610A-T85.610D,T85.612A-T85.612D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T85.613A-T85.613D,T85.614A-T85.614D,T85.618A-T85.618D,T85.620A-T85.620D,T85.622A-T85.622D, T85.623A-T85.623D,T85.624A-T85.624D,T85.628A-T85.628D,T85.630A-T85.630D,T85.633A-T85.633D, T85.638A-T85.638D,T85.690A-T85.690D,T85.692A-T85.692D,T85.693A-T85.693D,T85.694A-T85.694D, T85.698A-T85.698D,T86.820-T86.829,T87.30-T87.34,T87.81-T87.9,T88.52XA-T88.52XD,T88.59XA-T88.59XD, T88.8XXA-T88.8XXD,Z45.42

CPT: 10140,10160,11042-11047,11976,11982,11983,13160-14001,15002-15040,15100-15157,19328,19330,19371, 19380,20661,20680,20694,21120,21501,22849,22850,22852,22855,24160,24164,25250,25251,25449,25909, 26320,26990,27090,27091,27132-27138,27265,27266,27301,27486-27488,27570,27603,27704,27884,27886, 29582-29584,31613,31614,31630,31631,31636-31638,31641,31750-31781,31800-31830,33922,35875,35876, 35901-35905,36860,36861,37224,37228,43771-43774,43848,43870,44227,44312,44314,44340-44346,44620-44626,47536,47537,49185,49422,49429,53442,53446-53449,57295,57296,58301,58562,62100,62273,63661-63664,63688,63707,63709,64595,64788,65150-65175,65920,66825,66985,66986,67036,67121,67560,69424, 69711,75984,92002-92014,92507,92508,92521-92526,92607-92609,92633,97001-97004,97012,97022,97036, 97110-97124,97140-97530,97535,97542,97605-97608,97760-97762,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line: 429**
Condition: ADRENOGENITAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E25.0-E25.9,Q56.0-Q56.4
CPT: 50700,54690,56800-56810,57335,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 430**
Condition: SEVERE INFLAMMATORY SKIN DISEASE (See Guideline Note 21)
Treatment: MEDICAL THERAPY
ICD-10: H01.121-H01.129,L20.89-L20.9,L40.0-L40.4,L40.50-L40.9,L41.0-L41.9,L43.0-L43.9,L44.0,L93.0
CPT: 96150-96154,96900-96922,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 431**
Condition: ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY (See Guideline Note 133)
Treatment: SURGICAL THERAPY
ICD-10: G57.20-G57.22,S74.00XA-S74.00XD,S74.01XA-S74.01XD,S74.02XA-S74.02XD,S74.10XA-S74.10XD,S74.11XA-S74.11XD,S74.12XA-S74.12XD
CPT: 20550-20553,21032,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26556,26565-26596,26820-26863,27060,27097,27100-27122,27140-27165,27175-27185,27306,27307,27448-27455,27466, 27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907, 97022,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 432**
Condition: NON-MALIGNANT OTITIS EXTERNA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B37.84,H60.311-H60.399,H62.40-H62.43
CPT: 69000,69020,69209,69210,92633,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 433**
Condition: VAGINITIS AND CERVICITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: A56.02,A59.00-A59.9,B37.3,N72,N76.0-N76.3,N77.1,N89.8
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **434**
Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; GONADAL DYSGENISIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D27.0-D27.9,D28.2,N83.0-N83.1,N83.20-N83.29,N83.4,N83.7,Q50.01-Q50.39
CPT: 49322,58559,58561,58562,58660-58662,58700-58740,58800,58805,58900-58943,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **435**
Condition: URETHRAL FISTULA (See Guideline Notes 64,65)
Treatment: EXCISION, MEDICAL THERAPY
ICD-10: N36.0-N36.1,N36.5
CPT: 45820,53230-53250,53520,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **436**
Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,98,104)
Treatment: REPAIR, MEDICAL THERAPY
ICD-10: M22.2X1-M22.3X9,M22.8X1-M22.8X9,M23.011-M23.205,M23.211-M23.305,M23.311-M23.8X9,M24.171-M24.176,M24.661-M24.669,M66.261-M66.269,S83.200A-S83.200D,S83.201A-S83.201D,S83.202A-S83.202D,S83.203A-S83.203D,S83.204A-S83.204D,S83.205A-S83.205D,S83.206A-S83.206D,S83.207A-S83.207D,S83.209A-S83.209D,S83.211A-S83.211D,S83.212A-S83.212D,S83.219A-S83.219D,S83.221A-S83.221D,S83.222A-S83.222D,S83.229A-S83.229D,S83.231A-S83.231D,S83.232A-S83.232D,S83.239A-S83.239D,S83.241A-S83.241D,S83.242A-S83.242D,S83.249A-S83.249D,S83.251A-S83.251D,S83.252A-S83.252D,S83.259A-S83.259D,S83.261A-S83.261D,S83.262A-S83.262D,S83.269A-S83.269D,S83.271A-S83.271D,S83.272A-S83.272D,S83.279A-S83.279D,S83.281A-S83.281D,S83.282A-S83.282D,S83.289A-S83.289D,S83.30XA-S83.30XD,S83.31XA-S83.31XD,S83.32XA-S83.32XD,S83.401A-S83.401D,S83.402A-S83.402D,S83.409A-S83.409D,S83.411A-S83.411D,S83.412A-S83.412D,S83.419A-S83.419D,S83.421A-S83.421D,S83.422A-S83.422D,S83.429A-S83.429D,S83.501A-S83.501D,S83.502A-S83.502D,S83.509A-S83.509D,S83.511A-S83.511D,S83.512A-S83.512D,S83.519A-S83.519D,S83.521A-S83.521D,S83.522A-S83.522D,S83.529A-S83.529D,S83.60XA-S83.60XD,S83.61XA-S83.61XD,S83.62XA-S83.62XD,S83.8X1A-S83.8X1D,S83.8X2A-S83.8X2D,S83.8X9A-S83.8X9D,S83.90XA-S83.90XD,S83.91XA-S83.91XD,S83.92XA-S83.92XD,S86.111A-S86.111D,S86.112A-S86.112D,S86.119A-S86.119D,S86.211A-S86.211D,S86.212A-S86.212D,S86.219A-S86.219D,S86.311A-S86.311D,S86.312A-S86.312D,S86.319A-S86.319D,S86.811A-S86.811D,S86.812A-S86.812D,S86.819A-S86.819D,S86.911A-S86.911D,S86.912A-S86.912D,S86.919A-S86.919D
CPT: 20610,20611,27332-27335,27340,27350,27380,27381,27403-27416,27420-27430,27570,29345-29445,29505,29530,29705,29871-29889,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **437**
Condition: PERSISTENT DEPRESSIVE DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F34.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9480,S9484,T1016

**Line:** **438**
Condition: HYPOSPADIAS AND EPISPADIAS (See Guideline Notes 64,65,73)
Treatment: REPAIR
ICD-10: Q54.0-Q54.9,Q55.5,Q55.61-Q55.69,Q64.0,S39.840A-S39.840D
CPT: 14040,51715,53431,54230-54390,54420,54430,54440,55175,55180,74445,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **439**
Condition: CANCER OF GALLBLADDER AND OTHER BILIARY (See Guideline Notes 7,11,12,33,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: C23,C24.0-C24.9,D01.5,D61.810,G89.3,Z51.0,Z51.11-Z51.12
CPT: 32553,43260-43265,43273-43278,47533-47540,47542,47562-47570,47600-47620,47711,47712,47741,47785, 48145-48155,49327,49411,49412,60540,77014,77261-77290,77295,77300,77306-77370,77385-77387,77402-77417,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449, 99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **440**
Condition: PRECANCEROUS VULVAR CONDITIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L90.0,N90.0-N90.1,N90.4-N90.5
CPT: 56501,56515,56620,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **441**
Condition: RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65)
Treatment: ANTERIAL STROMAL PUNCTURE, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-10: H18.831-H18.839
CPT: 65430,65435,65600,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **442**
Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION (See Guideline Notes 64,65,126)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F98.4
CPT: 0359T-0374T,90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99281-99285,99304-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480, S9484,T1005,T1016

**Line:** **443**
Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: T19.2XXA-T19.2XXD,T19.3XXA-T19.3XXD
CPT: 57415,58120,58562,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **444**
Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
ICD-10: H02.811-H02.819,M79.5,Z18.01-Z18.89
CPT: 10120,10121,20520,20525,23330,23333,24200,24201,25248,27086,27087,27372,28190-28193,40804,41805, 55120,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **445**
Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,65,117)
Treatment: SURGICAL TREATMENT INCLUDING LASER SURGERY, MEDICAL THERAPY INCLUDING INJECTION
ICD-10: H34.811-H34.819,H34.831-H34.9
CPT: 67028,67228,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **446**
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-10: G50.0-G50.9,G52.0-G52.9,G53,Z45.42,Z51.0
CPT: 32553,49411,61450,61458,61790-61800,64568-64570,64600-64610,64716,77014,77261-77295,77300,77301, 77336-77372,77402,77417-77432,77469,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **447**
Condition: MALUNION AND NONUNION OF FRACTURE (See Guideline Notes 6,64,65)
Treatment: SURGICAL TREATMENT
ICD-10: M80.00XK-M80.00XP,M80.011K-M80.011P,M80.012K-M80.012P,M80.019K-M80.019P,M80.021K-M80.021P, M80.022K-M80.022P,M80.029K-M80.029P,M80.031K-M80.031P,M80.032K-M80.032P,M80.039K-M80.039P, M80.041K-M80.041P,M80.042K-M80.042P,M80.049K-M80.049P,M80.051K-M80.051P,M80.052K-M80.052P, M80.059K-M80.059P,M80.061K-M80.061P,M80.062K-M80.062P,M80.069K-M80.069P,M80.071K-M80.071P, M80.072K-M80.072P,M80.079K-M80.079P,M80.08XK-M80.08XP,M80.80XK-M80.80XP,M80.811K-M80.811P, M80.812K-M80.812P,M80.819K-M80.819P,M80.821K-M80.821P,M80.822K-M80.822P,M80.829K-M80.829P, M80.831K-M80.831P,M80.832K-M80.832P,M80.839K-M80.839P,M80.841K-M80.841P,M80.842K-M80.842P, M80.849K-M80.849P,M80.851K-M80.851P,M80.852K-M80.852P,M80.859K-M80.859P,M80.861K-M80.861P, M80.862K-M80.862P,M80.869K-M80.869P,M80.871K-M80.871P,M80.872K-M80.872P,M80.879K-M80.879P, M80.88XK-M80.88XP,M84.30XK-M84.30XP,M84.311K-M84.311P,M84.312K-M84.312P,M84.319K-M84.319P, M84.321K-M84.321P,M84.322K-M84.322P,M84.329K-M84.329P,M84.331K-M84.331P,M84.332K-M84.332P, M84.333K-M84.333P,M84.334K-M84.334P,M84.339K-M84.339P,M84.341K-M84.341P,M84.342K-M84.342P, M84.343K-M84.343P,M84.344K-M84.344P,M84.345K-M84.345P,M84.346K-M84.346P,M84.350K-M84.350P, M84.351K-M84.351P,M84.352K-M84.352P,M84.353K-M84.353P,M84.359K-M84.359P,M84.361K-M84.361P, M84.362K-M84.362P,M84.363K-M84.363P,M84.364K-M84.364P,M84.369K-M84.369P,M84.371K-M84.371P, M84.372K-M84.372P,M84.373K-M84.373P,M84.374K-M84.374P,M84.375K-M84.375P,M84.376K-M84.376P, M84.377K-M84.377P,M84.378K-M84.378P,M84.379K-M84.379P,M84.38XK-M84.38XP,M84.40XK-M84.40XP, M84.411K-M84.411P,M84.412K-M84.412P,M84.419K-M84.419P,M84.421K-M84.421P,M84.422K-M84.422P, M84.429K-M84.429P,M84.431K-M84.431P,M84.432K-M84.432P,M84.433K-M84.433P,M84.434K-M84.434P, M84.439K-M84.439P,M84.441K-M84.441P,M84.442K-M84.442P,M84.443K-M84.443P,M84.444K-M84.444P, M84.445K-M84.445P,M84.446K-M84.446P,M84.451K-M84.451P,M84.452K-M84.452P,M84.453K-M84.453P, M84.454K-M84.454P,M84.459K-M84.459P,M84.461K-M84.461P,M84.462K-M84.462P,M84.463K-M84.463P, M84.464K-M84.464P,M84.469K-M84.469P,M84.471K-M84.471P,M84.472K-M84.472P,M84.473K-M84.473P, M84.474K-M84.474P,M84.475K-M84.475P,M84.476K-M84.476P,M84.477K-M84.477P,M84.478K-M84.478P, M84.479K-M84.479P,M84.48XK-M84.48XP,M84.50XK-M84.50XP,M84.511K-M84.511P,M84.512K-M84.512P, M84.519K-M84.519P,M84.521K-M84.521P,M84.522K-M84.522P,M84.529K-M84.529P,M84.531K-M84.531P, M84.532K-M84.532P,M84.533K-M84.533P,M84.534K-M84.534P,M84.539K-M84.539P,M84.541K-M84.541P, M84.542K-M84.542P,M84.549K-M84.549P,M84.550K-M84.550P,M84.551K-M84.551P,M84.552K-M84.552P, M84.553K-M84.553P,M84.559K-M84.559P,M84.561K-M84.561P,M84.562K-M84.562P,M84.563K-M84.563P, M84.564K-M84.564P,M84.569K-M84.569P,M84.571K-M84.571P,M84.572K-M84.572P,M84.573K-M84.573P, M84.574K-M84.574P,M84.575K-M84.575P,M84.576K-M84.576P,M84.58XK-M84.58XP,M84.60XK-M84.60XP, M84.611K-M84.611P,M84.612K-M84.612P,M84.619K-M84.619P,M84.621K-M84.621P,M84.622K-M84.622P, M84.629K-M84.629P,M84.631K-M84.631P,M84.632K-M84.632P,M84.633K-M84.633P,M84.634K-M84.634P, M84.639K-M84.639P,M84.641K-M84.641P,M84.642K-M84.642P,M84.649K-M84.649P,M84.650K-M84.650P, M84.651K-M84.651P,M84.652K-M84.652P,M84.653K-M84.653P,M84.659K-M84.659P,M84.661K-M84.661P, M84.662K-M84.662P,M84.663K-M84.663P,M84.664K-M84.664P,M84.669K-M84.669P,M84.671K-M84.671P, M84.672K-M84.672P,M84.673K-M84.673P,M84.674K-M84.674P,M84.675K-M84.675P,M84.676K-M84.676P, M84.68XK-M84.68XP,S02.0XXK,S02.10XK,S02.110K,S02.111K,S02.112K,S02.113K,S02.118K,S02.119K, S02.19XK,S02.2XXK,S02.3XXK,S02.400K,S02.401K,S02.402K,S02.411K,S02.412K,S02.413K,S02.42XK, S02.5XXK,S02.600K,S02.609K,S02.61XK,S02.62XK,S02.63XK,S02.64XK,S02.65XK,S02.66XK,S02.67XK, S02.69XK,S02.8XXK,S02.91XK,S02.92XK,S12.000K,S12.001K,S12.01XK,S12.02XK,S12.030K,S12.031K, S12.040K,S12.041K,S12.090K,S12.091K,S12.100K,S12.101K,S12.110K,S12.111K,S12.112K,S12.120K, S12.121K,S12.130K,S12.131K,S12.14XK,S12.150K,S12.151K,S12.190K,S12.191K,S12.200K,S12.201K, S12.230K,S12.231K,S12.24XK,S12.250K,S12.251K,S12.290K,S12.291K,S12.300K,S12.301K,S12.330K, S12.331K,S12.34XK,S12.350K,S12.351K,S12.390K,S12.391K,S12.400K,S12.401K,S12.430K,S12.431K, S12.44XK,S12.450K,S12.451K,S12.490K,S12.491K,S12.500K,S12.501K,S12.530K,S12.531K,S12.54XK,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S12.550K,S12.551K,S12.590K,S12.591K,S12.600K,S12.601K,S12.630K,S12.631K,S12.64XK,S12.650K,
S12.651K,S12.690K,S12.691K,S22.000K,S22.001K,S22.002K,S22.008K,S22.009K,S22.010K,S22.011K,
S22.012K,S22.018K,S22.019K,S22.020K,S22.021K,S22.022K,S22.028K,S22.029K,S22.030K,S22.031K,
S22.032K,S22.038K,S22.039K,S22.040K,S22.041K,S22.042K,S22.048K,S22.049K,S22.050K,S22.051K,
S22.052K,S22.058K,S22.059K,S22.060K,S22.061K,S22.062K,S22.068K,S22.069K,S22.070K,S22.071K,
S22.072K,S22.078K,S22.079K,S22.080K,S22.081K,S22.082K,S22.088K,S22.089K,S22.20XK,S22.21XK,
S22.22XK,S22.23XK,S22.24XK,S22.31XK,S22.32XK,S22.39XK,S22.41XK,S22.42XK,S22.43XK,S22.49XK,
S22.5XXK,S22.9XXK,S32.000K,S32.001K,S32.002K,S32.008K,S32.009K,S32.010K,S32.011K,S32.012K,
S32.018K,S32.019K,S32.020K,S32.021K,S32.022K,S32.028K,S32.029K,S32.030K,S32.031K,S32.032K,
S32.038K,S32.039K,S32.040K,S32.041K,S32.042K,S32.048K,S32.049K,S32.050K,S32.051K,S32.052K,
S32.058K,S32.059K,S32.10XK,S32.110K,S32.111K,S32.112K,S32.119K,S32.120K,S32.121K,S32.122K,
S32.129K,S32.130K,S32.131K,S32.132K,S32.139K,S32.14XK,S32.15XK,S32.16XK,S32.17XK,S32.19XK,
S32.2XXK,S32.301K,S32.302K,S32.309K,S32.311K,S32.312K,S32.313K,S32.314K,S32.315K,S32.316K,
S32.391K,S32.392K,S32.399K,S32.401K,S32.402K,S32.409K,S32.411K,S32.412K,S32.413K,S32.414K,
S32.415K,S32.416K,S32.421K,S32.422K,S32.423K,S32.424K,S32.425K,S32.426K,S32.431K,S32.432K,
S32.433K,S32.434K,S32.435K,S32.436K,S32.441K,S32.442K,S32.443K,S32.444K,S32.445K,S32.446K,
S32.451K,S32.452K,S32.453K,S32.454K,S32.455K,S32.456K,S32.461K,S32.462K,S32.463K,S32.464K,
S32.465K,S32.466K,S32.471K,S32.472K,S32.473K,S32.474K,S32.475K,S32.476K,S32.481K,S32.482K,
S32.483K,S32.484K,S32.485K,S32.486K,S32.491K,S32.492K,S32.499K,S32.501K,S32.502K,S32.509K,
S32.511K,S32.512K,S32.519K,S32.591K,S32.592K,S32.599K,S32.601K,S32.602K,S32.609K,S32.611K,
S32.612K,S32.613K,S32.614K,S32.615K,S32.616K,S32.691K,S32.692K,S32.699K,S32.810K,S32.811K,
S32.89XK,S32.9XXK,S42.001K-S42.001P,S42.002K-S42.002P,S42.009K-S42.009P,S42.011K-S42.011P,
S42.012K-S42.012P,S42.013K-S42.013P,S42.014K-S42.014P,S42.015K-S42.015P,S42.016K-S42.016P,
S42.017K-S42.017P,S42.018K-S42.018P,S42.019K-S42.019P,S42.021K-S42.021P,S42.022K-S42.022P,
S42.023K-S42.023P,S42.024K-S42.024P,S42.025K-S42.025P,S42.026K-S42.026P,S42.031K-S42.031P,
S42.032K-S42.032P,S42.033K-S42.033P,S42.034K-S42.034P,S42.035K-S42.035P,S42.036K-S42.036P,
S42.101K-S42.101P,S42.102K-S42.102P,S42.109K-S42.109P,S42.111K-S42.111P,S42.112K-S42.112P,
S42.113K-S42.113P,S42.114K-S42.114P,S42.115K-S42.115P,S42.116K-S42.116P,S42.121K-S42.121P,
S42.122K-S42.122P,S42.123K-S42.123P,S42.124K-S42.124P,S42.125K-S42.125P,S42.126K-S42.126P,
S42.131K-S42.131P,S42.132K-S42.132P,S42.133K-S42.133P,S42.134K-S42.134P,S42.135K-S42.135P,
S42.136K-S42.136P,S42.141K-S42.141P,S42.142K-S42.142P,S42.143K-S42.143P,S42.144K-S42.144P,
S42.145K-S42.145P,S42.146K-S42.146P,S42.151K-S42.151P,S42.152K-S42.152P,S42.153K-S42.153P,
S42.154K-S42.154P,S42.155K-S42.155P,S42.156K-S42.156P,S42.191K-S42.191P,S42.192K-S42.192P,
S42.199K-S42.199P,S42.201K-S42.201P,S42.202K-S42.202P,S42.209K-S42.209P,S42.211K-S42.211P,
S42.212K-S42.212P,S42.213K-S42.213P,S42.214K-S42.214P,S42.215K-S42.215P,S42.216K-S42.216P,
S42.221K-S42.221P,S42.222K-S42.222P,S42.223K-S42.223P,S42.224K-S42.224P,S42.225K-S42.225P,
S42.226K-S42.226P,S42.231K-S42.231P,S42.232K-S42.232P,S42.239K-S42.239P,S42.241K-S42.241P,
S42.242K-S42.242P,S42.249K-S42.249P,S42.251K-S42.251P,S42.252K-S42.252P,S42.253K-S42.253P,
S42.254K-S42.254P,S42.255K-S42.255P,S42.256K-S42.256P,S42.261K-S42.261P,S42.262K-S42.262P,
S42.263K-S42.263P,S42.264K-S42.264P,S42.265K-S42.265P,S42.266K-S42.266P,S42.271K-S42.271P,
S42.272K-S42.272P,S42.279K-S42.279P,S42.291K-S42.291P,S42.292K-S42.292P,S42.293K-S42.293P,
S42.294K-S42.294P,S42.295K-S42.295P,S42.296K-S42.296P,S42.301K-S42.301P,S42.302K-S42.302P,
S42.309K-S42.309P,S42.311K-S42.311P,S42.312K-S42.312P,S42.319K-S42.319P,S42.321K-S42.321P,
S42.322K-S42.322P,S42.323K-S42.323P,S42.324K-S42.324P,S42.325K-S42.325P,S42.326K-S42.326P,
S42.331K-S42.331P,S42.332K-S42.332P,S42.333K-S42.333P,S42.334K-S42.334P,S42.335K-S42.335P,
S42.336K-S42.336P,S42.341K-S42.341P,S42.342K-S42.342P,S42.343K-S42.343P,S42.344K-S42.344P,
S42.345K-S42.345P,S42.346K-S42.346P,S42.351K-S42.351P,S42.352K-S42.352P,S42.353K-S42.353P,
S42.354K-S42.354P,S42.355K-S42.355P,S42.356K-S42.356P,S42.361K-S42.361P,S42.362K-S42.362P,
S42.363K-S42.363P,S42.364K-S42.364P,S42.365K-S42.365P,S42.366K-S42.366P,S42.391K-S42.391P,
S42.392K-S42.392P,S42.399K-S42.399P,S42.401K-S42.401P,S42.402K-S42.402P,S42.409K-S42.409P,
S42.411K-S42.411P,S42.412K-S42.412P,S42.413K-S42.413P,S42.414K-S42.414P,S42.415K-S42.415P,
S42.416K-S42.416P,S42.421K-S42.421P,S42.422K-S42.422P,S42.423K-S42.423P,S42.424K-S42.424P,
S42.425K-S42.425P,S42.426K-S42.426P,S42.431K-S42.431P,S42.432K-S42.432P,S42.433K-S42.433P,
S42.434K-S42.434P,S42.435K-S42.435P,S42.436K-S42.436P,S42.441K-S42.441P,S42.442K-S42.442P,
S42.443K-S42.443P,S42.444K-S42.444P,S42.445K-S42.445P,S42.446K-S42.446P,S42.447K-S42.447P,
S42.448K-S42.448P,S42.449K-S42.449P,S42.451K-S42.451P,S42.452K-S42.452P,S42.453K-S42.453P,
S42.454K-S42.454P,S42.455K-S42.455P,S42.456K-S42.456P,S42.461K-S42.461P,S42.462K-S42.462P,
S42.463K-S42.463P,S42.464K-S42.464P,S42.465K-S42.465P,S42.466K-S42.466P,S42.471K-S42.471P,
S42.472K-S42.472P,S42.473K-S42.473P,S42.474K-S42.474P,S42.475K-S42.475P,S42.476K-S42.476P,
S42.481K-S42.481P,S42.482K-S42.482P,S42.489K-S42.489P,S42.491K-S42.491P,S42.492K-S42.492P,
S42.493K-S42.493P,S42.494K-S42.494P,S42.495K-S42.495P,S42.496K-S42.496P,S42.90XK-S42.90XP,
S42.91XK-S42.91XP,S42.92XK-S42.92XP,S49.001K-S49.001P,S49.002K-S49.002P,S49.009K-S49.009P,
S49.011K-S49.011P,S49.012K-S49.012P,S49.019K-S49.019P,S49.021K-S49.021P,S49.022K-S49.022P,
S49.029K-S49.029P,S49.031K-S49.031P,S49.032K-S49.032P,S49.039K-S49.039P,S49.041K-S49.041P,
S49.042K-S49.042P,S49.049K-S49.049P,S49.091K-S49.091P,S49.092K-S49.092P,S49.099K-S49.099P,
S49.101K-S49.101P,S49.102K-S49.102P,S49.109K-S49.109P,S49.111K-S49.111P,S49.112K-S49.112P,
S49.119K-S49.119P,S49.121K-S49.121P,S49.122K-S49.122P,S49.129K-S49.129P,S49.131K-S49.131P,
S49.132K-S49.132P,S49.139K-S49.139P,S49.141K-S49.141P,S49.142K-S49.142P,S49.149K-S49.149P,
S49.191K-S49.191P,S49.192K-S49.192P,S49.199K-S49.199P,S52.001K-S52.001R,S52.002K-S52.002R,
S52.009K-S52.009R,S52.011K-S52.011P,S52.012K-S52.012P,S52.019K-S52.019P,S52.021K-S52.021R,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S52.022K-S52.022R,S52.023K-S52.023R,S52.024K-S52.024R,S52.025K-S52.025R,S52.026K-S52.026R,
S52.031K-S52.031R,S52.032K-S52.032R,S52.033K-S52.033R,S52.034K-S52.034R,S52.035K-S52.035R,
S52.036K-S52.036R,S52.041K-S52.041R,S52.042K-S52.042R,S52.043K-S52.043R,S52.044K-S52.044R,
S52.045K-S52.045R,S52.046K-S52.046R,S52.091K-S52.091R,S52.092K-S52.092R,S52.099K-S52.099R,
S52.101K-S52.101R,S52.102K-S52.102R,S52.109K-S52.109R,S52.111K-S52.111P,S52.112K-S52.112P,
S52.119K-S52.119P,S52.121K-S52.121R,S52.122K-S52.122R,S52.123K-S52.123R,S52.124K-S52.124R,
S52.125K-S52.125R,S52.126K-S52.126R,S52.131K-S52.131R,S52.132K-S52.132R,S52.133K-S52.133R,
S52.134K-S52.134R,S52.135K-S52.135R,S52.136K-S52.136R,S52.181K-S52.181R,S52.182K-S52.182R,
S52.189K-S52.189R,S52.201K-S52.201R,S52.202K-S52.202R,S52.209K-S52.209R,S52.211K-S52.211P,
S52.212K-S52.212P,S52.219K-S52.219P,S52.221K-S52.221R,S52.222K-S52.222R,S52.223K-S52.223R,
S52.224K-S52.224R,S52.225K-S52.225R,S52.226K-S52.226R,S52.231K-S52.231R,S52.232K-S52.232R,
S52.233K-S52.233R,S52.234K-S52.234R,S52.235K-S52.235R,S52.236K-S52.236R,S52.241K-S52.241R,
S52.242K-S52.242R,S52.243K-S52.243R,S52.244K-S52.244R,S52.245K-S52.245R,S52.246K-S52.246R,
S52.251K-S52.251R,S52.252K-S52.252R,S52.253K-S52.253R,S52.254K-S52.254R,S52.255K-S52.255R,
S52.256K-S52.256R,S52.261K-S52.261R,S52.262K-S52.262R,S52.263K-S52.263R,S52.264K-S52.264R,
S52.265K-S52.265R,S52.266K-S52.266R,S52.271K-S52.271R,S52.272K-S52.272R,S52.279K-S52.279R,
S52.281K-S52.281R,S52.282K-S52.282R,S52.283K-S52.283R,S52.291K-S52.291R,S52.292K-S52.292R,
S52.299K-S52.299R,S52.301K-S52.301R,S52.302K-S52.302R,S52.309K-S52.309R,S52.311K-S52.311P,
S52.312K-S52.312P,S52.319K-S52.319P,S52.321K-S52.321R,S52.322K-S52.322R,S52.323K-S52.323R,
S52.324K-S52.324R,S52.325K-S52.325R,S52.326K-S52.326R,S52.331K-S52.331R,S52.332K-S52.332R,
S52.333K-S52.333R,S52.334K-S52.334R,S52.335K-S52.335R,S52.336K-S52.336R,S52.341K-S52.341R,
S52.342K-S52.342R,S52.343K-S52.343R,S52.344K-S52.344R,S52.345K-S52.345R,S52.346K-S52.346R,
S52.351K-S52.351R,S52.352K-S52.352R,S52.353K-S52.353R,S52.354K-S52.354R,S52.355K-S52.355R,
S52.356K-S52.356R,S52.361K-S52.361R,S52.362K-S52.362R,S52.363K-S52.363R,S52.364K-S52.364R,
S52.365K-S52.365R,S52.366K-S52.366R,S52.371K-S52.371R,S52.372K-S52.372R,S52.379K-S52.379R,
S52.381K-S52.381R,S52.382K-S52.382R,S52.389K-S52.389R,S52.391K-S52.391R,S52.392K-S52.392R,
S52.399K-S52.399R,S52.501K-S52.501R,S52.502K-S52.502R,S52.509K-S52.509R,S52.511K-S52.511R,
S52.512K-S52.512R,S52.513K-S52.513R,S52.514K-S52.514R,S52.515K-S52.515R,S52.516K-S52.516R,
S52.521K-S52.521P,S52.522K-S52.522P,S52.529K-S52.529P,S52.531K-S52.531R,S52.532K-S52.532R,
S52.539K-S52.539R,S52.541K-S52.541R,S52.542K-S52.542R,S52.549K-S52.549R,S52.551K-S52.551R,
S52.552K-S52.552R,S52.559K-S52.559R,S52.561K-S52.561R,S52.562K-S52.562R,S52.569K-S52.569R,
S52.571K-S52.571R,S52.572K-S52.572R,S52.579K-S52.579R,S52.591K-S52.591R,S52.592K-S52.592R,
S52.599K-S52.599R,S52.601K-S52.601R,S52.602K-S52.602R,S52.609K-S52.609R,S52.611K-S52.611R,
S52.612K-S52.612R,S52.613K-S52.613R,S52.614K-S52.614R,S52.615K-S52.615R,S52.616K-S52.616R,
S52.621K-S52.621P,S52.622K-S52.622P,S52.629K-S52.629P,S52.691K-S52.691R,S52.692K-S52.692R,
S52.699K-S52.699R,S52.90XK-S52.90XR,S52.91XK-S52.91XR,S52.92XK-S52.92XR,S59.001K-S59.001P,
S59.002K-S59.002P,S59.009K-S59.009P,S59.011K-S59.011P,S59.012K-S59.012P,S59.019K-S59.019P,
S59.021K-S59.021P,S59.022K-S59.022P,S59.029K-S59.029P,S59.031K-S59.031P,S59.032K-S59.032P,
S59.039K-S59.039P,S59.041K-S59.041P,S59.042K-S59.042P,S59.049K-S59.049P,S59.091K-S59.091P,
S59.092K-S59.092P,S59.099K-S59.099P,S59.101K-S59.101P,S59.102K-S59.102P,S59.109K-S59.109P,
S59.111K-S59.111P,S59.112K-S59.112P,S59.119K-S59.119P,S59.121K-S59.121P,S59.122K-S59.122P,
S59.129K-S59.129P,S59.131K-S59.131P,S59.132K-S59.132P,S59.139K-S59.139P,S59.141K-S59.141P,
S59.142K-S59.142P,S59.149K-S59.149P,S59.191K-S59.191P,S59.192K-S59.192P,S59.199K-S59.199P,
S59.201K-S59.201P,S59.202K-S59.202P,S59.209K-S59.209P,S59.211K-S59.211P,S59.212K-S59.212P,
S59.219K-S59.219P,S59.221K-S59.221P,S59.222K-S59.222P,S59.229K-S59.229P,S59.231K-S59.231P,
S59.232K-S59.232P,S59.239K-S59.239P,S59.241K-S59.241P,S59.242K-S59.242P,S59.249K-S59.249P,
S59.291K-S59.291P,S59.292K-S59.292P,S59.299K-S59.299P,S62.001K-S62.001P,S62.002K-S62.002P,
S62.009K-S62.009P,S62.011K-S62.011P,S62.012K-S62.012P,S62.013K-S62.013P,S62.014K-S62.014P,
S62.015K-S62.015P,S62.016K-S62.016P,S62.021K-S62.021P,S62.022K-S62.022P,S62.023K-S62.023P,
S62.024K-S62.024P,S62.025K-S62.025P,S62.026K-S62.026P,S62.031K-S62.031P,S62.032K-S62.032P,
S62.033K-S62.033P,S62.034K-S62.034P,S62.035K-S62.035P,S62.036K-S62.036P,S62.101K-S62.101P,
S62.102K-S62.102P,S62.109K-S62.109P,S62.111K-S62.111P,S62.112K-S62.112P,S62.113K-S62.113P,
S62.114K-S62.114P,S62.115K-S62.115P,S62.116K-S62.116P,S62.121K-S62.121P,S62.122K-S62.122P,
S62.123K-S62.123P,S62.124K-S62.124P,S62.125K-S62.125P,S62.126K-S62.126P,S62.131K-S62.131P,
S62.132K-S62.132P,S62.133K-S62.133P,S62.134K-S62.134P,S62.135K-S62.135P,S62.136K-S62.136P,
S62.141K-S62.141P,S62.142K-S62.142P,S62.143K-S62.143P,S62.144K-S62.144P,S62.145K-S62.145P,
S62.146K-S62.146P,S62.151K-S62.151P,S62.152K-S62.152P,S62.153K-S62.153P,S62.154K-S62.154P,
S62.155K-S62.155P,S62.156K-S62.156P,S62.161K-S62.161P,S62.162K-S62.162P,S62.163K-S62.163P,
S62.164K-S62.164P,S62.165K-S62.165P,S62.166K-S62.166P,S62.171K-S62.171P,S62.172K-S62.172P,
S62.173K-S62.173P,S62.174K-S62.174P,S62.175K-S62.175P,S62.176K-S62.176P,S62.181K-S62.181P,
S62.182K-S62.182P,S62.183K-S62.183P,S62.184K-S62.184P,S62.185K-S62.185P,S62.186K-S62.186P,
S62.201K-S62.201P,S62.202K-S62.202P,S62.209K-S62.209P,S62.211K-S62.211P,S62.212K-S62.212P,
S62.213K-S62.213P,S62.221K-S62.221P,S62.222K-S62.222P,S62.223K-S62.223P,S62.224K-S62.224P,
S62.225K-S62.225P,S62.226K-S62.226P,S62.231K-S62.231P,S62.232K-S62.232P,S62.233K-S62.233P,
S62.234K-S62.234P,S62.235K-S62.235P,S62.236K-S62.236P,S62.241K-S62.241P,S62.242K-S62.242P,
S62.243K-S62.243P,S62.244K-S62.244P,S62.245K-S62.245P,S62.246K-S62.246P,S62.251K-S62.251P,
S62.252K-S62.252P,S62.253K-S62.253P,S62.254K-S62.254P,S62.255K-S62.255P,S62.256K-S62.256P,
S62.291K-S62.291P,S62.292K-S62.292P,S62.299K-S62.299P,S62.300K-S62.300P,S62.301K-S62.301P,
S62.302K-S62.302P,S62.303K-S62.303P,S62.304K-S62.304P,S62.305K-S62.305P,S62.306K-S62.306P,
S62.307K-S62.307P,S62.308K-S62.308P,S62.309K-S62.309P,S62.310K-S62.310P,S62.311K-S62.311P,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S62.312K-S62.312P,S62.313K-S62.313P,S62.314K-S62.314P,S62.315K-S62.315P,S62.316K-S62.316P,
S62.317K-S62.317P,S62.318K-S62.318P,S62.319K-S62.319P,S62.320K-S62.320P,S62.321K-S62.321P,
S62.322K-S62.322P,S62.323K-S62.323P,S62.324K-S62.324P,S62.325K-S62.325P,S62.326K-S62.326P,
S62.327K-S62.327P,S62.328K-S62.328P,S62.329K-S62.329P,S62.330K-S62.330P,S62.331K-S62.331P,
S62.332K-S62.332P,S62.333K-S62.333P,S62.334K-S62.334P,S62.335K-S62.335P,S62.336K-S62.336P,
S62.337K-S62.337P,S62.338K-S62.338P,S62.339K-S62.339P,S62.340K-S62.340P,S62.341K-S62.341P,
S62.342K-S62.342P,S62.343K-S62.343P,S62.344K-S62.344P,S62.345K-S62.345P,S62.346K-S62.346P,
S62.347K-S62.347P,S62.348K-S62.348P,S62.349K-S62.349P,S62.350K-S62.350P,S62.351K-S62.351P,
S62.352K-S62.352P,S62.353K-S62.353P,S62.354K-S62.354P,S62.355K-S62.355P,S62.356K-S62.356P,
S62.357K-S62.357P,S62.358K-S62.358P,S62.359K-S62.359P,S62.360K-S62.360P,S62.361K-S62.361P,
S62.362K-S62.362P,S62.363K-S62.363P,S62.364K-S62.364P,S62.365K-S62.365P,S62.366K-S62.366P,
S62.367K-S62.367P,S62.368K-S62.368P,S62.369K-S62.369P,S62.390K-S62.390P,S62.391K-S62.391P,
S62.392K-S62.392P,S62.393K-S62.393P,S62.394K-S62.394P,S62.395K-S62.395P,S62.396K-S62.396P,
S62.397K-S62.397P,S62.398K-S62.398P,S62.399K-S62.399P,S62.501K-S62.501P,S62.502K-S62.502P,
S62.509K-S62.509P,S62.511K-S62.511P,S62.512K-S62.512P,S62.513K-S62.513P,S62.514K-S62.514P,
S62.515K-S62.515P,S62.516K-S62.516P,S62.521K-S62.521P,S62.522K-S62.522P,S62.523K-S62.523P,
S62.524K-S62.524P,S62.525K-S62.525P,S62.526K-S62.526P,S62.600K-S62.600P,S62.601K-S62.601P,
S62.602K-S62.602P,S62.603K-S62.603P,S62.604K-S62.604P,S62.605K-S62.605P,S62.606K-S62.606P,
S62.607K-S62.607P,S62.608K-S62.608P,S62.609K-S62.609P,S62.610K-S62.610P,S62.611K-S62.611P,
S62.612K-S62.612P,S62.613K-S62.613P,S62.614K-S62.614P,S62.615K-S62.615P,S62.616K-S62.616P,
S62.617K-S62.617P,S62.618K-S62.618P,S62.619K-S62.619P,S62.620K-S62.620P,S62.621K-S62.621P,
S62.622K-S62.622P,S62.623K-S62.623P,S62.624K-S62.624P,S62.625K-S62.625P,S62.626K-S62.626P,
S62.627K-S62.627P,S62.628K-S62.628P,S62.629K-S62.629P,S62.630K-S62.630P,S62.631K-S62.631P,
S62.632K-S62.632P,S62.633K-S62.633P,S62.634K-S62.634P,S62.635K-S62.635P,S62.636K-S62.636P,
S62.637K-S62.637P,S62.638K-S62.638P,S62.639K-S62.639P,S62.640K-S62.640P,S62.641K-S62.641P,
S62.642K-S62.642P,S62.643K-S62.643P,S62.644K-S62.644P,S62.645K-S62.645P,S62.646K-S62.646P,
S62.647K-S62.647P,S62.648K-S62.648P,S62.649K-S62.649P,S62.650K-S62.650P,S62.651K-S62.651P,
S62.652K-S62.652P,S62.653K-S62.653P,S62.654K-S62.654P,S62.655K-S62.655P,S62.656K-S62.656P,
S62.657K-S62.657P,S62.658K-S62.658P,S62.659K-S62.659P,S62.660K-S62.660P,S62.661K-S62.661P,
S62.662K-S62.662P,S62.663K-S62.663P,S62.664K-S62.664P,S62.665K-S62.665P,S62.666K-S62.666P,
S62.667K-S62.667P,S62.668K-S62.668P,S62.669K-S62.669P,S62.90XK-S62.90XP,S62.91XK-S62.91XP,
S62.92XK-S62.92XP,S72.001K-S72.001R,S72.002K-S72.002R,S72.009K-S72.009R,S72.011K-S72.011R,
S72.012K-S72.012R,S72.019K-S72.019R,S72.021K-S72.021R,S72.022K-S72.022R,S72.023K-S72.023R,
S72.024K-S72.024R,S72.025K-S72.025R,S72.026K-S72.026R,S72.031K-S72.031R,S72.032K-S72.032R,
S72.033K-S72.033R,S72.034K-S72.034R,S72.035K-S72.035R,S72.036K-S72.036R,S72.041K-S72.041R,
S72.042K-S72.042R,S72.043K-S72.043R,S72.044K-S72.044R,S72.045K-S72.045R,S72.046K-S72.046R,
S72.051K-S72.051R,S72.052K-S72.052R,S72.059K-S72.059R,S72.061K-S72.061R,S72.062K-S72.062R,
S72.063K-S72.063R,S72.064K-S72.064R,S72.065K-S72.065R,S72.066K-S72.066R,S72.091K-S72.091R,
S72.092K-S72.092R,S72.099K-S72.099R,S72.101K-S72.101R,S72.102K-S72.102R,S72.109K-S72.109R,
S72.111K-S72.111R,S72.112K-S72.112R,S72.113K-S72.113R,S72.114K-S72.114R,S72.115K-S72.115R,
S72.116K-S72.116R,S72.121K-S72.121R,S72.122K-S72.122R,S72.123K-S72.123R,S72.124K-S72.124R,
S72.125K-S72.125R,S72.126K-S72.126R,S72.131K-S72.131R,S72.132K-S72.132R,S72.133K-S72.133R,
S72.134K-S72.134R,S72.135K-S72.135R,S72.136K-S72.136R,S72.141K-S72.141R,S72.142K-S72.142R,
S72.143K-S72.143R,S72.144K-S72.144R,S72.145K-S72.145R,S72.146K-S72.146R,S72.21XK-S72.21XR,
S72.22XK-S72.22XR,S72.23XK-S72.23XR,S72.24XK-S72.24XR,S72.25XK-S72.25XR,S72.26XK-S72.26XR,
S72.301K-S72.301R,S72.302K-S72.302R,S72.309K-S72.309R,S72.321K-S72.321R,S72.322K-S72.322R,
S72.323K-S72.323R,S72.324K-S72.324R,S72.325K-S72.325R,S72.326K-S72.326R,S72.331K-S72.331R,
S72.332K-S72.332R,S72.333K-S72.333R,S72.334K-S72.334R,S72.335K-S72.335R,S72.336K-S72.336R,
S72.341K-S72.341R,S72.342K-S72.342R,S72.343K-S72.343R,S72.344K-S72.344R,S72.345K-S72.345R,
S72.346K-S72.346R,S72.351K-S72.351R,S72.352K-S72.352R,S72.353K-S72.353R,S72.354K-S72.354R,
S72.355K-S72.355R,S72.356K-S72.356R,S72.361K-S72.361R,S72.362K-S72.362R,S72.363K-S72.363R,
S72.364K-S72.364R,S72.365K-S72.365R,S72.366K-S72.366R,S72.391K-S72.391R,S72.392K-S72.392R,
S72.399K-S72.399R,S72.401K-S72.401R,S72.402K-S72.402R,S72.409K-S72.409R,S72.411K-S72.411R,
S72.412K-S72.412R,S72.413K-S72.413R,S72.414K-S72.414R,S72.415K-S72.415R,S72.416K-S72.416R,
S72.421K-S72.421R,S72.422K-S72.422R,S72.423K-S72.423R,S72.424K-S72.424R,S72.425K-S72.425R,
S72.426K-S72.426R,S72.431K-S72.431R,S72.432K-S72.432R,S72.433K-S72.433R,S72.434K-S72.434R,
S72.435K-S72.435R,S72.436K-S72.436R,S72.441K-S72.441R,S72.442K-S72.442R,S72.443K-S72.443R,
S72.444K-S72.444R,S72.445K-S72.445R,S72.446K-S72.446R,S72.451K-S72.451R,S72.452K-S72.452R,
S72.453K-S72.453R,S72.454K-S72.454R,S72.455K-S72.455R,S72.456K-S72.456R,S72.461K-S72.461R,
S72.462K-S72.462R,S72.463K-S72.463R,S72.464K-S72.464R,S72.465K-S72.465R,S72.466K-S72.466R,
S72.471K-S72.471P,S72.472K-S72.472P,S72.479K-S72.479P,S72.491K-S72.491R,S72.492K-S72.492R,
S72.499K-S72.499R,S72.8X1K-S72.8X1R,S72.8X2K-S72.8X2R,S72.8X9K-S72.8X9R,S72.90XK-S72.90XR,
S72.91XK-S72.91XR,S72.92XK-S72.92XR,S79.001K-S79.001P,S79.002K-S79.002P,S79.009K-S79.009P,
S79.011K-S79.011P,S79.012K-S79.012P,S79.019K-S79.019P,S79.091K-S79.091P,S79.092K-S79.092P,
S79.099K-S79.099P,S79.101K-S79.101P,S79.102K-S79.102P,S79.109K-S79.109P,S79.111K-S79.111P,
S79.112K-S79.112P,S79.119K-S79.119P,S79.121K-S79.121P,S79.122K-S79.122P,S79.129K-S79.129P,
S79.131K-S79.131P,S79.132K-S79.132P,S79.139K-S79.139P,S79.141K-S79.141P,S79.142K-S79.142P,
S79.149K-S79.149P,S79.191K-S79.191P,S79.192K-S79.192P,S79.199K-S79.199P,S82.001K-S82.001R,
S82.002K-S82.002R,S82.009K-S82.009R,S82.011K-S82.011R,S82.012K-S82.012R,S82.013K-S82.013R,
S82.014K-S82.014R,S82.015K-S82.015R,S82.016K-S82.016R,S82.021K-S82.021R,S82.022K-S82.022R,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S82.023K-S82.023R,S82.024K-S82.024R,S82.025K-S82.025R,S82.026K-S82.026R,S82.031K-S82.031R,
S82.032K-S82.032R,S82.033K-S82.033R,S82.034K-S82.034R,S82.035K-S82.035R,S82.036K-S82.036R,
S82.041K-S82.041R,S82.042K-S82.042R,S82.043K-S82.043R,S82.044K-S82.044R,S82.045K-S82.045R,
S82.046K-S82.046R,S82.091K-S82.091R,S82.092K-S82.092R,S82.099K-S82.099R,S82.101K-S82.101R,
S82.102K-S82.102R,S82.109K-S82.109R,S82.111K-S82.111R,S82.112K-S82.112R,S82.113K-S82.113R,
S82.114K-S82.114R,S82.115K-S82.115R,S82.116K-S82.116R,S82.121K-S82.121R,S82.122K-S82.122R,
S82.123K-S82.123R,S82.124K-S82.124R,S82.125K-S82.125R,S82.126K-S82.126R,S82.131K-S82.131R,
S82.132K-S82.132R,S82.133K-S82.133R,S82.134K-S82.134R,S82.135K-S82.135R,S82.136K-S82.136R,
S82.141K-S82.141R,S82.142K-S82.142R,S82.143K-S82.143R,S82.144K-S82.144R,S82.145K-S82.145R,
S82.146K-S82.146R,S82.151K-S82.151R,S82.152K-S82.152R,S82.153K-S82.153R,S82.154K-S82.154R,
S82.155K-S82.155R,S82.156K-S82.156R,S82.161K-S82.161P,S82.162K-S82.162P,S82.169K-S82.169P,
S82.191K-S82.191R,S82.192K-S82.192R,S82.199K-S82.199R,S82.201K-S82.201R,S82.202K-S82.202R,
S82.209K-S82.209R,S82.221K-S82.221R,S82.222K-S82.222R,S82.223K-S82.223R,S82.224K-S82.224R,
S82.225K-S82.225R,S82.226K-S82.226R,S82.231K-S82.231R,S82.232K-S82.232R,S82.233K-S82.233R,
S82.234K-S82.234R,S82.235K-S82.235R,S82.236K-S82.236R,S82.241K-S82.241R,S82.242K-S82.242R,
S82.243K-S82.243R,S82.244K-S82.244R,S82.245K-S82.245R,S82.246K-S82.246R,S82.251K-S82.251R,
S82.252K-S82.252R,S82.253K-S82.253R,S82.254K-S82.254R,S82.255K-S82.255R,S82.256K-S82.256R,
S82.261K-S82.261R,S82.262K-S82.262R,S82.263K-S82.263R,S82.264K-S82.264R,S82.265K-S82.265R,
S82.266K-S82.266R,S82.291K-S82.291R,S82.292K-S82.292R,S82.299K-S82.299R,S82.301K-S82.301R,
S82.302K-S82.302R,S82.309K-S82.309R,S82.311K-S82.311P,S82.312K-S82.312P,S82.319K-S82.319P,
S82.391K-S82.391R,S82.392K-S82.392R,S82.399K-S82.399R,S82.401K-S82.401R,S82.402K-S82.402R,
S82.409K-S82.409R,S82.421K-S82.421R,S82.422K-S82.422R,S82.423K-S82.423R,S82.424K-S82.424R,
S82.425K-S82.425R,S82.426K-S82.426R,S82.431K-S82.431R,S82.432K-S82.432R,S82.433K-S82.433R,
S82.434K-S82.434R,S82.435K-S82.435R,S82.436K-S82.436R,S82.441K-S82.441R,S82.442K-S82.442R,
S82.443K-S82.443R,S82.444K-S82.444R,S82.445K-S82.445R,S82.446K-S82.446R,S82.451K-S82.451R,
S82.452K-S82.452R,S82.453K-S82.453R,S82.454K-S82.454R,S82.455K-S82.455R,S82.456K-S82.456R,
S82.461K-S82.461R,S82.462K-S82.462R,S82.463K-S82.463R,S82.464K-S82.464R,S82.465K-S82.465R,
S82.466K-S82.466R,S82.491K-S82.491R,S82.492K-S82.492R,S82.499K-S82.499R,S82.51XK-S82.51XR,
S82.52XK-S82.52XR,S82.53XK-S82.53XR,S82.54XK-S82.54XR,S82.55XK-S82.55XR,S82.56XK-S82.56XR,
S82.61XK-S82.61XR,S82.62XK-S82.62XR,S82.63XK-S82.63XR,S82.64XK-S82.64XR,S82.65XK-S82.65XR,
S82.66XK-S82.66XR,S82.811K-S82.811P,S82.812K-S82.812P,S82.819K-S82.819P,S82.821K-S82.821P,
S82.822K-S82.822P,S82.829K-S82.829P,S82.831K-S82.831R,S82.832K-S82.832R,S82.839K-S82.839R,
S82.841K-S82.841R,S82.842K-S82.842R,S82.843K-S82.843R,S82.844K-S82.844R,S82.845K-S82.845R,
S82.846K-S82.846R,S82.851K-S82.851R,S82.852K-S82.852R,S82.853K-S82.853R,S82.854K-S82.854R,
S82.855K-S82.855R,S82.856K-S82.856R,S82.861K-S82.861R,S82.862K-S82.862R,S82.863K-S82.863R,
S82.864K-S82.864R,S82.865K-S82.865R,S82.866K-S82.866R,S82.871K-S82.871R,S82.872K-S82.872R,
S82.873K-S82.873R,S82.874K-S82.874R,S82.875K-S82.875R,S82.876K-S82.876R,S82.891K-S82.891R,
S82.892K-S82.892R,S82.899K-S82.899R,S82.90XK-S82.90XR,S82.91XK-S82.91XR,S82.92XK-S82.92XR,
S89.001K-S89.001P,S89.002K-S89.002P,S89.009K-S89.009P,S89.011K-S89.011P,S89.012K-S89.012P,
S89.019K-S89.019P,S89.021K-S89.021P,S89.022K-S89.022P,S89.029K-S89.029P,S89.031K-S89.031P,
S89.032K-S89.032P,S89.039K-S89.039P,S89.041K-S89.041P,S89.042K-S89.042P,S89.049K-S89.049P,
S89.091K-S89.091P,S89.092K-S89.092P,S89.099K-S89.099P,S89.101K-S89.101P,S89.102K-S89.102P,
S89.109K-S89.109P,S89.111K-S89.111P,S89.112K-S89.112P,S89.119K-S89.119P,S89.121K-S89.121P,
S89.122K-S89.122P,S89.129K-S89.129P,S89.131K-S89.131P,S89.132K-S89.132P,S89.139K-S89.139P,
S89.141K-S89.141P,S89.142K-S89.142P,S89.149K-S89.149P,S89.191K-S89.191P,S89.192K-S89.192P,
S89.199K-S89.199P,S89.201K-S89.201P,S89.202K-S89.202P,S89.209K-S89.209P,S89.211K-S89.211P,
S89.212K-S89.212P,S89.219K-S89.219P,S89.221K-S89.221P,S89.222K-S89.222P,S89.229K-S89.229P,
S89.291K-S89.291P,S89.292K-S89.292P,S89.299K-S89.299P,S89.301K-S89.301P,S89.302K-S89.302P,
S89.309K-S89.309P,S89.311K-S89.311P,S89.312K-S89.312P,S89.319K-S89.319P,S89.321K-S89.321P,
S89.322K-S89.322P,S89.329K-S89.329P,S89.391K-S89.391P,S89.392K-S89.392P,S89.399K-S89.399P,
S92.001K-S92.001P,S92.002K-S92.002P,S92.009K-S92.009P,S92.011K-S92.011P,S92.012K-S92.012P,
S92.013K-S92.013P,S92.014K-S92.014P,S92.015K-S92.015P,S92.016K-S92.016P,S92.021K-S92.021P,
S92.022K-S92.022P,S92.023K-S92.023P,S92.024K-S92.024P,S92.025K-S92.025P,S92.026K-S92.026P,
S92.031K-S92.031P,S92.032K-S92.032P,S92.033K-S92.033P,S92.034K-S92.034P,S92.035K-S92.035P,
S92.036K-S92.036P,S92.041K-S92.041P,S92.042K-S92.042P,S92.043K-S92.043P,S92.044K-S92.044P,
S92.045K-S92.045P,S92.046K-S92.046P,S92.051K-S92.051P,S92.052K-S92.052P,S92.053K-S92.053P,
S92.054K-S92.054P,S92.055K-S92.055P,S92.056K-S92.056P,S92.061K-S92.061P,S92.062K-S92.062P,
S92.063K-S92.063P,S92.064K-S92.064P,S92.065K-S92.065P,S92.066K-S92.066P,S92.101K-S92.101P,
S92.102K-S92.102P,S92.109K-S92.109P,S92.111K-S92.111P,S92.112K-S92.112P,S92.113K-S92.113P,
S92.114K-S92.114P,S92.115K-S92.115P,S92.116K-S92.116P,S92.121K-S92.121P,S92.122K-S92.122P,
S92.123K-S92.123P,S92.124K-S92.124P,S92.125K-S92.125P,S92.126K-S92.126P,S92.131K-S92.131P,
S92.132K-S92.132P,S92.133K-S92.133P,S92.134K-S92.134P,S92.135K-S92.135P,S92.136K-S92.136P,
S92.141K-S92.141P,S92.142K-S92.142P,S92.143K-S92.143P,S92.144K-S92.144P,S92.145K-S92.145P,
S92.146K-S92.146P,S92.151K-S92.151P,S92.152K-S92.152P,S92.153K-S92.153P,S92.154K-S92.154P,
S92.155K-S92.155P,S92.156K-S92.156P,S92.191K-S92.191P,S92.192K-S92.192P,S92.199K-S92.199P,
S92.201K-S92.201P,S92.202K-S92.202P,S92.209K-S92.209P,S92.211K-S92.211P,S92.212K-S92.212P,
S92.213K-S92.213P,S92.214K-S92.214P,S92.215K-S92.215P,S92.216K-S92.216P,S92.221K-S92.221P,
S92.222K-S92.222P,S92.223K-S92.223P,S92.224K-S92.224P,S92.225K-S92.225P,S92.226K-S92.226P,
S92.231K-S92.231P,S92.232K-S92.232P,S92.233K-S92.233P,S92.234K-S92.234P,S92.235K-S92.235P,
S92.236K-S92.236P,S92.241K-S92.241P,S92.242K-S92.242P,S92.243K-S92.243P,S92.244K-S92.244P,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S92.245K-S92.245P,S92.246K-S92.246P,S92.251K-S92.251P,S92.252K-S92.252P,S92.253K-S92.253P,
S92.254K-S92.254P,S92.255K-S92.255P,S92.256K-S92.256P,S92.301K-S92.301P,S92.302K-S92.302P,
S92.309K-S92.309P,S92.311K-S92.311P,S92.312K-S92.312P,S92.313K-S92.313P,S92.314K-S92.314P,
S92.315K-S92.315P,S92.316K-S92.316P,S92.321K-S92.321P,S92.322K-S92.322P,S92.323K-S92.323P,
S92.324K-S92.324P,S92.325K-S92.325P,S92.326K-S92.326P,S92.331K-S92.331P,S92.332K-S92.332P,
S92.333K-S92.333P,S92.334K-S92.334P,S92.335K-S92.335P,S92.336K-S92.336P,S92.341K-S92.341P,
S92.342K-S92.342P,S92.343K-S92.343P,S92.344K-S92.344P,S92.345K-S92.345P,S92.346K-S92.346P,
S92.351K-S92.351P,S92.352K-S92.352P,S92.353K-S92.353P,S92.354K-S92.354P,S92.355K-S92.355P,
S92.356K-S92.356P,S92.401K-S92.401P,S92.402K-S92.402P,S92.403K-S92.403P,S92.404K-S92.404P,
S92.405K-S92.405P,S92.406K-S92.406P,S92.411K-S92.411P,S92.412K-S92.412P,S92.413K-S92.413P,
S92.414K-S92.414P,S92.415K-S92.415P,S92.416K-S92.416P,S92.421K-S92.421P,S92.422K-S92.422P,
S92.423K-S92.423P,S92.424K-S92.424P,S92.425K-S92.425P,S92.426K-S92.426P,S92.491K-S92.491P,
S92.492K-S92.492P,S92.499K-S92.499P,S92.501K-S92.501P,S92.502K-S92.502P,S92.503K-S92.503P,
S92.504K-S92.504P,S92.505K-S92.505P,S92.506K-S92.506P,S92.511K-S92.511P,S92.512K-S92.512P,
S92.513K-S92.513P,S92.514K-S92.514P,S92.515K-S92.515P,S92.516K-S92.516P,S92.521K-S92.521P,
S92.522K-S92.522P,S92.523K-S92.523P,S92.524K-S92.524P,S92.525K-S92.525P,S92.526K-S92.526P,
S92.531K-S92.531P,S92.532K-S92.532P,S92.533K-S92.533P,S92.534K-S92.534P,S92.535K-S92.535P,
S92.536K-S92.536P,S92.591K-S92.591P,S92.592K-S92.592P,S92.599K-S92.599P,S92.901K-S92.901P,
S92.902K-S92.902P,S92.909K-S92.909P,S92.911K-S92.911P,S92.912K-S92.912P,S92.919K-S92.919P,Z47.1

CPT: 20680-20694,20900,20902,20955-20975,21244,21462,21750,21825,23472-23485,24130,24140,24400,24410,24430,24435,25259,25400-25440,25628,26185,26546,26565,26567,26841,27125,27130,27165,27170,27217,27465-27472,27656,27707,27720-27726,27824-27829,27880-27888,28315-28322,28485,28725,29075,29345,29405,29425,29825,29826,29904-29907,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 448**
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3330,D3332

**Line: 449**
Condition: ADJUSTMENT DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.20-F43.8,F98.9,Z62.810-Z62.898,Z63.4,Z63.8,Z71.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016

**Line: 450**
Condition: HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 64,65,103,143,154)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY
ICD-10: H72.00-H72.13,H72.2X1-H72.93,H83.3X1-H83.3X9,H90.0,H90.11-H90.8,H91.01-H91.3,H91.8X1-H91.93,H93.091-H93.249,H93.291-H93.3X9,H94.00-H94.03,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD,Z01.12,Z46.1
CPT: 69209,69210,69610-69646,69714-69718,92562-92565,92571-92577,92590-92595,92597,96150-96154,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 451**
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F95.0-F95.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0038,H2010-H2014,H2021,H2022,H2027,H2032,S9484,T1016

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **452**
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: I70.0-I70.1
CPT: 35450,35452,35471,35501-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647, 35654,35663,35697,35820,35840,35875,35876,35905,35907,37184-37186,37211,37213,37214,37236,37237, 96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **453**
Condition: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-10: H31.101-H31.20,H31.22-H31.29,H31.301-H31.319,H35.30-H35.33,H35.341-H35.389,H35.81,H44.20-H44.23
CPT: 66990,67028,67039-67043,67210,67221,67225,67515,92002-92014,92018-92060,92081-92140,92225,92226, 92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **454**
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.1-F94.2
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350, 99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484, T1005,T1016

**Line:** **455**
Condition: DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E50.5,H52.00-H52.13,H52.201-H52.7,H53.10-H53.11,H53.16-H53.19,H53.50-H53.69,Z46.0
CPT: 92002-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060, 99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449, 99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **456**
Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: E50.0-E50.3,H05.20,H05.211-H05.359,H05.811-H05.819,H21.311-H21.329,H21.341-H21.359
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92014,92018-92060,92081-92140, 92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **457**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH, PROSTHESIS FAILURE)
Treatment: REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES)
ICD-10: K00.0,K08.101-K08.122,K08.124-K08.199,K08.401-K08.499
HCPCS: D5110-D5212,D5520-D5761,D5820,D5821

**Line:** **458**
Condition: RECTAL PROLAPSE (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: K62.2-K62.4
CPT: 44139-44144,44204-44208,44213,44701,45130,45135,45303,45400,45402,45505-45541,45900,46500,46604, 46700,46705,46750,46751,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **459**
Condition: URINARY INCONTINENCE (See Guideline Notes 6,47,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N36.41-N36.43,N39.3,N39.41-N39.42,N39.46,N39.490-N39.498,R39.81
CPT: 20922,51840-51845,51990,51992,53446,53448,57160,57220,57260,57267,57280-57289,57423,57425,90911, 96150-96154,97001,97002,97110,97140,97530,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **460**
Condition: DISORDERS OF PLASMA PROTEIN METABOLISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D89.0-D89.2,E88.01-E88.09
CPT: 36514-36516,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **461**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3346,D3410,D3430

**Line:** **462**
Condition: SIMPLE PHOBIAS AND SOCIAL ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.10-F40.11,F40.210-F40.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S9484,T1016

**Line:** **463**
Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B25.0,J20.0-J20.9,J21.0-J21.9,J98.01
CPT: 31600-31603,31820,31825,94640,94664,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **464**
Condition: CENTRAL PTERYGIUM AFFECTING VISION (See Guideline Notes 64,65)
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-10: H11.021-H11.029,Z51.0
CPT: 32553,49411,65420,65426,77316-77318,77336-77370,77402,77424-77427,77469,77789,79005-79445,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480, 99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **465**
Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX (See Guideline Notes 64,65)
Treatment: EXCISION, MEDICAL THERAPY
ICD-10: J39.2,K09.0-K09.1,Q18.0-Q18.2,Q89.2
CPT: 38550,38555,42808,42810,42815,60000,60280,60281,69145,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **466**
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F42,F45.22,F63.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S9480,S9484,T1005,T1016

**Line:** **467**
Condition: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Notes 6,64,65,92,104)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-10: M12.10,M12.111-M12.19,M12.40,M12.411-M12.59,M13.80,M13.811-M13.89,M15.0-M15.9,M16.0,M16.10-M16.9,M17.0,M17.10-M17.9,M18.0,M18.10-M18.9,M19.011-M19.93,M20.20-M20.22,M24.671-M24.673,M48.8X1-M48.8X9
CPT: 11042,11045,20600-20611,25000,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **468**
Condition: ATELECTASIS (COLLAPSE OF LUNG) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J18.2,J98.11-J98.19
CPT: 31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **469**
Condition: CHRONIC SINUSITIS (See Guideline Notes 35,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J32.0-J32.9
CPT: 30000,30020,30110-30140,30200-30420,30435,30450,30465-30930,31000-31230,31237-31297,42830,42835,61782,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **470**
Condition: UTERINE PROLAPSE; CYSTOCELE (See Guideline Notes 6,50,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N81.0,N81.10-N81.9,N99.3
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220-57289,57423,57425,57545,57555,57556,58150,58152,58260-58280,58290-58294,58550-58554,58570-58573,97001,97002,97110,97140,97530,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **471**
Condition: BRACHIAL PLEXUS LESIONS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: G54.0
CPT: 21615,21616,21700,21705,97001-97004,97022,97024,97110,97112,97116,97124,97140,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **472**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE (I.E. BASIC CROWNS)
HCPCS: D2710,D2712,D2751,D2752

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **473**
Condition: GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT (See Guideline Notes 64,65,74,88)
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
ICD-10: E28.1-E28.2,E28.310-E28.9,E29.0-E29.9,E30.0,E34.50-E34.52,E89.40-E89.5,N50.0,N83.31-N83.33,N95.0-N95.9, N98.1,Q50.01-Q50.39,Q55.4,Q96.0-Q96.8,Q98.0-Q98.4,Z79.890
CPT: 54520,54690,58300,58301,58660-58662,58740,58940,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9558

**Line:** **474**
Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F98.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99350, 99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004, H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484, T1005,T1016

**Line:** **475**
Condition: ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT (See Guideline Notes 64,65,130)
Treatment: PTOSIS REPAIR
ICD-10: G90.2,H02.201-H02.519,H02.531-H02.539,Q10.0-Q10.3
CPT: 15822,15823,67710,67875-67912,67917,67961,67971,92002-92014,92018-92060,92081-92140,92225,92226, 92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

---

Funding Level as of January 1, 2016

**Line:** **476**
Condition: KERATOCONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: A18.52,B60.12-B60.13,H16.101-H16.229,H16.251-H16.9,H18.461-H18.469
CPT: 67515,67880,67882,68200,68760,68761,68801-68840,92002-92014,92018-92060,92081-92140,92225,92226, 92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **477**
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016

**Line:** **478**
Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, INCISION
ICD-10: K64.3,K64.5
CPT: 44391,45317,45320,45334,45335,45350,45381,45382,45398,46083,46220,46221,46250-46262,46320,46500, 46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **479**
Condition: CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM (See Guideline Notes 51,64,65,154)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-10: H65.20-H65.33,H65.411-H65.93,H66.10-H66.23,H66.3X1-H66.3X9,H68.001-H68.009,H68.021-H68.139,H69.00-H69.03,H70.10-H70.13,H70.90-H70.93,H72.00-H72.13,H72.2X1-H72.93,H73.10-H73.13,H73.811-H73.93,H74.01-H74.09,H74.40-H74.43,H74.8X1-H74.93,H95.111-H95.119,H95.131-H95.199,S09.20XA-S09.20XD,S09.21XA-S09.21XD,S09.22XA-S09.22XD
CPT: 42830-42836,69209-69222,69310,69420,69421,69433-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **480**
Condition: OTOSCLEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H80.00-H80.93
CPT: 69650-69662,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **481**
Condition: FOREIGN BODY IN EAR AND NOSE (See Guideline Notes 64,65)
Treatment: REMOVAL OF FOREIGN BODY
ICD-10: T16.1XXA-T16.1XXD,T16.2XXA-T16.2XXD,T16.9XXA-T16.9XXD,T17.0XXA-T17.0XXD,T17.1XXA-T17.1XXD
CPT: 30300-30320,69200,69205,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **482**
Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT NEUROLOGIC INJURY OR STRUCTURAL INSTABILITY (See Guideline Notes 6,64,65,100,109,136)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M48.40XA-M48.40XG,M48.43XA-M48.43XG,M48.44XA-M48.44XG,M48.45XA-M48.45XG,M48.46XA-M48.46XG,M48.47XA-M48.47XG,M48.48XA-M48.48XG,M48.50XA-M48.50XG,M48.53XA-M48.53XG,M48.54XA-M48.54XG,M48.55XA-M48.55XG,M48.56XA-M48.56XG,M48.57XA-M48.57XG,M48.58XA-M48.58XG,M80.08XA-M80.08XG,M80.88XA-M80.88XG,M84.58XA,M84.68XA,M99.14-M99.15,S22.000A,S22.000D-S22.000G,S22.001A,S22.001D-S22.001G,S22.002A,S22.002D-S22.002G,S22.008A,S22.008D-S22.008G,S22.009A,S22.009D-S22.009G,S22.010A,S22.010D-S22.010G,S22.011A,S22.011D-S22.011G,S22.012A,S22.012D-S22.012G,S22.018A,S22.018D-S22.018G,S22.019A,S22.019D-S22.019G,S22.020A,S22.020D-S22.020G,S22.021A,S22.021D-S22.021G,S22.022A,S22.022D-S22.022G,S22.028A,S22.028D-S22.028G,S22.029A,S22.029D-S22.029G,S22.030A,S22.030D-S22.030G,S22.031A,S22.031D-S22.031G,S22.032A,S22.032D-S22.032G,S22.038A,S22.038D-S22.038G,S22.039A,S22.039D-S22.039G,S22.040A,S22.040D-S22.040G,S22.041A,S22.041D-S22.041G,S22.042A,S22.042D-S22.042G,S22.048A,S22.048D-S22.048G,S22.049A,S22.049D-S22.049G,S22.050A,S22.050D-S22.050G,S22.051A,S22.051D-S22.051G,S22.052A,S22.052D-S22.052G,S22.058A,S22.058D-S22.058G,S22.059A,S22.059D-S22.059G,S22.060A,S22.060D-S22.060G,S22.061A,S22.061D-S22.061G,S22.062A,S22.062D-S22.062G,S22.068A,S22.068D-S22.068G,S22.069A,S22.069D-S22.069G,S22.070A,S22.070D-S22.070G,S22.071A,S22.071D-S22.071G,S22.072A,S22.072D-S22.072G,S22.078A,S22.078D-S22.078G,S22.079A,S22.079D-S22.079G,S22.080A,S22.080D-S22.080G,S22.081A,S22.081D-S22.081G,S22.082A,S22.082D-S22.082G,S22.088A,S22.088D-S22.088G,S22.089A,S22.089D-S22.089G,S22.9XXA,S23.20XA-S23.20XD,S23.29XA-S23.29XD,S32.000A,S32.000D-S32.000G,S32.001A,S32.001D-S32.001G,S32.008A,S32.008D-S32.008G,S32.009A,S32.009D-S32.009G,S32.010A,S32.010D-S32.010G,S32.011A,S32.011D-S32.011G,S32.018A,S32.018D-S32.018G,S32.019A,S32.019D-S32.019G,S32.020A,S32.020D-S32.020G,S32.021A,S32.021D-S32.021G,S32.028A,S32.028D-S32.028G,S32.029A,S32.029D-S32.029G,S32.030A,S32.030D-S32.030G,S32.031A,S32.031D-S32.031G,S32.038A,S32.038D-S32.038G,S32.039A,S32.039D-S32.039G,S32.040A,S32.040D-S32.040G,S32.041A,S32.041D-S32.041G,S32.048A,S32.048D-S32.048G,S32.049A,S32.049D-S32.049G,S32.050A,S32.050D-S32.050G,S32.051A,S32.051D-S32.051G,S32.058A,S32.058D-S32.058G,S32.059A,S32.059D-S32.059G,S32.10XA,S32.10XD-S32.10XG,S32.110A,S32.110D-S32.110G,S32.111A,S32.111D-S32.111G,S32.112A,S32.112D-S32.112G,S32.119A,S32.119D-S32.119G,S32.120A,S32.120D-S32.120G,S32.121A,S32.121D-S32.121G,S32.122A,S32.122D-S32.122G,S32.129A,S32.129D-S32.129G,S32.130A,S32.130D-S32.130G,S32.131A,S32.131D-S32.131G,S32.132A,S32.132D-S32.132G,S32.139A,S32.139D-S32.139G,S32.14XA,S32.14XD-S32.14XG,S32.15XA,S32.15XD-S32.15XG,S32.16XA,S32.16XD-S32.16XG,S32.17XA,S32.17XD-S32.17XG,S32.19XA,S32.19XD-S32.19XG,S33.2XXA-S33.2XXD,S33.39XA-S33.39XD,Z47.2

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

CPT: 20930-20938,22305,22310,22325-22328,22510-22819,22840-22855,27216,27218,29035-29046,29700,29710,29720,63001-63011,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 483**
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.0-F91.2,F91.8-F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016

**Line: 484**
Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,65,149)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N60.01-N60.99,N61,N64.0,N64.89
CPT: 10160,19000,19001,19110-19126,49185,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 485**
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: N75.0,N75.8-N75.9,N76.5-N76.6,N76.81-N76.89,N77.0
CPT: 10060,10061,11004,56440,56501,56515,56740,57135,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 486**
Condition: LICHEN PLANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L43.0-L43.9,L44.1-L44.3,L66.1
CPT: 11900,11901,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 487**
Condition: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-10: M66.0,M71.20-M71.22
CPT: 27345,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 488**
Condition: ENOPHTHALMOS (See Guideline Notes 64,65)
Treatment: ORBITAL IMPLANT
ICD-10: H05.401-H05.429,H11.241-H11.249
CPT: 20902,21076,21077,67550,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D5915,D5928,D5992,D5993,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 489**
Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS (See Guideline Notes 64,65,133)
Treatment: TARSORRHAPHY
ICD-10: G51.0-G51.9,H02.59,H02.89,H16.211-H16.219
CPT: 15840-15842,64864-64868,67875-67882,67911,67917,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **490**
Condition: PERIPHERAL ENTHESOPATHIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M25.70,M25.721-M25.749,M25.761-M25.776,M46.00-M46.09,M60.10,M60.111-M60.19,M70.10-M70.52,M75.20-M75.22,M76.40-M76.72,M76.811-M76.9,M77.00-M77.9,Z45.42
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **491**
Condition: ANGIOEDEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D81.810,T78.3XXA-T78.3XXD
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **492**
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M84.377A-M84.377G,M84.378A-M84.378G,M84.379A-M84.379G,M84.477A-M84.477G,M84.478A-M84.478G,M84.479A-M84.479G,S92.501A,S92.501D-S92.501G,S92.502A,S92.502D-S92.502G,S92.503A,S92.503D-S92.503G,S92.504A,S92.504D-S92.504G,S92.505A,S92.505D-S92.505G,S92.506A,S92.506D-S92.506G,S92.511A,S92.511D-S92.511G,S92.512A,S92.512D-S92.512G,S92.513A,S92.513D-S92.513G,S92.514A,S92.514D-S92.514G,S92.515A,S92.515D-S92.515G,S92.516A,S92.516D-S92.516G,S92.521A,S92.521D-S92.521G,S92.522A,S92.522D-S92.522G,S92.523A,S92.523D-S92.523G,S92.524A,S92.524D-S92.524G,S92.525A,S92.525D-S92.525G,S92.526A,S92.526D-S92.526G,S92.531A,S92.531D-S92.531G,S92.532A,S92.532D-S92.532G,S92.533A,S92.533D-S92.533G,S92.534A,S92.534D-S92.534G,S92.535A,S92.535D-S92.535G,S92.536A,S92.536D-S92.536G,S92.591A,S92.591D-S92.591G,S92.592A,S92.592D-S92.592G,S92.599A,S92.599D-S92.599G,S92.901G,S92.902G,S92.909G,S92.911A,S92.911D-S92.911G,S92.912A,S92.912D-S92.912G,S92.919A,S92.919D-S92.919G
CPT: 28510,28515,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **493**
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: B35.0-B35.9,B36.1-B36.9,B47.9,L08.1
CPT: 11720-11732,11750,96900-96913,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **494**
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M84.38XD-M84.38XG,M84.48XD-M84.48XG,M84.68XD-M84.68XG,S22.20XA,S22.20XD-S22.20XG,S22.21XA,S22.21XD-S22.21XG,S22.22XA,S22.22XD-S22.22XG,S22.23XA,S22.23XD-S22.23XG,S22.24XA,S22.24XD-S22.24XG,S22.31XA,S22.31XD-S22.31XG,S22.32XA,S22.32XD-S22.32XG,S22.39XA,S22.39XD-S22.39XG,S22.41XA,S22.41XD-S22.41XG,S22.42XA,S22.42XD-S22.42XG,S22.43XA,S22.43XD-S22.43XG,S22.49XA,S22.49XD-S22.49XG,S22.5XXA,S22.5XXD-S22.5XXG,S22.9XXD-S22.9XXG,S32.2XXA-S32.2XXG
CPT: 21820,27200,29200,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **495**
Condition: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
ICD-10: G80.1
CPT: 21720,21725,62350-62370,63185,63190,63295,95990,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **496**
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)
Treatment: ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING)
HCPCS: D4240-D4245,D4260,D4261,D4268-D4321,D4381,D5982

**Line:** **497**
Condition: HEPATORENAL SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: K76.7
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **498**
Condition: PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F65.0-F65.4,F65.50-F65.9,F66
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S9484,T1016

**Line:** **499**
Condition: ECTROPION AND BENIGN NEOPLASM OF EYE
Treatment: ECTROPION REPAIR
ICD-10: D22.10-D22.12,D23.10-D23.12,D31.00-D31.92,H02.101-H02.149,H02.871-H02.879,H11.231-H11.239
CPT: 21280,21282,67343,67700-67808,67820-67850,67880,67882,67914-67924,67950-67975,68110-68135,68320-68340,68362,68705,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **500**
Condition: RAYNAUD'S SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: I73.00,I73.89-I73.9
CPT: 64821-64823,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **501**
Condition: CALCIUM PYROPHOSPHATE DEPOSITION DISEASE (CPPD) AND HYDROXYAPETITE DEPOSITION DISEASE (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M11.00,M11.011-M11.09,M11.20,M11.211-M11.29
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9152

**Line:** **502**
Condition: PHIMOSIS
Treatment: SURGICAL TREATMENT
ICD-10: N47.0-N47.1,N47.5
CPT: 54150-54161,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **503**
Condition: CERUMEN IMPACTION (See Guideline Notes 64,65)
Treatment: REMOVAL OF EAR WAX
ICD-10: H61.20-H61.23
CPT: 69209,69210,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **504**
Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,65,128)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: K11.5-K11.9,R68.2
CPT: 40810-40816,42300,42305,42330-42340,42408-42425,42440-42510,42600-42665,64611,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D7980-D7982,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **505**
Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E50.6,H02.721-H02.729,H10.401-H10.409,H10.421-H10.44,H10.501-H10.9,H11.141-H11.149,H11.421-H11.429,H16.261-H16.269
CPT: 92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **506**
Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M65.20,M65.221-M65.29,M66.10,M66.20,M66.9,M67.90,M67.911-M67.99,M70.031-M70.12,M70.31-M70.32,M70.41-M70.42,M71.10,M71.111-M71.19,M71.40,M71.421-M71.58,M71.9,M85.30,M85.311-M85.39,M89.00,M89.011-M89.09,M89.611-M89.69,M90.811-M90.89,M94.0-M94.1,M94.351-M94.8X9,Q77.8-Q77.9,Q78.4,Q78.8-Q78.9
CPT: 20550-20553,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **507**
Condition: ERYTHEMATOUS CONDITIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L26,L30.4,L49.0-L49.6,L49.8-L49.9,L51.0,L51.8-L51.9,L52,L53.0-L53.9,L54,L71.0-L71.9,L92.0,L93.0-L93.2,L95.1,L98.2
CPT: 17340,17360,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **508**
Condition: PERIPHERAL ENTHESOPATHIES (See Guideline Note 28)
Treatment: SURGICAL TREATMENT
ICD-10: M25.70,M25.721-M25.749,M25.761-M25.776,M46.00-M46.09,M70.10-M70.72,M75.20-M75.22,M76.40-M76.72,M76.811-M76.9,M77.00-M77.9
CPT: 20550-20553,20600-20611,21032,23931,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26556,26565-26596,26820-26863,27060,27062,27097,27100-27122,27140-27185,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **509**
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: J33.0-J33.9,J34.1,J34.81-J34.9,Q30.8,T70.1XXA-T70.1XXD
CPT: 30000,30020,30110-30140,30200-30420,30435,30450,30465-30930,31000-31230,31237-31297,61782,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **510**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3347,D3421,D3426,D3430,D3450

**Line:** **511**
Condition: CIRCUMSCRIBED SCLERODERMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L94.0-L94.1,L94.3
CPT: 11900,11901,17000-17004,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355, 99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **512**
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Notes 6,64,65,133)
Treatment: MEDICAL THERAPY
ICD-10: G13.0,G54.0-G54.9,G55,G56.10-G56.12,G56.30-G56.92,G57.00-G57.22,G57.70-G57.92,G58.0-G58.9,G59, G61.1,G61.81-G61.89,G62.0-G62.2,G62.81-G62.89,G63-G64,M53.0
CPT: 90284,97001-97004,97022,97024,97110,97112,97116,97124,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **513**
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION (See Guideline Notes 64,65,134)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H04.001-H04.9,M35.00,P39.1,Q10.6-Q10.7
CPT: 67880,67882,68420,68520,68530,68720-68840,92002-92014,92018-92060,92071,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **514**
Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 64,65,96)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D17.71,D30.00-D30.9,D3A.093
CPT: 50542,50543,50545,50546,50562,52224,52282,53260,53265,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **515**
Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H81.10-H81.23,H81.311-H81.93,H82.1-H82.9,H83.11-H83.19,H83.2X1-H83.2X9,H83.8X1-H83.93,T75.3XXA-T75.3XXD
CPT: 69666,69667,69805,69806,69915,69950,92531-92548,95992,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **516**
Condition: ESOPHAGITIS AND GERD; ESOPHAGEAL SPASM; ASYMPTOMATIC DIAPHRAGMATIC HERNIA (See Guideline Notes 64,65,144)
Treatment: MEDICAL THERAPY
ICD-10: K20.0-K20.9,K21.0-K21.9,K22.10,K22.5,K22.70,K22.710-K22.719,K44.9,T17.218A-T17.218D,T17.318A-T17.318D,T18.118A-T18.118D
CPT: 43180,43229,43248,43249,43255,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **517**
Condition: HIDRADENITIS SUPPURATIVA; DISSECTING CELLULITIS OF THE SCALP
Treatment: MEDICAL THERAPY
ICD-10: L66.3,L73.2
CPT: 11000,11001,11450-11471,11900,11901,64650,64653,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **518**
Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: N41.1,N41.3,N41.9,N42.0-N42.3,N42.81-N42.9
CPT: 55801,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **519**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Notes 64,65,133)
Treatment: MEDICAL THERAPY
ICD-10: I80.00-I80.03,I80.3-I80.9,I82.711-I82.719,I82.811-I82.819,I83.10-I83.12,I87.021-I87.029,I87.321-I87.329,Z79.01
CPT: 29582-29584,36470-36479,37500,37700-37785,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **520**
Condition: DISORDERS OF SWEAT GLANDS (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L30.1,L74.0-L74.4,L74.510-L74.9,L75.0-L75.9,R61,S13.0XXA
CPT: 11450-11471,64650,64653,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

Chemodenervation with botulinum toxin injection (CPT 64650, 64653) is included on this line for the treatment of axillary hyperhidrosis and palmar hyperhidrosis (ICD-10 L74.52, R61).

**Line:** **521**
Condition: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,65)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-10: J38.00-J38.02
CPT: 31582,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **522**
Condition: POSTTHROMBOTIC SYNDROME
Treatment: MEDICAL THERAPY
ICD-10: I87.001-I87.009,I87.021-I87.029,I87.091-I87.099
CPT: 29582-29584,36468-36479,37700-37761,37766-37790,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **523**
Condition: FOREIGN BODY IN GASTROINTESTINAL TRACT WITHOUT RISK OF PERFORATION OR OBSTRUCTION
Treatment: MEDICAL THERAPY
ICD-10: T18.2XXA-T18.2XXD,T18.3XXA-T18.3XXD,T18.4XXA-T18.4XXD,T18.5XXA-T18.5XXD,T18.8XXA-T18.8XXD,T18.9XXA-T18.9XXD
CPT: 43247,44363,44390,45307,45332,45379,45915,46608,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **524**
Condition: PANNICULITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M35.6,M79.3
CPT: 68760,68761,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **525**
Condition: ROSACEA; ACNE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L70.0-L70.9,L73.0
CPT: 10040-10061,11450-11471,11900,11901,17000,17340,17360,96900-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **526**
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-10: F10.181,F10.281,F10.981,F11.181,F11.281,F11.981,F12.188,F12.288,F12.988,F13.181,F13.281,F13.981,F14.181,F14.281,F14.981,F15.181,F15.281,F15.981,F19.181,F19.281,F19.981,F52.0-F52.1,F52.21-F52.4,F52.6-F52.9,N52.01-N52.9,N53.11-N53.19,R37
CPT: 54400-54417,90785,90832-90840,90846-90853,90882,90887,93980,93981,98966-98969,99051,99060,99070,99078,99201-99239,99281-99285,99291-99360,99366,99374,99375,99379-99404,99408-99416,99429-99449,99471-99476,99487-99498,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0035,H0038,H2011,H2014,H2027,H2032,S9484,T1016

**Line:** **527**
Condition: UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA) (See Guideline Notes 24,64,65)
Treatment: REPAIR
ICD-10: K40.20-K40.21,K40.90-K40.91,K41.20-K41.21,K41.90-K41.91,K42.9,K43.2,K43.5,K43.9,K45.8,K46.9
CPT: 44050,49250,49505,49520,49525-49550,49555,49560,49565,49568,49570,49580,49585,49590,49650-49659,55540,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **528**
Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
ICD-10: D14.0
CPT: 30117-30150,30520,31020,31032,31201,61782,69145,69501-69554,69960,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **529**
Condition: CHRONIC ANAL FISSURE (See Guideline Notes 52,64,65)
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-10: K60.1-K60.2
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46505,46700,46706,46707,46940,46942,96150-96154,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **530**
Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,65)
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-10: M20.001-M20.019,M20.091-M20.099,M21.00,M21.021-M21.079,M21.121-M21.169,M21.20,M21.211-M21.279, M21.371-M21.379,M21.519-M21.529,M21.6X1-M21.739,M21.80,M21.821-M21.959,M24.031-M24.059,M24.121-M24.159,M24.621-M24.659,M24.7,M24.821-M24.859,M25.10,M25.111-M25.18,M25.221-M25.269,M25.28, M25.321-M25.369,M25.80,M25.811-M25.879,M42.10-M42.9,M72.1,M72.4,M85.9,M89.121-M89.29,M89.70, M89.711-M89.79,M89.9,M92.00-M92.12,M92.201-M92.32,M92.8-M92.9,M93.1,M93.80,M93.811-M93.99,M94.9, M95.5-M95.8,M99.85-M99.87,M99.89,Q65.9,Q68.0-Q68.5,Q68.8,Q72.70,Q74.0-Q74.9,Q76.6-Q76.9,Q79.6-Q79.8
CPT: 11042,11045,14040,14041,14301,14302,15040,15110-15120,15130-15261,20150,20690-20694,20900,20920-20924,21740-21743,24000,24006,24101,24102,25101-25109,25320,25335,25337,25390-25393,25441-25492, 25810-25830,26035,26055,26060,26121-26180,26320,26390,26432,26440-26556,26565-26596,26820-26863, 27097,27100-27122,27140,27185,27306,27307,27435,27448-27455,27465-27468,27475-27485,27590,27656, 27676,27685-27690,27705,27715,27727-27742,28300,29075,29130,29345,29540,29861-29863,64702,64704, 64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **531**
Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65,129)
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-10: D78.02,G43.A0-G43.A1,G43.D0-G43.D1,K30,K31.0,K31.2,K31.4,K31.83-K31.9,K58.0-K58.9,K59.00-K59.1,K59.4-K59.9,K91.0-K91.1,K91.89,P78.3,R15.0,R15.2-R15.9
CPT: 44141-44144,44188,44206,44208,44320-44346,44604,44605,45110,45395,45397,45805,45825,46761,50810, 57307,88304,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99505,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **532 (LINE 545 FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**
Condition: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,37,56,64,65,72,92,94,101,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M24.08,M25.78,M43.20-M43.28,M43.8X9,M46.1,M46.40-M46.49,M47.811-M47.9,M48.30-M48.38,M48.9,M49.80, M50.20-M50.93,M51.24-M51.9,M53.2X7-M53.2X8,M53.3,M53.80-M53.9,M54.00-M54.09,M54.2,M54.5-M54.6, M54.81-M54.9,M62.830,M96.1,M99.00-M99.09,M99.12-M99.13,S13.0XXA-S13.0XXD,S13.4XXA-S13.4XXD, S13.8XXA-S13.8XXD,S13.9XXA-S13.9XXD,S16.1XXA-S16.1XXD,S23.0XXA-S23.0XXD,S23.100A-S23.100D, S23.101A-S23.101D,S23.110A-S23.110D,S23.111A-S23.111D,S23.120A-S23.120D,S23.121A-S23.121D, S23.122A-S23.122D,S23.123A-S23.123D,S23.130A-S23.130D,S23.131A-S23.131D,S23.132A-S23.132D, S23.133A-S23.133D,S23.140A-S23.140D,S23.141A-S23.141D,S23.142A-S23.142D,S23.143A-S23.143D, S23.150A-S23.150D,S23.151A-S23.151D,S23.152A-S23.152D,S23.153A-S23.153D,S23.160A-S23.160D, S23.161A-S23.161D,S23.162A-S23.162D,S23.163A-S23.163D,S23.170A-S23.170D,S23.171A-S23.171D, S23.3XXA-S23.3XXD,S23.8XXA-S23.8XXD,S23.9XXA-S23.9XXD,S33.0XXA-S33.0XXD,S33.100A-S33.100D, S33.101A-S33.101D,S33.110A-S33.110D,S33.111A-S33.111D,S33.120A-S33.120D,S33.121A-S33.121D, S33.130A-S33.130D,S33.131A-S33.131D,S33.140A-S33.140D,S33.141A-S33.141D,S33.5XXA-S33.5XXD, S33.9XXA-S33.9XXD,S39.092A-S39.092D,S39.82XA-S39.82XD,S39.92XA-S39.92XD
CPT: 20550,20660,20661,20665,22856-22865,27035,62367-62370,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99184, 99201-99239,99281-99285,99291-99404,99408-99412,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **533**
Condition: FIBROMYALGIA, CHRONIC FATIGUE SYNDROME, AND RELATED DISORDERS (See Guideline Notes 64,65,135)
Treatment: MEDICAL THERAPY
ICD-10: G89.4,M79.7,R53.82
CPT: 90785,90832-90840,90846-90853,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **534**
Condition: CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Notes 55,64,65,110)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N70.11-N70.93,N71.1-N71.9,N73.1-N73.2,N73.4-N73.9,N74,N83.8,N94.0-N94.2,N94.810-N94.89,R10.2
CPT: 49322,58150,58180,58260,58262,58290,58291,58400,58410,58541-58544,58550-58554,58562,58570-58573, 58660-58662,58700-58740,58805,58925,58940,98966-98969,99051,99060,99070,99078,99184,99201-99239, 99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **535**
Condition: ATOPIC DERMATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: E08.620,E09.620,E10.620,E11.620,E13.620,L20.0,L20.81-L20.82,L20.84-L20.9
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **536**
Condition: CONTACT DERMATITIS AND OTHER ECZEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H60.501-H60.93,L23.0-L23.7,L23.81-L23.9,L24.0-L24.7,L24.81-L24.9,L25.0-L25.9,L30.0,L30.2,L30.8-L30.9,L56.0-L56.4,L56.8-L56.9,L57.1,L57.5-L57.9,L58.0-L58.9,L59.0-L59.9
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **537**
Condition: HYPOTENSION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: G90.01,I95.0-I95.3,I95.81-I95.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **538**
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-10: A81.89-A81.9,A83.0-A83.9,A84.0-A84.9,A85.0-A85.1,A85.8,A86,B01.11-B01.12,B05.0,B06.00-B06.09,B06.82, G04.81-G04.91,G05.3-G05.4,G37.4
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **539**
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Note 133)
Treatment: SURGICAL TREATMENT
ICD-10: G54.0-G54.4,G54.6-G54.9,G55,G56.10-G56.12,G56.30-G56.92,G57.00-G57.22,G57.70-G57.92,G58.0-G58.9, M53.0
CPT: 23397,64702-64719,64722-64727,64774-64792,64820,64856,64857,64872-64907,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **540**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)
HCPCS: D3331,D3333,D3348,D3425,D3426,D3430,D3450

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **541**
Condition: ICHTHYOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: Q80.0-Q80.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **542**
Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXCISION
ICD-10: G57.60-G57.62,M72.2
CPT: 20550,28008,28060,28080,29893,64455,64632,64726,98966-98969,99051,99060,99070,99078,99201-99215, 99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **543**
Condition: TENSION HEADACHES (See Coding Specification Below) (See Guideline Notes 64,65,92)
Treatment: MEDICAL THERAPY
ICD-10: G44.201-G44.52,G44.59-G44.89,R51
CPT: 97810-98942,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378, 99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

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

**Line:** **544**
Condition: MILD PSORIASIS ; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED (See Guideline Notes 57,64,65)
Treatment: MEDICAL THERAPY
ICD-10: B35.0,B35.2,B35.4-B35.5,B35.8,L41.0-L41.9,L44.0,L94.5
CPT: 11900,11901,96900-96922,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355, 99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **545**
Condition: DEFORMITIES OF FOOT (See Guideline Notes 64,65)
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-10: M20.10-M20.12,M20.30-M20.42,M20.5X1-M20.62,M21.171-M21.172,M21.539-M21.549,M21.961-M21.969, M24.674-M24.676,M24.871-M24.876,M25.271-M25.279,M25.371-M25.376,M92.60-M92.72,Q66.50-Q66.52, Q66.80-Q66.9,Q72.70,Q74.2
CPT: 20920-20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160, 28220-28341,28360,28705-28760,29405,29425,29450,29750,29904-29907,98966-98969,99051,99060,99070, 99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **546**
Condition: FOREIGN BODY GRANULOMA OF MUSCLE, SKIN AND SUBCUTANEOUS TISSUE (See Guideline Notes 64,65)
Treatment: REMOVAL OF GRANULOMA
ICD-10: L92.3,M60.20,M60.211-M60.28
CPT: 21011-21014,21552-21556,21930-21933,22901-22903,23071-23076,24071-24076,25071-25076,26111-26116, 27043-27048,27327,27328,27337,27339,27618,27619,27632,27634,28039-28045,28192,98966-98969,99051, 99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480, 99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **547**
Condition: HYDROCELE (See Guideline Notes 64,65,149)
Treatment: MEDICAL THERAPY, EXCISION
ICD-10: N43.3,N43.40-N43.42,N50.8,P83.5
CPT: 49185,54840,55000-55060,55500,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **548**
Condition: SYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L50.0-L50.1,L50.5-L50.8,T78.1XXA-T78.1XXD
CPT: 96900-96913,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **549**
Condition: IMPULSE DISORDERS (See Guideline Notes 58,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.1-F63.2,F63.81-F63.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016

**Line:** **550**
Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,65)
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-10: I86.0-I86.2
CPT: 36470,37241,37242,55530,55535,55550,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **551**
Condition: ASEPTIC MENINGITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-10: A87.0-A87.9,A88.0,A88.8,A89,B01.0,B05.1,G02,G03.2
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **552**
Condition: TMJ DISORDER (See Guideline Notes 64,65)
Treatment: TMJ SPLINTS
ICD-10: M26.60-M26.69,S03.4XXA-S03.4XXD
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: D7880,D7881,G0396,G0397,G0463,G0466,G0467

**Line:** **553**
Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 36,64,65)
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-10: J35.01-J35.9
CPT: 42820-42836,42860,42870,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **554**
Condition: SOMATIC SYMPTOMS AND RELATED DISORDERS (See Guideline Notes 64,65)
Treatment: CONSULTATION
ICD-10: F44.0-F44.7,F44.81-F44.9,F45.0-F45.1,F45.20-F45.9,F52.5,F68.10-F68.13
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-99215, 99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0017-H0019, H0023,H0032-H0039,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S9484,T1016

**Line:** **555**
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-10: K52.1-K52.2,K52.81-K52.9
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **556**
Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR (See Guideline Notes 64,65)
Treatment: DRAINAGE
ICD-10: H61.101-H61.199,H61.811-H61.899,M95.10-M95.12
CPT: 10140,69000-69020,69140,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355, 99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **557**
Condition: MILD ECZEMATOUS AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H01.111-H01.119,H01.131-H01.149,L11.0,L11.8-L11.9,L20.83,L21.0-L21.9,L28.0-L28.2,L29.0-L29.9,L30.3,L57.2, L57.4,L66.4,L83,L85.0-L85.2,L85.8-L85.9,L86,L87.0-L87.9,L90.1-L90.4,L90.6-L90.9,L91.8-L91.9,L92.2,L94.8-L94.9,L98.1,L98.5-L98.6
CPT: 11000-11057,11200,11201,11401-11406,11900,11950-11954,17000-17004,98966-98969,99051,99060,99070, 99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **558**
Condition: CHONDROMALACIA (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M94.20,M94.211-M94.29
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060, 99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449, 99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0463,G0466,G0467

**Line:** **559**
Condition: CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,65,149)
Treatment: MEDICAL THERAPY
ICD-10: N28.1
CPT: 49185,50390,50541,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **560**
Condition: DYSMENORRHEA (See Guideline Notes 59,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: N94.4-N94.6
CPT: 58150,58180,58260,58290,58541-58544,58550-58554,58570-58573,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **561**
Condition: BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,7,11,64,65,100,137)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-10: D16.00-D16.9,D17.79,D18.09,D21.0,D21.10-D21.9,D36.10-D36.17,D48.1,D61.810,G89.3,K09.0-K09.1,M12.20, M12.211-M12.29,M27.1,M27.40-M27.49,M27.8,M67.80,M67.811-M67.89,M85.00,M85.011-M85.09,M85.40, M85.411-M85.69,Z51.0,Z51.12
CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20600-20611,20615,20900,20930-20938, 20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600,21930-21936,22532-22819,22851,23071-23076,23101,23140-23156,23200,24071-24079,24105-24126,24420,24498,25000,25071, 25073,25110-25136,25170-25240,25295-25301,25320,25335,25337,25390-25393,25441-25447,25450-25492, 25810-25830,26100-26116,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078, 27187,27327,27328,27337,27339,27355-27358,27365,27465-27468,27495,27630-27638,27645-27647,27656, 27745,28039-28045,28100-28108,28122,28124,28171-28175,28820,28825,32553,36680,49411,63081-63103, 64774,64792,77014,77261-77295,77300-77307,77331-77338,77385-77387,77401-77427,77469,77470,79005-79445,96405,96406,96420-96440,96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530, 97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017

**Line:** **562**
Condition: SPASTIC DYSPHONIA (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J38.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467,S2340,S2341

ICD-10 J38.3 is included on Line 210 for treatment of abscesses and cellulitis of the vocal cords; it is included on Line 562 for treatment of spastic dysphonia.

**Line:** **563**
Condition: MACROMASTIA
Treatment: BREAST REDUCTION
ICD-10: N62
CPT: 19318,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416, 99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **564**
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H10.011-H10.239,H10.411-H10.419,H10.45,H11.111-H11.129,J30.0-J30.5,J30.81-J30.9,J31.0-J31.2,T78.40XA-T78.40XD,T78.49XA-T78.49XD
CPT: 30420,86486,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371, 95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **565**
Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS
Treatment: LIVER TRANSPLANT
ICD-10: C22.0-C22.8,T86.40-T86.49,Z48.23,Z51.11,Z52.6
CPT: 47133-47147,86825-86835,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **566**
Condition: BENIGN NEOPLASM AND CONDITIONS OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-10: D28.0-D28.1,D28.7-D28.9,I86.3,N89.9
CPT: 56440,56441,56501,57130,57135,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285, 99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **567**
Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: H00.011-H00.029,H00.11-H00.19,H02.70,H02.79,H02.821-H02.829,H02.861-H02.869
CPT: 67700,67800-67808,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **568**
Condition: ACUTE ANAL FISSURE (See Guideline Notes 64,65)
Treatment: FISSURECTOMY, MEDICAL THERAPY
ICD-10: K60.0
CPT: 46200,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **569**
Condition: PLEURISY (See Guideline Notes 64,65,149)
Treatment: MEDICAL THERAPY
ICD-10: J92.0-J92.9,J94.1,J94.8-J94.9,R09.1
CPT: 32200-32310,32550,32552,32560-32562,32650-32652,32655,32664,32665,32940,49185,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **570**
Condition: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-10: K66.0,K66.8-K66.9,K68.9,N99.4
CPT: 44005,44180,44603,44604,49423,49424,58660-58662,58740,58940,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **571**
Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L27.1-L27.9
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **572**
Condition: BLEPHARITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H01.001-H01.029,H01.8-H01.9,H02.831-H02.839
CPT: 92002-92014,92018-92060,92071,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **573**
Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: N40.0,N40.2-N40.3
CPT: 52450,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **574**
Condition: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: H18.821-H18.829,T81.81XA-T81.81XD,T81.82XA-T81.82XD,T81.9XXA-T81.9XXD
CPT: 38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **575**
Condition: ANEMIAS DUE TO DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: D61.811,D63.0-D63.8,D64.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **576**
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.0-F60.2,F60.4-F60.7,F60.81-F60.9,F68.8,F69
CPT: 90846,90849,90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9484,T1005,T1016

**Line:** **577**
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H83.01-H83.09
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **578**
Condition: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT (See Guideline Notes 64,65)
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-10: J34.2-J34.3,M95.0,Q30.8,S02.2XXA,S03.1XXA-S03.1XXD
CPT: 14060,14301,14302,20912,21325-21335,30115,30117,30124-30420,30465,30520,30580,30620,30630,31020-31200,61782,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D7260,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **579**
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-10: K12.1,K12.30-K12.39,K13.1,K13.4,K13.6,K13.70-K13.79,K14.0
CPT: 40650,40805,40810-40816,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **580**
Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, ORTHOTIC
ICD-10: M21.40-M21.42,Q69.2-Q69.9,Q70.20-Q70.9
CPT: 11200,26951,28344,28345,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **581**
Condition: INFECTIOUS MONONUCLEOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B27.00-B27.99
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **582**
Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: N34.2-N34.3,N36.2,N36.8-N36.9,N39.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **583**
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: Q50.01-Q50.6,Q51.0,Q51.10-Q51.4,Q51.6,Q51.810-Q51.818,Q51.9,Q52.4
CPT: 57135,57720,58400,58540,58559-58562,58660-58662,58700-58740,58940,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **584**
Condition: THROMBOTIC DISORDERS
Treatment: MEDICAL THERAPY
ICD-10: D68.51-D68.69
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,S9345

**Line:** **585**
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,65,113)
Treatment: MEDICAL THERAPY
ICD-10: B37.0,B37.2,B37.83,B37.9,K13.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **586**
Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: D29.1,D29.20-D29.32,D29.8-D29.9
CPT: 54231,54512,54522,54900,54901,55200,55600-55680,55801,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **587**
Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-10: K08.20-K08.26
CPT: 15574,20902,21210,21215,21244-21249,40840,40842,40845,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D7340,D7350,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **588**
Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L60.1-L60.9,L62,L63.0-L63.9,L64.0-L64.9,L65.0-L65.9,L66.0,L66.2-L66.3,L66.8-L66.9,L67.0-L67.9,L68.0-L68.9, L73.1,L73.8-L73.9,Q84.0-Q84.6
CPT: 11000,11001,11720-11765,11900,11901,17380,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **589**
Condition: OBESITY (ADULT BMI ≥ 30, CHILDHOOD BMI ≥ 95TH PERCENTILE) AND OVERWEIGHT IN ADULTS (BMI >25) WITH CARDIOVASCULAR RISK FACTORS (See Guideline Notes 8,64,65)
Treatment: 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
ICD-10: E66.01-E66.9,Z68.30-Z68.45,Z68.54,Z71.3
CPT: 43644,43645,43770-43775,43846-43848,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0447,G0463,G0466,G0467,G0473

**Line:** **590**
Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J03.80-J03.91
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **591**
Condition: CORNS AND CALLUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L84
CPT: 11055-11057,17000-17004,17110,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467,S0390

**Line:** **592**
Condition: SYNOVITIS AND TENOSYNOVITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-10: M65.10,M65.111-M65.19,M65.30,M65.311-M65.9,M67.30,M67.311-M67.39
CPT: 20550-20553,20600-20611,25000,26055,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542, 97760-97762,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378, 99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0463,G0466,G0467

**Line:** **593**
Condition: PROLAPSED URETHRAL MUCOSA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: N36.2,N36.8
CPT: 51840,51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,77321,98966-98969,99051,99060, 99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **594**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS,ONLAYS,GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS: D2410-D2544,D2720-D2750,D2780-D2794,D2929,D2949,D2952,D2953,D2971,D2981,D2982,D4249,D5213-D5224,D5281,D5810,D5811,D5862,D5867,D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710, D6780-D6790,D6793-D6920,D6940,D6950,D9950

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **595**
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: C26.1-C26.9,C45.7-C45.9,C7A.1-C7A.8,C7B.00-C7B.8,C76.1-C76.3,C76.40-C76.8,C77.0-C77.9,C78.00-C78.6, C78.80-C78.89,C79.81-C79.9,C80.0-C80.1,D44.9,Z85.020,Z85.030,Z85.040,Z85.060,Z85.110,Z85.230,Z85.520, Z85.821,Z85.858
CPT: 11600-11646,32553,36260-36262,38720,38724,38745,41110-41114,41130,42120,42842-42845,43195,43196, 43212-43214,43216-43229,43233,43248-43250,43266,43270,47420,47425,47610,47741,47785,49411,58951, 60600-60650,61500,61510,61517-61521,61546,61548,61586,77014,77261-77295,77300-77370,77385-77387, 77401-77432,77469,77470,77761-77763,77770-77790,79005-79445,96405,96406,96420-96450,96542-96571, 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467,G6001-G6017,S9537

**Line:** **596**
Condition: GANGLION (See Guideline Notes 64,65,149)
Treatment: EXCISION
ICD-10: M67.40,M67.411-M67.49,M71.30,M71.311-M71.39
CPT: 10140,10160,20551-20553,20612,25111,25112,26160,28090,49185,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **597**
Condition: EPISCLERITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: H15.101-H15.129
CPT: 92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416, 99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **598**
Condition: DIAPER RASH (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L22
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **599**
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE (See Guideline Note 139)
Treatment: FRENOTOMY, TONGUE TIE
ICD-10: Q38.1-Q38.3
CPT: 40806,40819,41010,41115,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355, 99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **600**
Condition: INCONSEQUENTIAL CYSTS OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE
ICD-10: K06.2-K06.9,K09.8-K09.9,K11.1,K13.5
CPT: 40800,41005-41009,41015-41018,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: D7460,D7461,G0396,G0397,G0463,G0466,G0467

**Line:** **601**
Condition: CONGENITAL DEFORMITIES OF KNEE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: M67.50-M67.52,Q68.2,Q74.1
CPT: 27403-27416,27420-27429,27435,27465-27468,27656,29871-29889,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **602**
Condition: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
ICD-10: K86.0-K86.1
CPT: 48020,48120,48548,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404, 99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **603**
Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B00.1,B00.9,B10.81-B10.89
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **604**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)
HCPCS: D5863-D5866,D6211,D6241,D6242,D6251,D6252,D6545,D6549,D6751,D6752,D6791,D6792

**Line:** **605**
Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
ICD-10: Q16.2,Q17.0-Q17.9,Z01.12
CPT: 21086,21089,69110,69300,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D5914,D5927,D5992,D5993,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **606**
Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE (See Guideline Note 12)
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-10: L91.0,L92.9,Z51.0
CPT: 11200-11446,11900,11901,12032,17000-17004,32553,49411,77014,77261-77295,77300-77307,77331-77338, 77385-77387,77401-77427,77469,77470,79005-79445,98966-98969,99051,99060,99070,99078,99201-99215, 99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467,G6001-G6017

**Line:** **607**
Condition: DISORDERS OF SOFT TISSUE (See Guideline Notes 64,65,72,149)
Treatment: MEDICAL THERAPY
ICD-10: M43.6,M60.80,M60.811-M60.9,M70.80,M70.811-M70.99,M72.9,M79.0-M79.2,M79.4,M79.81-M79.9,S13.5XXA-S13.5XXD,S16.8XXA-S16.8XXD,S16.9XXA-S16.9XXD,S19.9XXA-S19.9XXD,T14.8,Z45.42
CPT: 11042,11045,14040,14041,14301,14302,20550,49185,62367-62370,95990,98966-98969,99051,99060,99070, 99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **608**
Condition: MINOR BURNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: L00,L55.0-L55.1,L55.9,T20.00XA-T20.00XD,T20.011A-T20.011D,T20.012A-T20.012D,T20.019A-T20.019D, T20.02XA-T20.02XD,T20.03XA-T20.03XD,T20.04XA-T20.04XD,T20.05XA-T20.05XD,T20.06XA-T20.06XD, T20.07XA-T20.07XD,T20.09XA-T20.09XD,T20.10XA-T20.10XD,T20.111A-T20.111D,T20.112A-T20.112D, T20.119A-T20.119D,T20.12XA-T20.12XD,T20.13XA-T20.13XD,T20.14XA-T20.14XD,T20.15XA-T20.15XD, T20.16XA-T20.16XD,T20.17XA-T20.17XD,T20.19XA-T20.19XD,T20.20XA-T20.20XD,T20.211A-T20.211D, T20.212A-T20.212D,T20.219A-T20.219D,T20.22XA-T20.22XD,T20.23XA-T20.23XD,T20.24XA-T20.24XD, T20.25XA-T20.25XD,T20.26XA-T20.26XD,T20.27XA-T20.27XD,T20.29XA-T20.29XD,T20.40XA-T20.40XD, T20.411A-T20.411D,T20.412A-T20.412D,T20.419A-T20.419D,T20.42XA-T20.42XD,T20.43XA-T20.43XD, T20.44XA-T20.44XD,T20.45XA-T20.45XD,T20.46XA-T20.46XD,T20.47XA-T20.47XD,T20.49XA-T20.49XD, T20.50XA-T20.50XD,T20.511A-T20.511D,T20.512A-T20.512D,T20.519A-T20.519D,T20.52XA-T20.52XD, T20.53XA-T20.53XD,T20.54XA-T20.54XD,T20.55XA-T20.55XD,T20.56XA-T20.56XD,T20.57XA-T20.57XD, T20.59XA-T20.59XD,T20.60XA-T20.60XD,T20.611A-T20.611D,T20.612A-T20.612D,T20.619A-T20.619D, T20.62XA-T20.62XD,T20.63XA-T20.63XD,T20.64XA-T20.64XD,T20.65XA-T20.65XD,T20.66XA-T20.66XD,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T20.67XA-T20.67XD,T20.69XA-T20.69XD,T21.00XA-T21.00XD,T21.01XA-T21.01XD,T21.02XA-T21.02XD,
T21.03XA-T21.03XD,T21.04XA-T21.04XD,T21.05XA-T21.05XD,T21.06XA-T21.06XD,T21.07XA-T21.07XD,
T21.09XA-T21.09XD,T21.10XA-T21.10XD,T21.11XA-T21.11XD,T21.12XA-T21.12XD,T21.13XA-T21.13XD,
T21.14XA-T21.14XD,T21.15XA-T21.15XD,T21.16XA-T21.16XD,T21.17XA-T21.17XD,T21.19XA-T21.19XD,
T21.20XA-T21.20XD,T21.21XA-T21.21XD,T21.22XA-T21.22XD,T21.23XA-T21.23XD,T21.24XA-T21.24XD,
T21.25XA-T21.25XD,T21.26XA-T21.26XD,T21.27XA-T21.27XD,T21.29XA-T21.29XD,T21.40XA-T21.40XD,
T21.41XA-T21.41XD,T21.42XA-T21.42XD,T21.43XA-T21.43XD,T21.44XA-T21.44XD,T21.45XA-T21.45XD,
T21.46XA-T21.46XD,T21.47XA-T21.47XD,T21.49XA-T21.49XD,T21.50XA-T21.50XD,T21.51XA-T21.51XD,
T21.52XA-T21.52XD,T21.53XA-T21.53XD,T21.54XA-T21.54XD,T21.55XA-T21.55XD,T21.56XA-T21.56XD,
T21.57XA-T21.57XD,T21.59XA-T21.59XD,T21.60XA-T21.60XD,T21.61XA-T21.61XD,T21.62XA-T21.62XD,
T21.63XA-T21.63XD,T21.64XA-T21.64XD,T21.65XA-T21.65XD,T21.66XA-T21.66XD,T21.67XA-T21.67XD,
T21.69XA-T21.69XD,T22.00XA-T22.00XD,T22.011A-T22.011D,T22.012A-T22.012D,T22.019A-T22.019D,
T22.021A-T22.021D,T22.022A-T22.022D,T22.029A-T22.029D,T22.031A-T22.031D,T22.032A-T22.032D,
T22.039A-T22.039D,T22.041A-T22.041D,T22.042A-T22.042D,T22.049A-T22.049D,T22.051A-T22.051D,
T22.052A-T22.052D,T22.059A-T22.059D,T22.061A-T22.061D,T22.062A-T22.062D,T22.069A-T22.069D,
T22.091A-T22.091D,T22.092A-T22.092D,T22.099A-T22.099D,T22.10XA-T22.10XD,T22.111A-T22.111D,
T22.112A-T22.112D,T22.119A-T22.119D,T22.121A-T22.121D,T22.122A-T22.122D,T22.129A-T22.129D,
T22.131A-T22.131D,T22.132A-T22.132D,T22.139A-T22.139D,T22.141A-T22.141D,T22.142A-T22.142D,
T22.149A-T22.149D,T22.151A-T22.151D,T22.152A-T22.152D,T22.159A-T22.159D,T22.161A-T22.161D,
T22.162A-T22.162D,T22.169A-T22.169D,T22.191A-T22.191D,T22.192A-T22.192D,T22.199A-T22.199D,
T22.20XA-T22.20XD,T22.211A-T22.211D,T22.212A-T22.212D,T22.219A-T22.219D,T22.221A-T22.221D,
T22.222A-T22.222D,T22.229A-T22.229D,T22.231A-T22.231D,T22.232A-T22.232D,T22.239A-T22.239D,
T22.241A-T22.241D,T22.242A-T22.242D,T22.249A-T22.249D,T22.251A-T22.251D,T22.252A-T22.252D,
T22.259A-T22.259D,T22.261A-T22.261D,T22.262A-T22.262D,T22.269A-T22.269D,T22.291A-T22.291D,
T22.292A-T22.292D,T22.299A-T22.299D,T22.40XA-T22.40XD,T22.411A-T22.411D,T22.412A-T22.412D,
T22.419A-T22.419D,T22.421A-T22.421D,T22.422A-T22.422D,T22.429A-T22.429D,T22.431A-T22.431D,
T22.432A-T22.432D,T22.439A-T22.439D,T22.441A-T22.441D,T22.442A-T22.442D,T22.449A-T22.449D,
T22.451A-T22.451D,T22.452A-T22.452D,T22.459A-T22.459D,T22.461A-T22.461D,T22.462A-T22.462D,
T22.469A-T22.469D,T22.491A-T22.491D,T22.492A-T22.492D,T22.499A-T22.499D,T22.50XA-T22.50XD,
T22.511A-T22.511D,T22.512A-T22.512D,T22.519A-T22.519D,T22.521A-T22.521D,T22.522A-T22.522D,
T22.529A-T22.529D,T22.531A-T22.531D,T22.532A-T22.532D,T22.539A-T22.539D,T22.541A-T22.541D,
T22.542A-T22.542D,T22.549A-T22.549D,T22.551A-T22.551D,T22.552A-T22.552D,T22.559A-T22.559D,
T22.561A-T22.561D,T22.562A-T22.562D,T22.569A-T22.569D,T22.591A-T22.591D,T22.592A-T22.592D,
T22.599A-T22.599D,T22.60XA-T22.60XD,T22.611A-T22.611D,T22.612A-T22.612D,T22.619A-T22.619D,
T22.621A-T22.621D,T22.622A-T22.622D,T22.629A-T22.629D,T22.631A-T22.631D,T22.632A-T22.632D,
T22.639A-T22.639D,T22.641A-T22.641D,T22.642A-T22.642D,T22.649A-T22.649D,T22.651A-T22.651D,
T22.652A-T22.652D,T22.659A-T22.659D,T22.661A-T22.661D,T22.662A-T22.662D,T22.669A-T22.669D,
T22.691A-T22.691D,T22.692A-T22.692D,T22.699A-T22.699D,T23.001A-T23.001D,T23.002A-T23.002D,
T23.009A-T23.009D,T23.011A-T23.011D,T23.012A-T23.012D,T23.019A-T23.019D,T23.021A-T23.021D,
T23.022A-T23.022D,T23.029A-T23.029D,T23.031A-T23.031D,T23.032A-T23.032D,T23.039A-T23.039D,
T23.041A-T23.041D,T23.042A-T23.042D,T23.049A-T23.049D,T23.051A-T23.051D,T23.052A-T23.052D,
T23.059A-T23.059D,T23.061A-T23.061D,T23.062A-T23.062D,T23.069A-T23.069D,T23.071A-T23.071D,
T23.072A-T23.072D,T23.079A-T23.079D,T23.091A-T23.091D,T23.092A-T23.092D,T23.099A-T23.099D,
T23.101A-T23.101D,T23.102A-T23.102D,T23.109A-T23.109D,T23.111A-T23.111D,T23.112A-T23.112D,
T23.119A-T23.119D,T23.121A-T23.121D,T23.122A-T23.122D,T23.129A-T23.129D,T23.131A-T23.131D,
T23.132A-T23.132D,T23.139A-T23.139D,T23.141A-T23.141D,T23.142A-T23.142D,T23.149A-T23.149D,
T23.151A-T23.151D,T23.152A-T23.152D,T23.159A-T23.159D,T23.161A-T23.161D,T23.162A-T23.162D,
T23.169A-T23.169D,T23.171A-T23.171D,T23.172A-T23.172D,T23.179A-T23.179D,T23.191A-T23.191D,
T23.192A-T23.192D,T23.199A-T23.199D,T23.201A-T23.201D,T23.202A-T23.202D,T23.209A-T23.209D,
T23.211A-T23.211D,T23.212A-T23.212D,T23.219A-T23.219D,T23.221A-T23.221D,T23.222A-T23.222D,
T23.229A-T23.229D,T23.231A-T23.231D,T23.232A-T23.232D,T23.239A-T23.239D,T23.241A-T23.241D,
T23.242A-T23.242D,T23.249A-T23.249D,T23.251A-T23.251D,T23.252A-T23.252D,T23.259A-T23.259D,
T23.261A-T23.261D,T23.262A-T23.262D,T23.269A-T23.269D,T23.271A-T23.271D,T23.272A-T23.272D,
T23.279A-T23.279D,T23.291A-T23.291D,T23.292A-T23.292D,T23.299A-T23.299D,T23.401A-T23.401D,
T23.402A-T23.402D,T23.409A-T23.409D,T23.411A-T23.411D,T23.412A-T23.412D,T23.419A-T23.419D,
T23.421A-T23.421D,T23.422A-T23.422D,T23.429A-T23.429D,T23.431A-T23.431D,T23.432A-T23.432D,
T23.439A-T23.439D,T23.441A-T23.441D,T23.442A-T23.442D,T23.449A-T23.449D,T23.451A-T23.451D,
T23.452A-T23.452D,T23.459A-T23.459D,T23.461A-T23.461D,T23.462A-T23.462D,T23.469A-T23.469D,
T23.471A-T23.471D,T23.472A-T23.472D,T23.479A-T23.479D,T23.491A-T23.491D,T23.492A-T23.492D,
T23.499A-T23.499D,T23.501A-T23.501D,T23.502A-T23.502D,T23.509A-T23.509D,T23.511A-T23.511D,
T23.512A-T23.512D,T23.519A-T23.519D,T23.521A-T23.521D,T23.522A-T23.522D,T23.529A-T23.529D,
T23.531A-T23.531D,T23.532A-T23.532D,T23.539A-T23.539D,T23.541A-T23.541D,T23.542A-T23.542D,
T23.549A-T23.549D,T23.551A-T23.551D,T23.552A-T23.552D,T23.559A-T23.559D,T23.561A-T23.561D,
T23.562A-T23.562D,T23.569A-T23.569D,T23.571A-T23.571D,T23.572A-T23.572D,T23.579A-T23.579D,
T23.591A-T23.591D,T23.592A-T23.592D,T23.599A-T23.599D,T23.601A-T23.601D,T23.602A-T23.602D,
T23.609A-T23.609D,T23.611A-T23.611D,T23.612A-T23.612D,T23.619A-T23.619D,T23.621A-T23.621D,
T23.622A-T23.622D,T23.629A-T23.629D,T23.631A-T23.631D,T23.632A-T23.632D,T23.639A-T23.639D,
T23.641A-T23.641D,T23.642A-T23.642D,T23.649A-T23.649D,T23.651A-T23.651D,T23.652A-T23.652D,
T23.659A-T23.659D,T23.661A-T23.661D,T23.662A-T23.662D,T23.669A-T23.669D,T23.671A-T23.671D,
T23.672A-T23.672D,T23.679A-T23.679D,T23.691A-T23.691D,T23.692A-T23.692D,T23.699A-T23.699D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

T24.001A-T24.001D,T24.002A-T24.002D,T24.009A-T24.009D,T24.011A-T24.011D,T24.012A-T24.012D,
T24.019A-T24.019D,T24.021A-T24.021D,T24.022A-T24.022D,T24.029A-T24.029D,T24.031A-T24.031D,
T24.032A-T24.032D,T24.039A-T24.039D,T24.091A-T24.091D,T24.092A-T24.092D,T24.099A-T24.099D,
T24.101A-T24.101D,T24.102A-T24.102D,T24.109A-T24.109D,T24.111A-T24.111D,T24.112A-T24.112D,
T24.119A-T24.119D,T24.121A-T24.121D,T24.122A-T24.122D,T24.129A-T24.129D,T24.131A-T24.131D,
T24.132A-T24.132D,T24.139A-T24.139D,T24.191A-T24.191D,T24.192A-T24.192D,T24.199A-T24.199D,
T24.201A-T24.201D,T24.202A-T24.202D,T24.209A-T24.209D,T24.211A-T24.211D,T24.212A-T24.212D,
T24.219A-T24.219D,T24.221A-T24.221D,T24.222A-T24.222D,T24.229A-T24.229D,T24.231A-T24.231D,
T24.232A-T24.232D,T24.239A-T24.239D,T24.291A-T24.291D,T24.292A-T24.292D,T24.299A-T24.299D,
T24.401A-T24.401D,T24.402A-T24.402D,T24.409A-T24.409D,T24.411A-T24.411D,T24.412A-T24.412D,
T24.419A-T24.419D,T24.421A-T24.421D,T24.422A-T24.422D,T24.429A-T24.429D,T24.431A-T24.431D,
T24.432A-T24.432D,T24.439A-T24.439D,T24.491A-T24.491D,T24.492A-T24.492D,T24.499A-T24.499D,
T24.501A-T24.501D,T24.502A-T24.502D,T24.509A-T24.509D,T24.511A-T24.511D,T24.512A-T24.512D,
T24.519A-T24.519D,T24.521A-T24.521D,T24.522A-T24.522D,T24.529A-T24.529D,T24.531A-T24.531D,
T24.532A-T24.532D,T24.539A-T24.539D,T24.591A-T24.591D,T24.592A-T24.592D,T24.599A-T24.599D,
T24.601A-T24.601D,T24.602A-T24.602D,T24.609A-T24.609D,T24.611A-T24.611D,T24.612A-T24.612D,
T24.619A-T24.619D,T24.621A-T24.621D,T24.622A-T24.622D,T24.629A-T24.629D,T24.631A-T24.631D,
T24.632A-T24.632D,T24.639A-T24.639D,T24.691A-T24.691D,T24.692A-T24.692D,T24.699A-T24.699D,
T25.011A-T25.011D,T25.012A-T25.012D,T25.019A-T25.019D,T25.021A-T25.021D,T25.022A-T25.022D,
T25.029A-T25.029D,T25.031A-T25.031D,T25.032A-T25.032D,T25.039A-T25.039D,T25.091A-T25.091D,
T25.092A-T25.092D,T25.099A-T25.099D,T25.111A-T25.111D,T25.112A-T25.112D,T25.119A-T25.119D,
T25.121A-T25.121D,T25.122A-T25.122D,T25.129A-T25.129D,T25.131A-T25.131D,T25.132A-T25.132D,
T25.139A-T25.139D,T25.191A-T25.191D,T25.192A-T25.192D,T25.199A-T25.199D,T25.211A-T25.211D,
T25.212A-T25.212D,T25.219A-T25.219D,T25.221A-T25.221D,T25.222A-T25.222D,T25.229A-T25.229D,
T25.231A-T25.231D,T25.232A-T25.232D,T25.239A-T25.239D,T25.291A-T25.291D,T25.292A-T25.292D,
T25.299A-T25.299D,T25.411A-T25.411D,T25.412A-T25.412D,T25.419A-T25.419D,T25.421A-T25.421D,
T25.422A-T25.422D,T25.429A-T25.429D,T25.431A-T25.431D,T25.432A-T25.432D,T25.439A-T25.439D,
T25.491A-T25.491D,T25.492A-T25.492D,T25.499A-T25.499D,T25.511A-T25.511D,T25.512A-T25.512D,
T25.519A-T25.519D,T25.521A-T25.521D,T25.522A-T25.522D,T25.529A-T25.529D,T25.531A-T25.531D,
T25.532A-T25.532D,T25.539A-T25.539D,T25.591A-T25.591D,T25.592A-T25.592D,T25.599A-T25.599D,
T25.611A-T25.611D,T25.612A-T25.612D,T25.619A-T25.619D,T25.621A-T25.621D,T25.622A-T25.622D,
T25.629A-T25.629D,T25.631A-T25.631D,T25.632A-T25.632D,T25.639A-T25.639D,T25.691A-T25.691D,
T25.692A-T25.692D,T25.699A-T25.699D,T30.0-T30.4

CPT: 11000,11001,11042-11047,11960-11971,16000-16030,98966-98969,99051,99060,99070,99078,99201-99215,
99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 609**

Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

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

CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,
99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 610**

Condition: ORAL APHTHAE (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: K12.0

CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,
99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 611**

Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes 6,64,65,97,98)

Treatment: MEDICAL THERAPY

ICD-10: M22.2X1-M22.92,M23.000-M23.92,M24.20,M24.211-M24.28,M24.661-M24.669,Q68.6,S03.8XXA-S03.8XXD,
S03.9XXA-S03.9XXD,S23.41XA-S23.41XD,S23.420A-S23.420D,S23.421A-S23.421D,S23.428A-S23.428D,
S23.429A-S23.429D,S29.011A-S29.011D,S29.012A-S29.012D,S29.019A-S29.019D,S33.6XXA-S33.6XXD,
S33.8XXA-S33.8XXD,S39.011A-S39.011D,S39.012A-S39.012D,S39.013A-S39.013D,S43.401A-S43.401D,
S43.402A-S43.402D,S43.409A-S43.409D,S43.411A-S43.411D,S43.412A-S43.412D,S43.419A-S43.419D,
S43.421A-S43.421D,S43.422A-S43.422D,S43.429A-S43.429D,S43.431A-S43.431D,S43.432A-S43.432D,
S43.439A-S43.439D,S43.491A-S43.491D,S43.492A-S43.492D,S43.499A-S43.499D,S43.50XA-S43.50XD,
S43.51XA-S43.51XD,S43.52XA-S43.52XD,S43.60XA-S43.60XD,S43.61XA-S43.61XD,S43.62XA-S43.62XD,
S43.80XA-S43.80XD,S43.81XA-S43.81XD,S43.82XA-S43.82XD,S43.90XA-S43.90XD,S43.91XA-S43.91XD,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S43.92XA-S43.92XD,S46.011A-S46.011D,S46.012A-S46.012D,S46.019A-S46.019D,S46.111A-S46.111D,
S46.112A-S46.112D,S46.119A-S46.119D,S46.211A-S46.211D,S46.212A-S46.212D,S46.219A-S46.219D,
S46.311A-S46.311D,S46.312A-S46.312D,S46.319A-S46.319D,S46.811A-S46.811D,S46.812A-S46.812D,
S46.819A-S46.819D,S46.911A-S46.911D,S46.912A-S46.912D,S46.919A-S46.919D,S53.20XA-S53.20XD,
S53.21XA-S53.21XD,S53.22XA-S53.22XD,S53.30XA-S53.30XD,S53.31XA-S53.31XD,S53.32XA-S53.32XD,
S53.401A-S53.401D,S53.402A-S53.402D,S53.409A-S53.409D,S53.411A-S53.411D,S53.412A-S53.412D,
S53.419A-S53.419D,S53.421A-S53.421D,S53.422A-S53.422D,S53.429A-S53.429D,S53.431A-S53.431D,
S53.432A-S53.432D,S53.439A-S53.439D,S53.441A-S53.441D,S53.442A-S53.442D,S53.449A-S53.449D,
S53.491A-S53.491D,S53.492A-S53.492D,S53.499A-S53.499D,S56.011A-S56.011D,S56.012A-S56.012D,
S56.019A-S56.019D,S56.111A-S56.111D,S56.112A-S56.112D,S56.113A-S56.113D,S56.114A-S56.114D,
S56.115A-S56.115D,S56.116A-S56.116D,S56.117A-S56.117D,S56.118A-S56.118D,S56.119A-S56.119D,
S56.211A-S56.211D,S56.212A-S56.212D,S56.219A-S56.219D,S56.311A-S56.311D,S56.312A-S56.312D,
S56.319A-S56.319D,S56.411A-S56.411D,S56.412A-S56.412D,S56.413A-S56.413D,S56.414A-S56.414D,
S56.415A-S56.415D,S56.416A-S56.416D,S56.417A-S56.417D,S56.418A-S56.418D,S56.419A-S56.419D,
S56.511A-S56.511D,S56.512A-S56.512D,S56.519A-S56.519D,S56.811A-S56.811D,S56.812A-S56.812D,
S56.819A-S56.819D,S56.911A-S56.911D,S56.912A-S56.912D,S56.919A-S56.919D,S63.301A-S63.301D,
S63.302A-S63.302D,S63.309A-S63.309D,S63.311A-S63.311D,S63.312A-S63.312D,S63.319A-S63.319D,
S63.321A-S63.321D,S63.322A-S63.322D,S63.329A-S63.329D,S63.331A-S63.331D,S63.332A-S63.332D,
S63.339A-S63.339D,S63.391A-S63.391D,S63.392A-S63.392D,S63.399A-S63.399D,S63.400A-S63.400D,
S63.401A-S63.401D,S63.402A-S63.402D,S63.403A-S63.403D,S63.404A-S63.404D,S63.405A-S63.405D,
S63.406A-S63.406D,S63.407A-S63.407D,S63.408A-S63.408D,S63.409A-S63.409D,S63.410A-S63.410D,
S63.411A-S63.411D,S63.412A-S63.412D,S63.413A-S63.413D,S63.414A-S63.414D,S63.415A-S63.415D,
S63.416A-S63.416D,S63.417A-S63.417D,S63.418A-S63.418D,S63.419A-S63.419D,S63.420A-S63.420D,
S63.421A-S63.421D,S63.422A-S63.422D,S63.423A-S63.423D,S63.424A-S63.424D,S63.425A-S63.425D,
S63.426A-S63.426D,S63.427A-S63.427D,S63.428A-S63.428D,S63.429A-S63.429D,S63.430A-S63.430D,
S63.431A-S63.431D,S63.432A-S63.432D,S63.433A-S63.433D,S63.434A-S63.434D,S63.435A-S63.435D,
S63.436A-S63.436D,S63.437A-S63.437D,S63.438A-S63.438D,S63.439A-S63.439D,S63.490A-S63.490D,
S63.491A-S63.491D,S63.492A-S63.492D,S63.493A-S63.493D,S63.494A-S63.494D,S63.495A-S63.495D,
S63.496A-S63.496D,S63.497A-S63.497D,S63.498A-S63.498D,S63.499A-S63.499D,S63.501A-S63.501D,
S63.502A-S63.502D,S63.509A-S63.509D,S63.511A-S63.511D,S63.512A-S63.512D,S63.519A-S63.519D,
S63.521A-S63.521D,S63.522A-S63.522D,S63.529A-S63.529D,S63.591A-S63.591D,S63.592A-S63.592D,
S63.599A-S63.599D,S63.601A-S63.601D,S63.602A-S63.602D,S63.609A-S63.609D,S63.610A-S63.610D,
S63.611A-S63.611D,S63.612A-S63.612D,S63.613A-S63.613D,S63.614A-S63.614D,S63.615A-S63.615D,
S63.616A-S63.616D,S63.617A-S63.617D,S63.618A-S63.618D,S63.619A-S63.619D,S63.621A-S63.621D,
S63.622A-S63.622D,S63.629A-S63.629D,S63.630A-S63.630D,S63.631A-S63.631D,S63.632A-S63.632D,
S63.633A-S63.633D,S63.634A-S63.634D,S63.635A-S63.635D,S63.636A-S63.636D,S63.637A-S63.637D,
S63.638A-S63.638D,S63.639A-S63.639D,S63.641A-S63.641D,S63.642A-S63.642D,S63.649A-S63.649D,
S63.650A-S63.650D,S63.651A-S63.651D,S63.652A-S63.652D,S63.653A-S63.653D,S63.654A-S63.654D,
S63.655A-S63.655D,S63.656A-S63.656D,S63.657A-S63.657D,S63.658A-S63.658D,S63.659A-S63.659D,
S63.681A-S63.681D,S63.682A-S63.682D,S63.689A-S63.689D,S63.690A-S63.690D,S63.691A-S63.691D,
S63.692A-S63.692D,S63.693A-S63.693D,S63.694A-S63.694D,S63.695A-S63.695D,S63.696A-S63.696D,
S63.697A-S63.697D,S63.698A-S63.698D,S63.699A-S63.699D,S63.8X1A-S63.8X1D,S63.8X2A-S63.8X2D,
S63.8X9A-S63.8X9D,S63.90XA-S63.90XD,S63.91XA-S63.91XD,S63.92XA-S63.92XD,S66.011A-S66.011D,
S66.012A-S66.012D,S66.019A-S66.019D,S66.110A-S66.110D,S66.111A-S66.111D,S66.112A-S66.112D,
S66.113A-S66.113D,S66.114A-S66.114D,S66.115A-S66.115D,S66.116A-S66.116D,S66.117A-S66.117D,
S66.118A-S66.118D,S66.119A-S66.119D,S66.211A-S66.211D,S66.212A-S66.212D,S66.219A-S66.219D,
S66.310A-S66.310D,S66.311A-S66.311D,S66.312A-S66.312D,S66.313A-S66.313D,S66.314A-S66.314D,
S66.315A-S66.315D,S66.316A-S66.316D,S66.317A-S66.317D,S66.318A-S66.318D,S66.319A-S66.319D,
S66.411A-S66.411D,S66.412A-S66.412D,S66.419A-S66.419D,S66.510A-S66.510D,S66.511A-S66.511D,
S66.512A-S66.512D,S66.513A-S66.513D,S66.514A-S66.514D,S66.515A-S66.515D,S66.516A-S66.516D,
S66.517A-S66.517D,S66.518A-S66.518D,S66.519A-S66.519D,S66.811A-S66.811D,S66.812A-S66.812D,
S66.819A-S66.819D,S66.911A-S66.911D,S66.912A-S66.912D,S66.919A-S66.919D,S73.101A-S73.101D,
S73.102A-S73.102D,S73.109A-S73.109D,S73.111A-S73.111D,S73.112A-S73.112D,S73.119A-S73.119D,
S73.121A-S73.121D,S73.122A-S73.122D,S73.129A-S73.129D,S73.191A-S73.191D,S73.192A-S73.192D,
S73.199A-S73.199D,S76.011A-S76.011D,S76.012A-S76.012D,S76.019A-S76.019D,S76.111A-S76.111D,
S76.112A-S76.112D,S76.119A-S76.119D,S76.211A-S76.211D,S76.212A-S76.212D,S76.219A-S76.219D,
S76.311A-S76.311D,S76.312A-S76.312D,S76.319A-S76.319D,S76.811A-S76.811D,S76.812A-S76.812D,
S76.819A-S76.819D,S76.911A-S76.911D,S76.912A-S76.912D,S76.919A-S76.919D,S83.203A-S83.203D,
S83.204A-S83.204D,S83.205A-S83.205D,S83.206A-S83.206D,S83.207A-S83.207D,S83.209A-S83.209D,
S83.221A-S83.221D,S83.222A-S83.222D,S83.229A-S83.229D,S83.231A-S83.231D,S83.232A-S83.232D,
S83.239A-S83.239D,S83.241A-S83.241D,S83.242A-S83.242D,S83.249A-S83.249D,S83.261A-S83.261D,
S83.262A-S83.262D,S83.269A-S83.269D,S83.271A-S83.271D,S83.272A-S83.272D,S83.279A-S83.279D,
S83.281A-S83.281D,S83.282A-S83.282D,S83.289A-S83.289D,S83.30XA-S83.30XD,S83.31XA-S83.31XD,
S83.32XA-S83.32XD,S83.401A-S83.401D,S83.402A-S83.402D,S83.409A-S83.409D,S83.411A-S83.411D,
S83.412A-S83.412D,S83.419A-S83.419D,S83.421A-S83.421D,S83.422A-S83.422D,S83.429A-S83.429D,
S83.501A-S83.501D,S83.502A-S83.502D,S83.509A-S83.509D,S83.511A-S83.511D,S83.512A-S83.512D,
S83.519A-S83.519D,S83.521A-S83.521D,S83.522A-S83.522D,S83.529A-S83.529D,S83.60XA-S83.60XD,
S83.61XA-S83.61XD,S83.62XA-S83.62XD,S83.8X1A-S83.8X1D,S83.8X2A-S83.8X2D,S83.8X9A-S83.8X9D,
S83.90XA-S83.90XD,S83.91XA-S83.91XD,S83.92XA-S83.92XD,S86.111A-S86.111D,S86.112A-S86.112D,
S86.119A-S86.119D,S86.211A-S86.211D,S86.212A-S86.212D,S86.219A-S86.219D,S86.311A-S86.311D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S86.312A-S86.312D,S86.319A-S86.319D,S86.811A-S86.811D,S86.812A-S86.812D,S86.819A-S86.819D, S86.911A-S86.911D,S86.912A-S86.912D,S86.919A-S86.919D,S93.401A-S93.401D,S93.402A-S93.402D, S93.409A-S93.409D,S93.411A-S93.411D,S93.412A-S93.412D,S93.419A-S93.419D,S93.421A-S93.421D, S93.422A-S93.422D,S93.429A-S93.429D,S93.431A-S93.431D,S93.432A-S93.432D,S93.439A-S93.439D, S93.501A-S93.501D,S93.502A-S93.502D,S93.503A-S93.503D,S93.504A-S93.504D,S93.505A-S93.505D, S93.506A-S93.506D,S93.509A-S93.509D,S93.511A-S93.511D,S93.512A-S93.512D,S93.513A-S93.513D, S93.514A-S93.514D,S93.515A-S93.515D,S93.516A-S93.516D,S93.519A-S93.519D,S93.521A-S93.521D, S93.522A-S93.522D,S93.523A-S93.523D,S93.524A-S93.524D,S93.525A-S93.525D,S93.526A-S93.526D, S93.529A-S93.529D,S93.601A-S93.601D,S93.602A-S93.602D,S93.609A-S93.609D,S93.611A-S93.611D, S93.612A-S93.612D,S93.619A-S93.619D,S93.621A-S93.621D,S93.622A-S93.622D,S93.629A-S93.629D, S93.691A-S93.691D,S93.692A-S93.692D,S93.699A-S93.699D,S96.011A-S96.011D,S96.012A-S96.012D, S96.019A-S96.019D,S96.111A-S96.111D,S96.112A-S96.112D,S96.119A-S96.119D,S96.211A-S96.211D, S96.212A-S96.212D,S96.219A-S96.219D,S96.811A-S96.811D,S96.812A-S96.812D,S96.819A-S96.819D, S96.911A-S96.911D,S96.912A-S96.912D,S96.919A-S96.919D

CPT: 24341,27347,27590,29240-29280,29520-29550,97001-97004,97012,97022,97110-97124,97140-97530,97535, 97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0157-G0161,G0396,G0397,G0463,G0466,G0467

**Line: 612**

Condition: ASYMPTOMATIC URTICARIA (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

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

CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 613**

Condition: FINGERTIP AVULSION

Treatment: REPAIR WITHOUT PEDICLE GRAFT

ICD-10: S61.001A-S61.001D,S61.002A-S61.002D,S61.009A-S61.009D,S61.011A-S61.011D,S61.012A-S61.012D, S61.019A-S61.019D,S61.031A-S61.031D,S61.032A-S61.032D,S61.039A-S61.039D,S61.051A-S61.051D, S61.052A-S61.052D,S61.059A-S61.059D,S61.101A-S61.101D,S61.102A-S61.102D,S61.109A-S61.109D, S61.111A-S61.111D,S61.112A-S61.112D,S61.119A-S61.119D,S61.131A-S61.131D,S61.132A-S61.132D, S61.139A-S61.139D,S61.151A-S61.151D,S61.152A-S61.152D,S61.159A-S61.159D,S61.200A-S61.200D, S61.201A-S61.201D,S61.202A-S61.202D,S61.203A-S61.203D,S61.204A-S61.204D,S61.205A-S61.205D, S61.206A-S61.206D,S61.207A-S61.207D,S61.208A-S61.208D,S61.209A-S61.209D,S61.210A-S61.210D, S61.211A-S61.211D,S61.212A-S61.212D,S61.213A-S61.213D,S61.214A-S61.214D,S61.215A-S61.215D, S61.216A-S61.216D,S61.217A-S61.217D,S61.218A-S61.218D,S61.219A-S61.219D,S61.230A-S61.230D, S61.231A-S61.231D,S61.232A-S61.232D,S61.233A-S61.233D,S61.234A-S61.234D,S61.235A-S61.235D, S61.236A-S61.236D,S61.237A-S61.237D,S61.238A-S61.238D,S61.239A-S61.239D,S61.250A-S61.250D, S61.251A-S61.251D,S61.252A-S61.252D,S61.253A-S61.253D,S61.254A-S61.254D,S61.255A-S61.255D, S61.256A-S61.256D,S61.257A-S61.257D,S61.258A-S61.258D,S61.259A-S61.259D,S61.300A-S61.300D, S61.301A-S61.301D,S61.302A-S61.302D,S61.303A-S61.303D,S61.304A-S61.304D,S61.305A-S61.305D, S61.306A-S61.306D,S61.307A-S61.307D,S61.308A-S61.308D,S61.309A-S61.309D,S61.310A-S61.310D, S61.311A-S61.311D,S61.312A-S61.312D,S61.313A-S61.313D,S61.314A-S61.314D,S61.315A-S61.315D, S61.316A-S61.316D,S61.317A-S61.317D,S61.318A-S61.318D,S61.319A-S61.319D,S61.330A-S61.330D, S61.331A-S61.331D,S61.332A-S61.332D,S61.333A-S61.333D,S61.334A-S61.334D,S61.335A-S61.335D, S61.336A-S61.336D,S61.337A-S61.337D,S61.338A-S61.338D,S61.339A-S61.339D,S61.350A-S61.350D, S61.351A-S61.351D,S61.352A-S61.352D,S61.353A-S61.353D,S61.354A-S61.354D,S61.355A-S61.355D, S61.356A-S61.356D,S61.357A-S61.357D,S61.358A-S61.358D,S61.359A-S61.359D

CPT: 12001,12002,14040,14041,14301-14350,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285, 99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 614**

Condition: ABUSE OF NONADDICTIVE SUBSTANCES

Treatment: MEDICAL THERAPY

ICD-10: F55.0-F55.8

CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99184,99201-99239,99324-99350,99366,99408,99409,99415,99416,99441-99449,99487-99498,99605-99607

HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470,H0004-H0006,H0015, H0016,H0033-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **615**
Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO PERSISTENT SYMPTOMS (See Guideline Notes 64,65,121)
Treatment: MEDICAL THERAPY
ICD-10: S02.0XXA,S02.10XA,S02.110A,S02.111A,S02.112A,S02.113A,S02.118A,S02.119A,S02.19XA,S02.91XA, S06.0X0A-S06.0X0D,S06.2X0A-S06.2X0D,S06.300A-S06.300D,S06.310A-S06.310D,S06.320A-S06.320D, S06.330A-S06.330D,S06.370A-S06.370D
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **616**
Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
ICD-10: B07.0-B07.9,B08.1
CPT: 11055-11057,11420-11424,11900,11901,17000-17004,17110,17111,28039-28043,98966-98969,99051,99060, 99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449, 99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **617**
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J00,J06.0-J06.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **618**
Condition: OTHER VIRAL INFECTIONS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-10: A88.1,B01.81-B01.9,B03-B04,B05.3-B05.4,B05.81-B05.9,B06.89-B06.9,B08.010-B08.09,B08.20-B08.8,B09, B25.8-B25.9,B26.0-B26.2,B26.81,B26.83-B26.9,B33.0,B33.20-B33.3,B33.8,B34.0-B34.9,B97.0,B97.10-B97.19, B97.29-B97.89
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **619**
Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: J02.8-J02.9,J04.0,J04.30,J37.0-J37.1,J38.2
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **620**
Condition: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES (See Guideline Notes 64,65)
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
ICD-10: M26.00-M26.20,M26.71-M26.9,M27.0,M27.51-M27.59
CPT: 21120-21127,21145-21160,21193-21209,21255,21295,21296,30520,98966-98969,99051,99060,99070,99078, 99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D7940-D7949,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **621**
Condition: DENTAL CONDITIONS (EG. MALOCCLUSION)
Treatment: ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
ICD-10: M26.211-M26.29,M26.31,M26.33-M26.37,M26.4,M26.70,Z46.4
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D8010-D8694

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **622**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
ICD-10: M27.61-M27.69
HCPCS: D0393-D0395,D6010-D6194,D6210,D6240,D6245,D6250,D7951,D7952

**Line:** **623**
Condition: BENIGN LESIONS OF TONGUE (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-10: K13.21-K13.22,K13.3,K14.1-K14.9
CPT: 41110-41114,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **624**
Condition: UNCOMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-10: K64.0-K64.2,K64.8-K64.9
CPT: 44391,45317,45334,45335,45350,45381,45382,45398,46083,46220-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **625**
Condition: PREVENTION SERVICES WITH LIMITED OR NO EVIDENCE OF EFFECTIVENESS (See Guideline Notes 16,64,65)
Treatment: MEDICAL THERAPY
ICD-10: Q92.61,Q95.0-Q95.1,Q95.9,Z12.12,Z12.39,Z12.5,Z12.81,Z12.83,Z13.6,Z22.0-Z22.2,Z22.31,Z22.321-Z22.322,Z22.338-Z22.8,Z71.3,Z71.42-Z71.52,Z79.810
CPT: 58940,90749,96110,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0117,G0118,G0396,G0397,G0446,G0451,G0463,G0466,G0467

**Line:** **626**
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Notes 64,65)
Treatment: REPAIR SOFT TISSUES
ICD-10: K08.123,S01.501A-S01.501D,S01.502A-S01.502D,S01.512A-S01.512D,S01.532A-S01.532D,S01.552A-S01.552D
CPT: 12001-12020,12031-12057,13131-13153,40831,41250,41251,42180,42182,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **627**
Condition: SEBACEOUS CYST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: L05.91-L05.92,L72.0,L72.11-L72.9
CPT: 10060,10061,11400-11446,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **628**
Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-10: E65,L11.1,L44.8-L44.9,L82.0-L82.1,L90.5,L92.1,L94.2,L94.4,L95.0,L95.8-L95.9,L98.8-L98.9,S00.241A-S00.241D,S00.242A-S00.242D,S00.249A-S00.249D
CPT: 11000,11042,11045,11055-11057,11300-11446,13100-14302,15040,15110-15120,15130-15261,15780-15793,15830-15839,15876-15879,17000-17108,17360,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **629**
Condition: REDUNDANT PREPUCE (See Guideline Notes 64,65)
Treatment: ELECTIVE CIRCUMCISION
ICD-10: N47.3-N47.4,N47.7-N47.8,Z41.2
CPT: 54000,54001,54150-54164,54450,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **630**
Condition: CONJUNCTIVAL CYST (See Guideline Notes 64,65)
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-10: H11.211-H11.229,H11.30-H11.33,H11.411-H11.419,H11.431-H11.449
CPT: 68020,68040,68110,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **631**
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 13,64,65)
Treatment: MEDICAL THERAPY
ICD-10: D10.0-D10.2,D10.30-D10.9,D11.0-D11.9,D17.0-D17.1,D17.20-D17.6,D17.72,D17.9,D18.00-D18.01,D18.09-D18.1,D19.7-D19.9,D22.0,D22.10-D22.9,D23.0,D23.10-D23.9,D28.0-D28.9,D29.0,D29.4,D36.0,D36.7-D36.9,D3A.00,D3A.098-D3A.8,L08.9,L57.0,L92.8,L98.0
CPT: 11300-11471,12031,12032,13100-13151,17000-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,37241,37242,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: D7450-D7460,D7981,G0396,G0397,G0463,G0466,G0467

**Line:** **632**
Condition: DISEASE OF CAPILLARIES
Treatment: EXCISION
ICD-10: I78.1-I78.9,I79.8
CPT: 11400-11426,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **633**
Condition: BENIGN CERVICAL CONDITIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: N84.1,N84.3,N88.1-N88.2,N88.4-N88.9,N89.8,N90.3,N90.6-N90.7,N90.89-N90.9
CPT: 56441,56805,57061,57065,57200,57800,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **634**
Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,65,149)
Treatment: SURGICAL TREATMENT
ICD-10: E04.1,E07.89-E07.9
CPT: 49185,60200-60225,60270,60271,60300,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **635**
Condition: PICA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.8,F98.3
CPT: 90785,90832-90840,90847,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **636**
Condition: ACUTE VIRAL CONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: B30.0-B30.9,H10.30-H10.33
CPT: 92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969, 99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416, 99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **637**
Condition: MUSCULAR CALCIFICATION AND OSSIFICATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: M61.00,M61.011-M61.9
CPT: 27036,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **638**
Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: S00.00XA-S00.00XD,S00.01XA-S00.01XD,S00.02XA-S00.02XD,S00.03XA-S00.03XD,S00.04XA-S00.04XD, S00.05XA-S00.05XD,S00.06XA-S00.06XD,S00.07XA-S00.07XD,S00.10XA-S00.10XD,S00.11XA-S00.11XD, S00.12XA-S00.12XD,S00.201A-S00.201D,S00.202A-S00.202D,S00.209A-S00.209D,S00.211A-S00.211D, S00.212A-S00.212D,S00.219A-S00.219D,S00.221A-S00.221D,S00.222A-S00.222D,S00.229A-S00.229D, S00.261A-S00.261D,S00.262A-S00.262D,S00.269A-S00.269D,S00.271A-S00.271D,S00.272A-S00.272D, S00.279A-S00.279D,S00.30XA-S00.30XD,S00.31XA-S00.31XD,S00.32XA-S00.32XD,S00.33XA-S00.33XD, S00.34XA-S00.34XD,S00.35XA-S00.35XD,S00.36XA-S00.36XD,S00.37XA-S00.37XD,S00.401A-S00.401D, S00.402A-S00.402D,S00.409A-S00.409D,S00.411A-S00.411D,S00.412A-S00.412D,S00.419A-S00.419D, S00.421A-S00.421D,S00.422A-S00.422D,S00.429A-S00.429D,S00.431A-S00.431D,S00.432A-S00.432D, S00.439A-S00.439D,S00.441A-S00.441D,S00.442A-S00.442D,S00.449A-S00.449D,S00.451A-S00.451D, S00.452A-S00.452D,S00.459A-S00.459D,S00.461A-S00.461D,S00.462A-S00.462D,S00.469A-S00.469D, S00.471A-S00.471D,S00.472A-S00.472D,S00.479A-S00.479D,S00.501A-S00.501D,S00.502A-S00.502D, S00.511A-S00.511D,S00.512A-S00.512D,S00.521A-S00.521D,S00.522A-S00.522D,S00.531A-S00.531D, S00.532A-S00.532D,S00.541A-S00.541D,S00.542A-S00.542D,S00.551A-S00.551D,S00.552A-S00.552D, S00.561A-S00.561D,S00.562A-S00.562D,S00.571A-S00.571D,S00.572A-S00.572D,S00.80XA-S00.80XD, S00.81XA-S00.81XD,S00.82XA-S00.82XD,S00.83XA-S00.83XD,S00.84XA-S00.84XD,S00.85XA-S00.85XD, S00.86XA-S00.86XD,S00.87XA-S00.87XD,S00.90XA-S00.90XD,S00.91XA-S00.91XD,S00.92XA-S00.92XD, S00.93XA-S00.93XD,S00.94XA-S00.94XD,S00.95XA-S00.95XD,S00.96XA-S00.96XD,S00.97XA-S00.97XD, S05.10XA-S05.10XD,S05.11XA-S05.11XD,S05.12XA-S05.12XD,S09.10XA-S09.10XD,S09.11XA-S09.11XD, S09.19XA-S09.19XD,S09.8XXA-S09.8XXD,S09.90XA-S09.90XD,S09.92XA-S09.92XD,S09.93XA-S09.93XD, S10.0XXA-S10.0XXD,S10.10XA-S10.10XD,S10.11XA-S10.11XD,S10.12XA-S10.12XD,S10.14XA-S10.14XD, S10.15XA-S10.15XD,S10.16XA-S10.16XD,S10.17XA-S10.17XD,S10.80XA-S10.80XD,S10.81XA-S10.81XD, S10.82XA-S10.82XD,S10.83XA-S10.83XD,S10.84XA-S10.84XD,S10.85XA-S10.85XD,S10.86XA-S10.86XD, S10.87XA-S10.87XD,S10.90XA-S10.90XD,S10.91XA-S10.91XD,S10.92XA-S10.92XD,S10.93XA-S10.93XD, S10.94XA-S10.94XD,S10.95XA-S10.95XD,S10.96XA-S10.96XD,S10.97XA-S10.97XD,S19.80XA-S19.80XD, S19.81XA-S19.81XD,S19.82XA-S19.82XD,S19.83XA-S19.83XD,S19.84XA-S19.84XD,S19.85XA-S19.85XD, S19.89XA-S19.89XD,S20.00XA-S20.00XD,S20.01XA-S20.01XD,S20.02XA-S20.02XD,S20.101A-S20.101D, S20.102A-S20.102D,S20.109A-S20.109D,S20.111A-S20.111D,S20.112A-S20.112D,S20.119A-S20.119D, S20.121A-S20.121D,S20.122A-S20.122D,S20.129A-S20.129D,S20.141A-S20.141D,S20.142A-S20.142D, S20.149A-S20.149D,S20.151A-S20.151D,S20.152A-S20.152D,S20.159A-S20.159D,S20.161A-S20.161D, S20.162A-S20.162D,S20.169A-S20.169D,S20.171A-S20.171D,S20.172A-S20.172D,S20.179A-S20.179D, S20.20XA-S20.20XD,S20.211A-S20.211D,S20.212A-S20.212D,S20.219A-S20.219D,S20.221A-S20.221D, S20.222A-S20.222D,S20.229A-S20.229D,S20.301A-S20.301D,S20.302A-S20.302D,S20.309A-S20.309D, S20.311A-S20.311D,S20.312A-S20.312D,S20.319A-S20.319D,S20.321A-S20.321D,S20.322A-S20.322D, S20.329A-S20.329D,S20.341A-S20.341D,S20.342A-S20.342D,S20.349A-S20.349D,S20.351A-S20.351D, S20.352A-S20.352D,S20.359A-S20.359D,S20.361A-S20.361D,S20.362A-S20.362D,S20.369A-S20.369D, S20.371A-S20.371D,S20.372A-S20.372D,S20.379A-S20.379D,S20.401A-S20.401D,S20.402A-S20.402D, S20.409A-S20.409D,S20.411A-S20.411D,S20.412A-S20.412D,S20.419A-S20.419D,S20.421A-S20.421D, S20.422A-S20.422D,S20.429A-S20.429D,S20.441A-S20.441D,S20.442A-S20.442D,S20.449A-S20.449D, S20.451A-S20.451D,S20.452A-S20.452D,S20.459A-S20.459D,S20.461A-S20.461D,S20.462A-S20.462D, S20.469A-S20.469D,S20.471A-S20.471D,S20.472A-S20.472D,S20.479A-S20.479D,S20.90XA-S20.90XD, S20.91XA-S20.91XD,S20.92XA-S20.92XD,S20.94XA-S20.94XD,S20.95XA-S20.95XD,S20.96XA-S20.96XD, S20.97XA-S20.97XD,S29.001A-S29.001D,S29.002A-S29.002D,S29.009A-S29.009D,S29.091A-S29.091D, S29.092A-S29.092D,S29.099A-S29.099D,S29.8XXA-S29.8XXD,S29.9XXA-S29.9XXD,S30.0XXA-S30.0XXD, S30.1XXA-S30.1XXD,S30.201A-S30.201D,S30.202A-S30.202D,S30.21XA-S30.21XD,S30.22XA-S30.22XD, S30.23XA-S30.23XD,S30.3XXA-S30.3XXD,S30.810A-S30.810D,S30.811A-S30.811D,S30.812A-S30.812D, S30.813A-S30.813D,S30.814A-S30.814D,S30.815A-S30.815D,S30.816A-S30.816D,S30.817A-S30.817D, S30.820A-S30.820D,S30.821A-S30.821D,S30.822A-S30.822D,S30.823A-S30.823D,S30.824A-S30.824D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S30.825A-S30.825D,S30.826A-S30.826D,S30.827A-S30.827D,S30.840A-S30.840D,S30.841A-S30.841D,
S30.842A-S30.842D,S30.843A-S30.843D,S30.844A-S30.844D,S30.845A-S30.845D,S30.846A-S30.846D,
S30.850A-S30.850D,S30.851A-S30.851D,S30.852A-S30.852D,S30.853A-S30.853D,S30.854A-S30.854D,
S30.855A-S30.855D,S30.856A-S30.856D,S30.857A-S30.857D,S30.860A-S30.860D,S30.861A-S30.861D,
S30.862A-S30.862D,S30.863A-S30.863D,S30.864A-S30.864D,S30.865A-S30.865D,S30.866A-S30.866D,
S30.867A-S30.867D,S30.870A-S30.870D,S30.871A-S30.871D,S30.872A-S30.872D,S30.873A-S30.873D,
S30.874A-S30.874D,S30.875A-S30.875D,S30.876A-S30.876D,S30.877A-S30.877D,S30.91XA-S30.91XD,
S30.92XA-S30.92XD,S30.93XA-S30.93XD,S30.94XA-S30.94XD,S30.95XA-S30.95XD,S30.96XA-S30.96XD,
S30.97XA-S30.97XD,S30.98XA-S30.98XD,S39.001A-S39.001D,S39.002A-S39.002D,S39.003A-S39.003D,
S39.091A-S39.091D,S39.093A-S39.093D,S39.81XA-S39.81XD,S39.83XA-S39.83XD,S39.848A-S39.848D,
S39.91XA-S39.91XD,S39.93XA-S39.93XD,S39.94XA-S39.94XD,S40.011A-S40.011D,S40.012A-S40.012D,
S40.019A-S40.019D,S40.021A-S40.021D,S40.022A-S40.022D,S40.029A-S40.029D,S40.211A-S40.211D,
S40.212A-S40.212D,S40.219A-S40.219D,S40.221A-S40.221D,S40.222A-S40.222D,S40.229A-S40.229D,
S40.241A-S40.241D,S40.242A-S40.242D,S40.249A-S40.249D,S40.251A-S40.251D,S40.252A-S40.252D,
S40.259A-S40.259D,S40.261A-S40.261D,S40.262A-S40.262D,S40.269A-S40.269D,S40.271A-S40.271D,
S40.272A-S40.272D,S40.279A-S40.279D,S40.811A-S40.811D,S40.812A-S40.812D,S40.819A-S40.819D,
S40.821A-S40.821D,S40.822A-S40.822D,S40.829A-S40.829D,S40.841A-S40.841D,S40.842A-S40.842D,
S40.849A-S40.849D,S40.851A-S40.851D,S40.852A-S40.852D,S40.859A-S40.859D,S40.861A-S40.861D,
S40.862A-S40.862D,S40.869A-S40.869D,S40.871A-S40.871D,S40.872A-S40.872D,S40.879A-S40.879D,
S40.911A-S40.911D,S40.912A-S40.912D,S40.919A-S40.919D,S40.921A-S40.921D,S40.922A-S40.922D,
S40.929A-S40.929D,S46.001A-S46.001D,S46.002A-S46.002D,S46.009A-S46.009D,S46.091A-S46.091D,
S46.092A-S46.092D,S46.099A-S46.099D,S46.101A-S46.101D,S46.102A-S46.102D,S46.109A-S46.109D,
S46.191A-S46.191D,S46.192A-S46.192D,S46.199A-S46.199D,S46.201A-S46.201D,S46.202A-S46.202D,
S46.209A-S46.209D,S46.291A-S46.291D,S46.292A-S46.292D,S46.299A-S46.299D,S46.301A-S46.301D,
S46.302A-S46.302D,S46.309A-S46.309D,S46.391A-S46.391D,S46.392A-S46.392D,S46.399A-S46.399D,
S46.801A-S46.801D,S46.802A-S46.802D,S46.809A-S46.809D,S46.891A-S46.891D,S46.892A-S46.892D,
S46.899A-S46.899D,S46.901A-S46.901D,S46.902A-S46.902D,S46.909A-S46.909D,S46.991A-S46.991D,
S46.992A-S46.992D,S46.999A-S46.999D,S49.80XA-S49.80XD,S49.81XA-S49.81XD,S49.82XA-S49.82XD,
S49.90XA-S49.90XD,S49.91XA-S49.91XD,S49.92XA-S49.92XD,S50.00XA-S50.00XD,S50.01XA-S50.01XD,
S50.02XA-S50.02XD,S50.10XA-S50.10XD,S50.11XA-S50.11XD,S50.12XA-S50.12XD,S50.311A-S50.311D,
S50.312A-S50.312D,S50.319A-S50.319D,S50.321A-S50.321D,S50.322A-S50.322D,S50.329A-S50.329D,
S50.341A-S50.341D,S50.342A-S50.342D,S50.349A-S50.349D,S50.351A-S50.351D,S50.352A-S50.352D,
S50.359A-S50.359D,S50.361A-S50.361D,S50.362A-S50.362D,S50.369A-S50.369D,S50.371A-S50.371D,
S50.372A-S50.372D,S50.379A-S50.379D,S50.811A-S50.811D,S50.812A-S50.812D,S50.819A-S50.819D,
S50.821A-S50.821D,S50.822A-S50.822D,S50.829A-S50.829D,S50.841A-S50.841D,S50.842A-S50.842D,
S50.849A-S50.849D,S50.851A-S50.851D,S50.852A-S50.852D,S50.859A-S50.859D,S50.861A-S50.861D,
S50.862A-S50.862D,S50.869A-S50.869D,S50.871A-S50.871D,S50.872A-S50.872D,S50.879A-S50.879D,
S50.901A-S50.901D,S50.902A-S50.902D,S50.909A-S50.909D,S50.911A-S50.911D,S50.912A-S50.912D,
S50.919A-S50.919D,S56.001A-S56.001D,S56.002A-S56.002D,S56.009A-S56.009D,S56.091A-S56.091D,
S56.092A-S56.092D,S56.099A-S56.099D,S56.101A-S56.101D,S56.102A-S56.102D,S56.103A-S56.103D,
S56.104A-S56.104D,S56.105A-S56.105D,S56.106A-S56.106D,S56.107A-S56.107D,S56.108A-S56.108D,
S56.109A-S56.109D,S56.191A-S56.191D,S56.192A-S56.192D,S56.193A-S56.193D,S56.194A-S56.194D,
S56.195A-S56.195D,S56.196A-S56.196D,S56.197A-S56.197D,S56.198A-S56.198D,S56.199A-S56.199D,
S56.201A-S56.201D,S56.202A-S56.202D,S56.209A-S56.209D,S56.291A-S56.291D,S56.292A-S56.292D,
S56.299A-S56.299D,S56.301A-S56.301D,S56.302A-S56.302D,S56.309A-S56.309D,S56.391A-S56.391D,
S56.392A-S56.392D,S56.399A-S56.399D,S56.401A-S56.401D,S56.402A-S56.402D,S56.403A-S56.403D,
S56.404A-S56.404D,S56.405A-S56.405D,S56.406A-S56.406D,S56.407A-S56.407D,S56.408A-S56.408D,
S56.409A-S56.409D,S56.491A-S56.491D,S56.492A-S56.492D,S56.493A-S56.493D,S56.494A-S56.494D,
S56.495A-S56.495D,S56.496A-S56.496D,S56.497A-S56.497D,S56.498A-S56.498D,S56.499A-S56.499D,
S56.501A-S56.501D,S56.502A-S56.502D,S56.509A-S56.509D,S56.591A-S56.591D,S56.592A-S56.592D,
S56.599A-S56.599D,S56.801A-S56.801D,S56.802A-S56.802D,S56.809A-S56.809D,S56.891A-S56.891D,
S56.892A-S56.892D,S56.899A-S56.899D,S56.901A-S56.901D,S56.902A-S56.902D,S56.909A-S56.909D,
S56.991A-S56.991D,S56.992A-S56.992D,S56.999A-S56.999D,S59.801A-S59.801D,S59.802A-S59.802D,
S59.809A-S59.809D,S59.811A-S59.811D,S59.812A-S59.812D,S59.819A-S59.819D,S59.901A-S59.901D,
S59.902A-S59.902D,S59.909A-S59.909D,S59.911A-S59.911D,S59.912A-S59.912D,S59.919A-S59.919D,
S60.00XA-S60.00XD,S60.011A-S60.011D,S60.012A-S60.012D,S60.019A-S60.019D,S60.021A-S60.021D,
S60.022A-S60.022D,S60.029A-S60.029D,S60.031A-S60.031D,S60.032A-S60.032D,S60.039A-S60.039D,
S60.041A-S60.041D,S60.042A-S60.042D,S60.049A-S60.049D,S60.051A-S60.051D,S60.052A-S60.052D,
S60.059A-S60.059D,S60.10XA-S60.10XD,S60.111A-S60.111D,S60.112A-S60.112D,S60.119A-S60.119D,
S60.121A-S60.121D,S60.122A-S60.122D,S60.129A-S60.129D,S60.131A-S60.131D,S60.132A-S60.132D,
S60.139A-S60.139D,S60.141A-S60.141D,S60.142A-S60.142D,S60.149A-S60.149D,S60.151A-S60.151D,
S60.152A-S60.152D,S60.159A-S60.159D,S60.211A-S60.211D,S60.212A-S60.212D,S60.219A-S60.219D,
S60.221A-S60.221D,S60.222A-S60.222D,S60.229A-S60.229D,S60.311A-S60.311D,S60.312A-S60.312D,
S60.319A-S60.319D,S60.321A-S60.321D,S60.322A-S60.322D,S60.329A-S60.329D,S60.341A-S60.341D,
S60.342A-S60.342D,S60.349A-S60.349D,S60.351A-S60.351D,S60.352A-S60.352D,S60.359A-S60.359D,
S60.361A-S60.361D,S60.362A-S60.362D,S60.369A-S60.369D,S60.371A-S60.371D,S60.372A-S60.372D,
S60.379A-S60.379D,S60.391A-S60.391D,S60.392A-S60.392D,S60.399A-S60.399D,S60.410A-S60.410D,
S60.411A-S60.411D,S60.412A-S60.412D,S60.413A-S60.413D,S60.414A-S60.414D,S60.415A-S60.415D,
S60.416A-S60.416D,S60.417A-S60.417D,S60.418A-S60.418D,S60.419A-S60.419D,S60.420A-S60.420D,
S60.421A-S60.421D,S60.422A-S60.422D,S60.423A-S60.423D,S60.424A-S60.424D,S60.425A-S60.425D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S60.426A-S60.426D,S60.427A-S60.427D,S60.428A-S60.428D,S60.429A-S60.429D,S60.440A-S60.440D,
S60.441A-S60.441D,S60.442A-S60.442D,S60.443A-S60.443D,S60.444A-S60.444D,S60.445A-S60.445D,
S60.446A-S60.446D,S60.447A-S60.447D,S60.448A-S60.448D,S60.449A-S60.449D,S60.450A-S60.450D,
S60.451A-S60.451D,S60.452A-S60.452D,S60.453A-S60.453D,S60.454A-S60.454D,S60.455A-S60.455D,
S60.456A-S60.456D,S60.457A-S60.457D,S60.458A-S60.458D,S60.459A-S60.459D,S60.460A-S60.460D,
S60.461A-S60.461D,S60.462A-S60.462D,S60.463A-S60.463D,S60.464A-S60.464D,S60.465A-S60.465D,
S60.466A-S60.466D,S60.467A-S60.467D,S60.468A-S60.468D,S60.469A-S60.469D,S60.470A-S60.470D,
S60.471A-S60.471D,S60.472A-S60.472D,S60.473A-S60.473D,S60.474A-S60.474D,S60.475A-S60.475D,
S60.476A-S60.476D,S60.477A-S60.477D,S60.478A-S60.478D,S60.479A-S60.479D,S60.511A-S60.511D,
S60.512A-S60.512D,S60.519A-S60.519D,S60.521A-S60.521D,S60.522A-S60.522D,S60.529A-S60.529D,
S60.541A-S60.541D,S60.542A-S60.542D,S60.549A-S60.549D,S60.551A-S60.551D,S60.552A-S60.552D,
S60.559A-S60.559D,S60.561A-S60.561D,S60.562A-S60.562D,S60.569A-S60.569D,S60.571A-S60.571D,
S60.572A-S60.572D,S60.579A-S60.579D,S60.811A-S60.811D,S60.812A-S60.812D,S60.819A-S60.819D,
S60.821A-S60.821D,S60.822A-S60.822D,S60.829A-S60.829D,S60.841A-S60.841D,S60.842A-S60.842D,
S60.849A-S60.849D,S60.851A-S60.851D,S60.852A-S60.852D,S60.859A-S60.859D,S60.861A-S60.861D,
S60.862A-S60.862D,S60.869A-S60.869D,S60.871A-S60.871D,S60.872A-S60.872D,S60.879A-S60.879D,
S60.911A-S60.911D,S60.912A-S60.912D,S60.919A-S60.919D,S60.921A-S60.921D,S60.922A-S60.922D,
S60.929A-S60.929D,S60.931A-S60.931D,S60.932A-S60.932D,S60.939A-S60.939D,S60.940A-S60.940D,
S60.941A-S60.941D,S60.942A-S60.942D,S60.943A-S60.943D,S60.944A-S60.944D,S60.945A-S60.945D,
S60.946A-S60.946D,S60.947A-S60.947D,S60.948A-S60.948D,S60.949A-S60.949D,S66.001A-S66.001D,
S66.002A-S66.002D,S66.009A-S66.009D,S66.091A-S66.091D,S66.092A-S66.092D,S66.099A-S66.099D,
S66.100A-S66.100D,S66.101A-S66.101D,S66.102A-S66.102D,S66.103A-S66.103D,S66.104A-S66.104D,
S66.105A-S66.105D,S66.106A-S66.106D,S66.107A-S66.107D,S66.108A-S66.108D,S66.109A-S66.109D,
S66.190A-S66.190D,S66.191A-S66.191D,S66.192A-S66.192D,S66.193A-S66.193D,S66.194A-S66.194D,
S66.195A-S66.195D,S66.196A-S66.196D,S66.197A-S66.197D,S66.198A-S66.198D,S66.199A-S66.199D,
S66.201A-S66.201D,S66.202A-S66.202D,S66.209A-S66.209D,S66.291A-S66.291D,S66.292A-S66.292D,
S66.299A-S66.299D,S66.300A-S66.300D,S66.301A-S66.301D,S66.302A-S66.302D,S66.303A-S66.303D,
S66.304A-S66.304D,S66.305A-S66.305D,S66.306A-S66.306D,S66.307A-S66.307D,S66.308A-S66.308D,
S66.309A-S66.309D,S66.390A-S66.390D,S66.391A-S66.391D,S66.392A-S66.392D,S66.393A-S66.393D,
S66.394A-S66.394D,S66.395A-S66.395D,S66.396A-S66.396D,S66.397A-S66.397D,S66.398A-S66.398D,
S66.399A-S66.399D,S66.401A-S66.401D,S66.402A-S66.402D,S66.409A-S66.409D,S66.491A-S66.491D,
S66.492A-S66.492D,S66.499A-S66.499D,S66.500A-S66.500D,S66.501A-S66.501D,S66.502A-S66.502D,
S66.503A-S66.503D,S66.504A-S66.504D,S66.505A-S66.505D,S66.506A-S66.506D,S66.507A-S66.507D,
S66.508A-S66.508D,S66.509A-S66.509D,S66.590A-S66.590D,S66.591A-S66.591D,S66.592A-S66.592D,
S66.593A-S66.593D,S66.594A-S66.594D,S66.595A-S66.595D,S66.596A-S66.596D,S66.597A-S66.597D,
S66.598A-S66.598D,S66.599A-S66.599D,S66.801A-S66.801D,S66.802A-S66.802D,S66.809A-S66.809D,
S66.891A-S66.891D,S66.892A-S66.892D,S66.899A-S66.899D,S66.901A-S66.901D,S66.902A-S66.902D,
S66.909A-S66.909D,S66.991A-S66.991D,S66.992A-S66.992D,S66.999A-S66.999D,S69.80XA-S69.80XD,
S69.81XA-S69.81XD,S69.82XA-S69.82XD,S69.90XA-S69.90XD,S69.91XA-S69.91XD,S69.92XA-S69.92XD,
S70.00XA-S70.00XD,S70.01XA-S70.01XD,S70.02XA-S70.02XD,S70.10XA-S70.10XD,S70.11XA-S70.11XD,
S70.12XA-S70.12XD,S70.211A-S70.211D,S70.212A-S70.212D,S70.219A-S70.219D,S70.221A-S70.221D,
S70.222A-S70.222D,S70.229A-S70.229D,S70.241A-S70.241D,S70.242A-S70.242D,S70.249A-S70.249D,
S70.251A-S70.251D,S70.252A-S70.252D,S70.259A-S70.259D,S70.261A-S70.261D,S70.262A-S70.262D,
S70.269A-S70.269D,S70.271A-S70.271D,S70.272A-S70.272D,S70.279A-S70.279D,S70.311A-S70.311D,
S70.312A-S70.312D,S70.319A-S70.319D,S70.321A-S70.321D,S70.322A-S70.322D,S70.329A-S70.329D,
S70.341A-S70.341D,S70.342A-S70.342D,S70.349A-S70.349D,S70.351A-S70.351D,S70.352A-S70.352D,
S70.359A-S70.359D,S70.361A-S70.361D,S70.362A-S70.362D,S70.369A-S70.369D,S70.371A-S70.371D,
S70.372A-S70.372D,S70.379A-S70.379D,S70.911A-S70.911D,S70.912A-S70.912D,S70.919A-S70.919D,
S70.921A-S70.921D,S70.922A-S70.922D,S70.929A-S70.929D,S76.001A-S76.001D,S76.002A-S76.002D,
S76.009A-S76.009D,S76.091A-S76.091D,S76.092A-S76.092D,S76.099A-S76.099D,S76.101A-S76.101D,
S76.102A-S76.102D,S76.109A-S76.109D,S76.191A-S76.191D,S76.192A-S76.192D,S76.199A-S76.199D,
S76.201A-S76.201D,S76.202A-S76.202D,S76.209A-S76.209D,S76.291A-S76.291D,S76.292A-S76.292D,
S76.299A-S76.299D,S76.301A-S76.301D,S76.302A-S76.302D,S76.309A-S76.309D,S76.391A-S76.391D,
S76.392A-S76.392D,S76.399A-S76.399D,S76.801A-S76.801D,S76.802A-S76.802D,S76.809A-S76.809D,
S76.891A-S76.891D,S76.892A-S76.892D,S76.899A-S76.899D,S76.901A-S76.901D,S76.902A-S76.902D,
S76.909A-S76.909D,S76.991A-S76.991D,S76.992A-S76.992D,S76.999A-S76.999D,S79.811A-S79.811D,
S79.812A-S79.812D,S79.819A-S79.819D,S79.821A-S79.821D,S79.822A-S79.822D,S79.829A-S79.829D,
S79.911A-S79.911D,S79.912A-S79.912D,S79.919A-S79.919D,S79.921A-S79.921D,S79.922A-S79.922D,
S79.929A-S79.929D,S80.00XA-S80.00XD,S80.01XA-S80.01XD,S80.02XA-S80.02XD,S80.10XA-S80.10XD,
S80.11XA-S80.11XD,S80.12XA-S80.12XD,S80.211A-S80.211D,S80.212A-S80.212D,S80.219A-S80.219D,
S80.221A-S80.221D,S80.222A-S80.222D,S80.229A-S80.229D,S80.241A-S80.241D,S80.242A-S80.242D,
S80.249A-S80.249D,S80.251A-S80.251D,S80.252A-S80.252D,S80.259A-S80.259D,S80.261A-S80.261D,
S80.262A-S80.262D,S80.269A-S80.269D,S80.271A-S80.271D,S80.272A-S80.272D,S80.279A-S80.279D,
S80.811A-S80.811D,S80.812A-S80.812D,S80.819A-S80.819D,S80.821A-S80.821D,S80.822A-S80.822D,
S80.829A-S80.829D,S80.841A-S80.841D,S80.842A-S80.842D,S80.849A-S80.849D,S80.851A-S80.851D,
S80.852A-S80.852D,S80.859A-S80.859D,S80.861A-S80.861D,S80.862A-S80.862D,S80.869A-S80.869D,
S80.871A-S80.871D,S80.872A-S80.872D,S80.879A-S80.879D,S80.911A-S80.911D,S80.912A-S80.912D,
S80.919A-S80.919D,S80.921A-S80.921D,S80.922A-S80.922D,S80.929A-S80.929D,S86.001A-S86.001D,
S86.002A-S86.002D,S86.009A-S86.009D,S86.091A-S86.091D,S86.092A-S86.092D,S86.099A-S86.099D,
S86.101A-S86.101D,S86.102A-S86.102D,S86.109A-S86.109D,S86.191A-S86.191D,S86.192A-S86.192D,

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

S86.199A-S86.199D,S86.201A-S86.201D,S86.202A-S86.202D,S86.209A-S86.209D,S86.291A-S86.291D,
S86.292A-S86.292D,S86.299A-S86.299D,S86.301A-S86.301D,S86.302A-S86.302D,S86.309A-S86.309D,
S86.391A-S86.391D,S86.392A-S86.392D,S86.399A-S86.399D,S86.801A-S86.801D,S86.802A-S86.802D,
S86.809A-S86.809D,S86.891A-S86.891D,S86.892A-S86.892D,S86.899A-S86.899D,S86.901A-S86.901D,
S86.902A-S86.902D,S86.909A-S86.909D,S86.991A-S86.991D,S86.992A-S86.992D,S86.999A-S86.999D,
S89.80XA-S89.80XD,S89.81XA-S89.81XD,S89.82XA-S89.82XD,S89.90XA-S89.90XD,S89.91XA-S89.91XD,
S89.92XA-S89.92XD,S90.00XA-S90.00XD,S90.01XA-S90.01XD,S90.02XA-S90.02XD,S90.111A-S90.111D,
S90.112A-S90.112D,S90.119A-S90.119D,S90.121A-S90.121D,S90.122A-S90.122D,S90.129A-S90.129D,
S90.211A-S90.211D,S90.212A-S90.212D,S90.219A-S90.219D,S90.221A-S90.221D,S90.222A-S90.222D,
S90.229A-S90.229D,S90.30XA-S90.30XD,S90.31XA-S90.31XD,S90.32XA-S90.32XD,S90.411A-S90.411D,
S90.412A-S90.412D,S90.413A-S90.413D,S90.414A-S90.414D,S90.415A-S90.415D,S90.416A-S90.416D,
S90.421A-S90.421D,S90.422A-S90.422D,S90.423A-S90.423D,S90.424A-S90.424D,S90.425A-S90.425D,
S90.426A-S90.426D,S90.441A-S90.441D,S90.442A-S90.442D,S90.443A-S90.443D,S90.444A-S90.444D,
S90.445A-S90.445D,S90.446A-S90.446D,S90.451A-S90.451D,S90.452A-S90.452D,S90.453A-S90.453D,
S90.454A-S90.454D,S90.455A-S90.455D,S90.456A-S90.456D,S90.461A-S90.461D,S90.462A-S90.462D,
S90.463A-S90.463D,S90.464A-S90.464D,S90.465A-S90.465D,S90.466A-S90.466D,S90.471A-S90.471D,
S90.472A-S90.472D,S90.473A-S90.473D,S90.474A-S90.474D,S90.475A-S90.475D,S90.476A-S90.476D,
S90.511A-S90.511D,S90.512A-S90.512D,S90.519A-S90.519D,S90.521A-S90.521D,S90.522A-S90.522D,
S90.529A-S90.529D,S90.541A-S90.541D,S90.542A-S90.542D,S90.549A-S90.549D,S90.551A-S90.551D,
S90.552A-S90.552D,S90.559A-S90.559D,S90.561A-S90.561D,S90.562A-S90.562D,S90.569A-S90.569D,
S90.571A-S90.571D,S90.572A-S90.572D,S90.579A-S90.579D,S90.811A-S90.811D,S90.812A-S90.812D,
S90.819A-S90.819D,S90.821A-S90.821D,S90.822A-S90.822D,S90.829A-S90.829D,S90.841A-S90.841D,
S90.842A-S90.842D,S90.849A-S90.849D,S90.851A-S90.851D,S90.852A-S90.852D,S90.859A-S90.859D,
S90.861A-S90.861D,S90.862A-S90.862D,S90.869A-S90.869D,S90.871A-S90.871D,S90.872A-S90.872D,
S90.879A-S90.879D,S90.911A-S90.911D,S90.912A-S90.912D,S90.919A-S90.919D,S90.921A-S90.921D,
S90.922A-S90.922D,S90.929A-S90.929D,S90.931A-S90.931D,S90.932A-S90.932D,S90.933A-S90.933D,
S90.934A-S90.934D,S90.935A-S90.935D,S90.936A-S90.936D,S96.001A-S96.001D,S96.002A-S96.002D,
S96.009A-S96.009D,S96.091A-S96.091D,S96.092A-S96.092D,S96.099A-S96.099D,S96.101A-S96.101D,
S96.102A-S96.102D,S96.109A-S96.109D,S96.191A-S96.191D,S96.192A-S96.192D,S96.199A-S96.199D,
S96.201A-S96.201D,S96.202A-S96.202D,S96.209A-S96.209D,S96.291A-S96.291D,S96.292A-S96.292D,
S96.299A-S96.299D,S96.801A-S96.801D,S96.802A-S96.802D,S96.809A-S96.809D,S96.891A-S96.891D,
S96.892A-S96.892D,S96.899A-S96.899D,S96.901A-S96.901D,S96.902A-S96.902D,S96.909A-S96.909D,
S96.991A-S96.991D,S96.992A-S96.992D,S96.999A-S96.999D,S99.811A-S99.811D,S99.812A-S99.812D,
S99.819A-S99.819D,S99.821A-S99.821D,S99.822A-S99.822D,S99.829A-S99.829D,S99.911A-S99.911D,
S99.912A-S99.912D,S99.919A-S99.919D,S99.921A-S99.921D,S99.922A-S99.922D,S99.929A-S99.929D,T07

CPT: 10120,10140,11740,11760,11762,12001-12014,28190,98966-98969,99051,99060,99070,99078,99201-99215,
99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 639**

Condition: CHRONIC BRONCHITIS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY

ICD-10: J40,J41.0,J41.8,J42

CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,
99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

**Line: 640**

Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST (See Guideline Notes 64,65)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-10: D24.1-D24.9,N64.1-N64.4,N64.81-N64.82,N64.9,Q83.0-Q83.9

CPT: 19110,19120-19126,19324-19396,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,
99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line: 641**

Condition: BENIGN POLYPS OF VOCAL CORDS (See Guideline Notes 64,65)

Treatment: MEDICAL THERAPY, STRIPPING

ICD-10: J38.1

CPT: 31540,31541,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,
99381-99404,99408-99416,99429-99449,99487-99498,99605-99607

HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **642**
Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-10: D13.0-D13.2,D13.30-D13.6,D13.9,D17.79,D18.03,D19.1,D20.0-D20.1,D3A.010-D3A.019,D3A.092,D3A.094-D3A.096,K31.7
CPT: 43195,43196,43212-43214,43216-43229,43233,43245,43248-43250,43266,43270,43450,44110-44120,44139-44145,44204-44208,44213,44369,44379,44381,44384,44392-44402,44404,44405,44701,45160,45308,45309,45317-45327,45333-45335,45338,45346,45347,45381-45389,46610,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **643**
Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR OTHER MAJOR COMPLICATION (See Guideline Notes 64,65)
Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY
ICD-10: I83.811-I83.93,I87.001-I87.009,I87.091-I87.309,I87.391-I87.9,I99.8-I99.9,N48.81,N50.1,R58
CPT: 29582-29584,36468-36479,37700-37790,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **644**
Condition: HYPERTELORISM OF ORBIT (See Guideline Notes 64,65)
Treatment: ORBITOTOMY
ICD-10: H05.89
CPT: 67405,92002-92014,92018-92060,92081-92140,92225,92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **645**
Condition: GALLSTONES WITHOUT CHOLECYSTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
ICD-10: K80.20,K80.50,K80.70,K80.80,K82.4-K82.9,K91.5
CPT: 43260-43265,43273-43278,47490,47542,47564,47570,47600-47620,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **646**
Condition: GYNECOMASTIA
Treatment: MASTECTOMY
ICD-10: N62
CPT: 19300,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **647**
Condition: TMJ DISORDERS (See Guideline Notes 64,65)
Treatment: TMJ SURGERY
ICD-10: M26.50-M26.69
CPT: 20910,20926,21010,21050-21073,21210-21243,21480-21490,29800,29804,30520,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: D7852-D7877,D7899,D7955,D7991,G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **648**
Condition: EDEMA AND OTHER CONDITIONS INVOLVING THE SKIN OF THE FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: P83.1,P83.30-P83.4,P83.6-P83.9
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **649**
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS (See Guideline Notes 64,65)
Treatment: COSMETIC DENTAL SERVICES
ICD-10: K00.1-K00.3,K00.5,K00.8-K00.9,K03.0-K03.1,K03.3-K03.4,K03.6-K03.7,K03.9,M26.30,M26.39
HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548,D6600,D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975

**Line:** **650**
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Notes 64,65)
Treatment: ELECTIVE DENTAL SERVICES
ICD-10: K00.7,K08.0,K08.51-K08.52,K08.54,K08.8,M26.32,M85.2
CPT: 41822
HCPCS: D2799,D2955,D2990,D3355-D3357,D3427-D3429,D3431,D3432,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D5994,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9940-D9943,D9952

**Line:** **651**
Condition: AGENESIS OF LUNG (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-10: Q33.3
CPT: 98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **652**
Condition: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-10: H34.10-H34.13,H34.211-H34.239
CPT: 67015,67500,67505,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99416,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

**Line:** **653**
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: F11.90,F12.90,F13.90,F14.90,F15.90,F16.90,F18.90,F19.90,F48.8,F93.8
CPT: 98966-98969,99201-99215,99224,99324-99350,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0425-G0427,G0459,G0463,G0466,G0467,G0469,G0470

**Line:** **654**
Condition: INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: G45.4,G46.3-G46.8,H46.00-H46.9,H47.11-H47.12,H47.311-H47.49,H47.611-H47.649,I68.0,I68.8
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **655**
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: A02.29,A80.0-A80.2,A80.30-A80.9,A82.0-A82.9,A85.2,B64,B89,B99.9,L94.6,M60.009,Z86.12
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **656**
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,67)
Treatment: EVALUATION
ICD-10: E01.0-E01.2,E04.0,E04.2-E04.9,E16.0-E16.2,E30.9,E32.0,E32.8-E32.9,E34.1,E34.3,E34.8-E34.9,E35,E67.1,E70.40-E70.49,E71.30,E73.1-E73.9,E74.11,E74.9,E75.10,E75.21-E75.22,E75.240-E75.249,E75.3,E75.5,E76.01-E76.1,E76.210-E76.9,E77.0,E77.8-E77.9,E78.71-E78.79,E85.0,E88.89,Q89.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467,S9357

**Line:** **657**
Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,81)
Treatment: EVALUATION
ICD-10: I51.7,I51.89,I52,I73.1,Q24.0-Q24.1,Q28.9,Q34.1,Q55.5,Q89.3
CPT: 33620,33621,75557,75565,75573,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **658**
Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,131)
Treatment: EVALUATION
ICD-10: H02.711-H02.719,H02.731-H02.739,H02.841-H02.859,H02.89-H02.9,H05.00,H05.20,H05.821-H05.9,H11.001-H11.019,H11.031-H11.10,H11.131-H11.139,H11.151-H11.159,H11.811-H11.9,H17.811-H17.89,H18.20,H18.211-H18.219,H18.231-H18.339,H18.411-H18.419,H18.461-H18.469,H18.811-H18.819,H18.891-H18.9,H21.211-H21.309,H21.9,H22,H31.001-H31.099,H31.321-H31.329,H33.111-H33.119,H34.821-H34.829,H35.40,H35.411-H35.469,H35.721-H35.739,H35.82-H35.9,H36,H43.391-H43.399,H43.89-H43.9,H44.40,H44.411-H44.419,H44.431-H44.449,H47.011-H47.099,H47.13,H47.20,H47.211-H47.299,H47.511-H47.539,H53.53-H53.55,H53.71-H53.72,H54.40-H54.62,H55.02,H55.04,H55.81-H55.89,H57.00-H57.04,H57.051-H57.09,H57.8-H57.9,H59.40-H59.43,H61.90-H61.93,H62.8X1-H62.8X9,H69.80-H69.83,H75.80-H75.83
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **659**
Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: F07.9,F48.2,G24.4,G25.82-G25.89,G31.84,G60.9,G61.9,G62.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **660**
Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: B36.0,D69.2,D69.8-D69.9,E88.1,H02.60-H02.66,I73.81,L30.5,L42,L44.0,L44.4,L45,L57.3,L80,L81.0-L81.9,L85.3,Q82.1-Q82.9,Q84.8-Q84.9
CPT: 29581,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0429,G0463,G0466,G0467

**Line:** **661**
Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: J22,J98.3,J98.5-J98.9,J99,P24.10,P24.20,P24.30,Q33.1,Q33.5,Q33.8-Q33.9,Q34.0,Q34.8-Q34.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Line:** **662**
Condition: GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,73)
Treatment: EVALUATION
ICD-10: D30.8-D30.9,E28.0,K64.4,N28.81,N28.83,N28.89,N32.89-N32.9,N33,N37,N39.8,N42.3,N44.1-N44.8,N48.6, N48.82-N48.9,N50.8-N50.9,N51,N83.6,N83.9,N85.4,N85.6,N85.8-N85.9,N90.810-N90.818,N91.4-N91.5,N93.9, N94.9,N96,N99.83,Q54.0,Q54.4,Q54.9,Q55.0-Q55.1,Q55.20-Q55.22,Q55.29,Q55.61-Q55.9,Q60.3,Q62.4-Q62.5, Q62.60-Q62.62,Q63.0-Q63.9,Q64.11,Q64.70,Q64.72,Q64.75,Q64.8-Q64.9,R39.81,R80.2
CPT: 51860,51865,53080,53085,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355, 99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **663**
Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: E08.618,E09.618,E10.618,E11.618,E13.618,E78.81-E78.89,E88.2,M06.30,M07.60,M07.611-M07.69,M11.10, M11.111-M11.19,M11.80,M11.811-M11.9,M12.30,M12.311-M12.39,M12.80,M12.811-M12.9,M13.0,M13.10, M13.111-M13.179,M21.10,M21.179,M24.00,M24.10,M24.60,M24.80,M24.9,M25.20,M25.30,M35.5,M35.7, M53.2X9,M62.00,M62.011-M62.08,M62.81,M62.831-M62.838,M62.9,M63.80,M63.811-M63.89,M84.38XD-M84.38XG,M84.811-M84.88,M85.10,M85.111-M85.19,M85.80,M85.811-M85.89,M89.30,M89.311-M89.59, M89.8X0-M89.8X9,M95.3-M95.4,M95.9,M96.0,M99.81-M99.82,M99.88,M99.9,Q76.5,Q77.2,Q79.9,R29.4
CPT: 97010,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **664**
Condition: GASTROINTESTINAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: K11.0,K22.4,K22.9,K62.81,K62.89-K62.9,K63.9,K75.9,K76.9,K83.5-K83.9,K86.9,K92.9,P78.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99416,99429-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0463,G0466,G0467

**Line:** **665**
Condition: MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: E66.3,E67.2,E67.8,Q18.3-Q18.9,Q30.1-Q30.9,Q67.0-Q67.8,T73.3XXA-T73.3XXD
CPT: 98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404, 99408-99412,99429-99449,99487,99489,99495,99496,99605-99607
HCPCS: G0396,G0397,G0463

**Line:** **666 (LINE 588 FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**
Condition: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Notes 6,60,64,65,100,105)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-10: M40.00-M40.05,M40.12,M40.202-M40.57,M41.00-M41.08,M41.112-M41.35,M41.80-M41.9,M43.00-M43.19, M43.8X1-M43.8X8,M43.9,M48.00-M48.27,M96.2-M96.5,M99.20-M99.79,M99.83-M99.84,Q67.5,Q68.0,Q76.0-Q76.3,Q76.411-Q76.49,Q76.6-Q76.9
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,63050,63051,97001-97004,97010,97012,97022,97110-97124,97140-97530,97535,98925-98942,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99412,99429-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,G0466,G0467

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

# STATEMENTS OF INTENT

**STATEMENT OF INTENT 1: PALLIATIVE CARE**

It is the intent of the Commission that palliative care services be covered for patients with a life-threatening illness or severe advanced illness expected to progress toward dying, regardless of the goals for medical treatment and with services available according to the patient's expected length of life (see examples below).

Palliative care is comprehensive, specialized care ideally provided by an interdisciplinary team (which may include but is not limited to physicians, nurses, social workers, etc.) where care is particularly focused on alleviating suffering and promoting quality of life. Such interdisciplinary care should include assessment, care planning, and care coordination, emotional and psychosocial counseling for patients and families, assistance accessing services from other needed community resources, and should reflect the patient and family's values and goals.

Some examples of palliative care services that should be available to patients with a life-threatening/limiting illness,

A) without regard to a patient's expected length of life:
   - Inpatient palliative care consultation; and,
   - Outpatient palliative care consultation, office visits.

B) with an expected median survival of less than one year, as supported by the best available published evidence:
   - Home-based palliative care services (to be defined by DMAP), with the expectation that the patient will move to home hospice care.

C) with an expected median survival of six months or less, as supported by peer-reviewed literature:
   - Home hospice care, where the primary goal of care is quality of life (hospice services to be defined by DMAP).

It is the intent of the Commission that certain palliative care treatments be covered when these treatments carry the primary goal to alleviate symptoms and improve quality of life, without intending to alter the trajectory of the underlying disease.

Some examples of covered palliative care treatments include:

A) Radiation therapy for painful bone metastases with the intent to relieve pain and improve quality of life.
B) Surgical decompression for malignant bowel obstruction.
C) Medication therapy such as chemotherapy with low toxicity/low side effect agents with the goal to decrease pain from bulky disease or other identified complications. Cost of chemotherapy and alternative medication(s) should also be considered.
D) Medical equipment and supplies (such as non-motorized wheelchairs, walkers, bandages, and catheters) determined to be medically appropriate for completion of basic activities of daily living, for management of symptomatic complications or as required for symptom control.
E) Acupuncture with intent to relieve nausea.

Cancer treatment with intent to palliate is not a covered service when the same palliation can be achieved with pain medications or other non-chemotherapy agents.

It is NOT the intent of the Commission that coverage for palliative care encompasses those treatments that seek to prolong life despite substantial burdens of treatment and limited chance of benefit. See Guideline Note 12 TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT.

**STATEMENT OF INTENT 2: DEATH WITH DIGNITY ACT**

It is the intent of the Commission that services under ORS 127.800-127.897 (Oregon Death with Dignity Act) be covered for those that wish to avail themselves to those services. Such services include but are not limited to attending physician visits, consulting physician confirmation, mental health evaluation and counseling, and prescription medications.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

# PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE JANUARY 1, 2016 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE JANUARY 1, 2016 PRIORITIZED LIST
OF HEALTH SERVICES

**ANCILLARY GUIDELINE A1, NERVE BLOCKS**

The Health Evidence Review Commission intends that single injection and continuous nerve blocks (CPT 64400-64450, 64461-64463) should be covered services if they are required for successful completion of perioperative pain control for, or post-operative recovery from a covered operative procedure when the diagnosis requiring the operative procedure is also covered. Additionally, nerve blocks, are covered services for patients hospitalized with trauma, cancer, or intractable pain conditions, if the underlying condition is a covered diagnosis.

**ANCILLARY GUIDELINE A2, SELF-MONITORING OF BLOOD GLUCOSE IN DIABETES**

For patients with type 1 diabetes and those with type 2 diabetes using multiple daily insulin injections, home blood glucose monitors and related diabetic supplies are covered.

For patients with type 2 diabetes not requiring multiple daily insulin injections, 50 test strips and related supplies are covered at the time of diagnosis. For those who require diabetic medication that may result in hypoglycemia, up to 50 test strips per 90 days are covered. If there is an acute change in glycemic control or active diabetic medication adjustment, an additional 50 strips are covered.

All diabetic patients who are prescribed diabetic test strips should have a structured education and feedback program for self-monitoring of blood glucose.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-self-monitoring-blood-glucose.aspx

**ANCILLARY GUIDELINE A3, IVC FILTERS FOR TRAUMA**

It is the intent of the Commission that inferior vena cava (IVC) filter placement (CPT 37191) and subsequent repositioning and removal (CPT 37192, 37193) are covered when medically indicated for hospitalized patients with severe trauma resulting in prolonged hospitalization.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-IVC-Filters.aspx.

**DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE**

A) Genetic tests are covered as diagnostic, unless they are listed below in section F1 as excluded or have other restrictions listed in this guideline. To be covered, initial screening (e.g. physical exam, medical history, family history, laboratory studies, imaging studies) must indicate that the chance of genetic abnormality is > 10% and results would do at least one of the following:
   1) Change treatment,
   2) Change health monitoring,
   3) Provide prognosis, or
   4) Provide information needed for genetic counseling for patient; or patient's parents, siblings, or children
B) Pretest and posttest genetic counseling is required for presymptomatic and predisposition genetic testing. Pretest and posttest genetic evaluation (which includes genetic counseling) is covered when provided by a suitable trained health professional with expertise and experience in genetics.
   1) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
C) A more expensive genetic test (generally one with a wider scope or more detailed testing) is not covered if a cheaper (smaller scope) test is available and has, in this clinical context, a substantially similar sensitivity. For example, do not cover CFTR gene sequencing as the first test in a person of Northern European Caucasian ancestry because the gene panels are less expensive and provide substantially similar sensitivity in that context.
D) Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer or other related cancers suspected to be hereditary, or patients at increased risk to due to family history.
   1) Services are provided according to the Comprehensive Cancer Network Guidelines.
      a) Lynch syndrome (hereditary colorectal, endometrial and other cancers associated with Lynch syndrome) services (CPT 81288, 81292-81300, 81317-81319, 81435, 81436) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Colorectal V.1.2015 (5/4/15). www.nccn.org.
      b) Breast and ovarian cancer syndrome genetic testing services (CPT 81162, 81211-81217) for women without a personal history of breast, ovarian and other associated cancers should be provided to high risk women as defined by the US Preventive Services Task Force or according to the NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast and ovarian. V2.2015 (6/25/15). www.nccn.org.
      c) Breast and ovarian cancer syndrome genetic testing services (CPT 81162, 81211-81217) for women with a personal history of breast, ovarian, and other associated cancers 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.2.2015 (6/25/15). 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.1.2015 (5/1/15). www.nccn.org.
   2) Genetic counseling should precede genetic testing for hereditary cancer whenever possible.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE D1 NON-PRENATAL GENETIC TESTING GUIDELINE (CONT'D)**

a) Pre and post-test genetic counseling should be covered when provided by a suitable trained health professional with expertise and experience in cancer genetics. Genetic counseling is recommended for cancer survivors when test results would affect cancer screening.
   i) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
b) If timely pre-test genetic counseling is not possible for time-sensitive cases, appropriate genetic testing accompanied by pre- and post- test informed consent and post-test disclosure performed by a board-certified physician with experience in cancer genetics should be covered.
   i) Post-test genetic counseling should be performed as soon as is practical.

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 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.

E) 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.
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.
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.
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.

F) 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 81287, MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis
   e) CPT 81291, MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
   f) CPT 81330, SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
   g) CPT 81350, UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
   h) CPT 81355, VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)
   i) CPT 81417, re-evaluation of whole exome sequencing
   j) CPT 81425-81427, Genome sequence analysis
   k) CPT 81470, 81471, X-linked intellectual disability (XLID) genomic sequence panels
   l) CPT 81504, Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
2) The following tests are covered only if they meet the criteria in section A above AND the specified situations:
   a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
   b) Diagnostic testing for cystic fibrosis (CF)
      i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81222, 81223: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE D1 NON-PRENATAL GENETIC TESTING GUIDELINE (CONT'D)**

analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.

c) Carrier testing for cystic fibrosis
   i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered once in a lifetime.
d) CPT 81224, CFTR (cystic fibrosis transmembrane conductance regulator) (eg. cystic fibrosis) gene analysis; introm 8 poly-T analysis (eg. male infertility): Covered only after genetic counseling.
e) CPT 81240. F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should not be covered for adults with idiopathic venous thromoboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
f) 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.
g) 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.
h) CPT 81221, SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea. Genetic testing of the anpha-1 phenotype test is appropriate if the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.
i) CPT 81415-81416, exome testing: A genetic counseling/geneticist consultation is required prior to ordering test
j) CPT 81430-81431, Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel: Testing for mutations in GJB2 and GJB6 need to be done first and be negative in non-syndromic patients prior to panel testing.
k) CPT 81440, 81460, 81465, mitochondrial genome testing: A genetic counseling/geneticist or metabolic consultation is required prior to ordering test.
l) CPT 81412 Ashkenazi Jewish carrier testing panel: panel testing is only covered when the panel would replace and would be similar or lower cost than individual gene testing including CF carrier testing.

* American College of Medical Genetics Standards and Guidelines for Clinical Genetics Laboratories. 2008 Edition, Revised 3/2011 and found at https://www.acmg.net/StaticContent/SGs/CFTR%20Mutation%20Testing.pdf.

**DIAGNOSTIC GUIDELINE D2, TUBERCULOSIS TESTING GUIDELINE**

Quanti-FERON TB Gold (QFT-G), a blood test for detecting infection with *Mycobacterium tuberculosis*, may be used in the following circumstances:

A) Instead of Tuberculin Skin Test (TST) for investigation of contacts to confirmed cases of active tuberculosis (TB) disease.
B) Instead of TST for screening for latent TB in persons with definitive history or BCG or who have immigrated from countries with high prevalence (>10%) of latent TB where BCG is commonly given.
C) As a supplementary test to TST in foreign-born persons with a positive TST, history of BCG vaccination against tuberculosis, and no clinical evidence of current TB disease.
D) As a supplementary test in persons with a positive TST who are members of otherwise low-risk populations (e.g., U.S.-born persons and others who have immigrated to the U.S. > 5 years previously or more recently from low TB prevalence countries; absence of immunosuppressive conditions such as HIV infection, renal failure, diabetes mellitus or alcoholism; homelessness; known exposure to someone with active TB), and no clinical evidence of current TB disease.
E) In populations that need rapid (within 24 hours) diagnosis in order to guide appropriate public health interventions such as isolation for infectious tuberculosis or contact evaluation.
F) In a high-risk patient (e.g. homelessness, immune suppression or deficiency, recent immigrant) who the treating clinician believes is unlikely to return on time for the TST reading.

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

Need for contrast with an echocardiogram should be assessed and, if indicated, implemented at the time of the original ECHO and not as a separate procedure.

**DIAGNOSTIC GUIDELINE D4, ADVANCED IMAGING FOR LOW BACK PAIN (FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**

In patients with non-specific low back pain and no "red flag" conditions [see Table D4], imaging is not a covered service; otherwise work up is covered as shown in the table.
Electromyelography (CPT 96002-4) is not covered for non-specific low back pain.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**Table D4**
**Low Back Pain - Potentially Serious Conditions ("Red Flags") and Recommendations for Initial Diagnostic Work-up**

| Possible cause | Key features on history or physical examination | Imaging* | Additional studies* |
|---|---|---|---|
| Cancer | • History of cancer with new onset of LBP | MRI | ESR |
| | • Unexplained weight loss<br>• Failure to improve after 1 month<br>• Age >50 years<br>• Symptoms such as painless neurologic deficit, night pain or pain increased in supine position | Lumbosacral plain radiography | |
| | • Multiple risk factors for cancer present | Plain radiography or MRI | |
| Spinal column infection | • Fever<br>• Intravenous drug use<br>• Recent infection | MRI | ESR and/or CRP |
| Cauda equina syndrome | • Urinary retention<br>• Motor deficits at multiple levels<br>• Fecal incontinence<br>• Saddle anesthesia | MRI | None |
| Vertebral compression fracture | • History of osteoporosis<br>• Use of corticosteroids<br>• Older age | Lumbosacral plain radiography | None |
| Ankylosing spondylitis | • Morning stiffness<br>• Improvement with exercise<br>• Alternating buttock pain<br>• Awakening due to back pain during the second part of the night<br>• Younger age | Anterior-posterior pelvis plain radiography | ESR and/or CRP, HLA-B27 |
| Nerve compression/ disorders (e.g. herniated disc with radiculopathy) | • Back pain with leg pain in an L4, L5, or S1 nerve root distribution present < 1 month<br>• Positive straight-leg-raise test or crossed straight-leg-raise test | None | None |
| | • Radiculopathic** signs present >1 month<br>• Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness | MRI*** | Consider EMG/NCV |
| Spinal stenosis | • Radiating leg pain<br>• Older age<br>• 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
** Radiculopathic signs are defined for the purposes of this guideline as in Guideline Note 37 with any of the following:

A. Markedly abnormal reflexes
B. Segmental muscle weakness
C. Segmental sensory loss
D. EMG or NCV evidence of nerve root impingement
E. Cauda equina syndrome,
F. Neurogenic bowel or bladder
G. Long tract abnormalities

*** 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.*

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-adv-imaging-low-back.aspx

**DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE**

Neuroimaging is not covered in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE D5 NEUROIMAGING FOR HEADACHE (CONT'D)**

Neuroimaging is covered for headache when a red flag* is present.
*The following represent red flag conditions for underlying abnormality with headache:

A. New onset or change in headache in patients who are aged over 50
B. Thunderclap headache: rapid time to peak headache intensity (seconds to 5 minutes)
C. Focal neurological symptoms (e.g. limb weakness, lack of coordination, numbness or tingling)
D. Non-focal neurological symptoms (e.g altered mental status, dizziness)
E. Abnormal neurological examination
F. Headache that changes with posture
G. Headache wakening the patient up (Nota bene migraine is the most frequent cause of morning headache)
H. Headache precipitated by physical exertion or valsalva maneuver (e.g. coughing, laughing, straining)
I. Patients with risk factors for cerebral venous sinus thrombosis
J. Jaw claudication
K. Nuchal rigidity
L. New onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
M. New onset headache in a patient with a history of cancer
N. Cluster headache, paroxysmal hemicrania, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA).

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-neuroimaging-headache.aspx

**DIAGNOSTIC GUIDELINE D6, MRI FOR BREAST CANCER SCREENING**

Breast MRI is not covered for screening for breast cancer.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-mri-breast-cancer-screening.aspx

**DIAGNOSTIC GUIDELINE D7, NEUROIMAGING IN DEMENTIA**

Neuroimaging is covered:

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

Neuroimaging is not covered:

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

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-neuroimaging-dementia.aspx

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

Type I PSG is covered when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed attended in a sleep lab facility.
OHP clients should have access to least one of the alternatives listed below:

1. Type II or Type III sleep testing devices when used to aid the diagnosis of OSA in patients who have clinical signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
2. Type IV sleep testing devices measuring three or more channels, one of which is airflow, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.
3. Sleep testing devices measuring three or more channels that include actigraphy, oximetry, and peripheral arterial tone, when used to aid the diagnosis of OSA in patients who have signs and symptoms indicative of OSA if performed unattended in or out of a sleep lab facility or attended in a sleep lab facility.

CPAP titration should be performed as part of the diagnostic study, if possible.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-diagnosis-sleep-apnea.aspx

**DIAGNOSTIC GUIDELINE D9, MRI FOR BREAST CANCER DIAGNOSIS**

In women with recently diagnosed breast cancer, preoperative or contralateral MRI of the breast is not a covered service.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**DIAGNOSTIC GUIDELINE D10, MRI IN MULTIPLE SCLEROSIS**

MRI is a diagnostic test for multiple sclerosis and should not be used for routine monitoring of disease

**DIAGNOSTIC GUIDELINE D11, MRI OF THE SPINE (CERVICAL AND THORACIC)**

MRI of the cervical and thoracic spine is covered in the following situations:

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

**DIAGNOSTIC GUIDELINE D12, UPPER ENDOSCOPY FOR GERD OR DYSPEPSIA SYMPTOMS**

Upper endoscopy for uninvestigated dyspepsia or GERD symptoms is covered for:

1. Patients less than 50 years of age with persistent symptoms following advice on lifestyle modifications and completion of an appropriate course of twice daily PPI therapy or an H. pylori test and treat protocol.
2. Patients 50 years of age and older
3. Patients with “alarm symptoms” including, but not limited to, iron deficiency anemia or weight loss

Upper endoscopy is not covered for patients with previous upper endoscopy with non-malignant findings (other than Barrett’s esophagus) in the absence of significant new symptoms.

The development of this guideline note was informed by a HERC coverage guidance. See
http://www.oregon.gov/oha/herc/Pages/blog-upper-gerd.aspx

**DIAGNOSTIC GUIDELINE D13, SCREENING FOR CAROTID ARTERY STENOSIS**

Screening for carotid artery stenosis (CPT 93880) in the general primary care population is not a covered service.

The development of this guideline note was informed by a HERC coverage guidance. See
http://www.oregon.gov/oha/herc/Pages/blog-carotid-endarterectomy.aspx

**DIAGNOSTIC GUIDELINE D14, LUNG CANCER SCREENING**

Low dose computed tomography is included for annual screening for lung cancer in persons aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. Current smokers should be offered evidence based smoking cessation interventions.

**DIAGNOSTIC GUIDELINE D15, COMPUTER-AIDED MAMMOGRAPHY**

Computer-aided mammography (CPT code 77051 and 77052) is not a covered service.

**DIAGNOSTIC GUIDELINE D16, OSTEOPOROSIS SCREENING AND MONITORING IN ADULTS**

Osteoporosis screening by dual-energy X-ray absorptiometry (DXA) is covered only for women aged 65 or older, and for men or younger women whose 10-year risk of major osteoporotic fracture is equal to or greater than 9.3 percent.

Fracture risk should be assessed by the World Health Organization’s FRAX tool or similar instrument.

Routine osteoporosis screening by DXA is not covered for men.

The frequency of subsequent monitoring for development of osteoporosis should not be based on DXA scores alone. If rapid change in bone density is expected, more frequent DXA scanning is appropriate (for example, in patients taking glucocorticoids, those with a history of rapid weight loss, those with medical conditions that could result in secondary osteoporosis, etc.).

If there has been no significant change in an individual's risk factors, monitoring by repeat DXA scanning is covered only at the following frequencies:

- once every two years for those with osteoporosis or advanced osteopenia (T-score of -2.00 or lower)
- once every four years for moderate osteopenia (T-score between -1.50 and -1.99)
- once every ten years for mild osteopenia (T-score between -1.01 and -1.49).
- once every fifteen years for those with normal bone density.

Repeat testing is only covered if the results will influence clinical management. For purposes of monitoring osteoporosis medication therapy, testing at intervals of less than two years is not covered.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE D16, OSTEOPOROSIS SCREENING AND MONITORING IN ADULTS (CONT'D)**

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-dxa-osteoporosis.aspx

**DIAGNOSTIC GUIDELINE D17, PRENATAL GENETIC TESTING**

The following types of prenatal genetic testing and genetic counseling are covered for pregnant women:

1. Genetic counseling (CPT 96040, HPCPS S0265) for high risk women who have family history of inheritable disorder or carrier state, ultrasound abnormality, previous pregnancy with aneuploidy, or elevated risk of neural tube defect.
2. Genetic counseling (CPT 96040, HPCPS S0265) prior to consideration of chorionic villus sampling (CVS), amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening
3. Validated questionnaire to assess genetic risk in all pregnant women
4. Screening high risk ethnic groups for hemoglobinopathies (CPT 83020, 83021)
5. Screening for aneuploidy with any of five screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, and contingency] (CPT 76813, 76814, 81508-81511)
6. Cell free fetal DNA testing (CPT 81420, 81507) for evaluation of aneuploidy in women who have an elevated risk of a fetus with aneuploidy (maternal age >34, family history or elevated risk based on screening).
7. Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
8. CVS or amniocentesis (CPT 59000, 59015,82106, 88235, 88267, 88269, 88280, 88285) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
9. Array CGH (CPT 81228, 81229) when major fetal congenital anomalies are apparent on imaging, or with normal imaging when array CGH would replace karyotyping performed with CVS or amniocentesis in #8 above.
10. FISH testing (CPT 88271, 88275) only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)
11. Screening for Tay-Sachs carrier status (CPT 81255) in high risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
12. Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
13. Screening for fragile X status (CPT 81243, 81244) in patients with a personal or family history of
    a. fragile X tremor/ataxia syndrome
    b. premature ovarian failure
    c. unexplained early onset intellectual disability
    d. fragile X intellectual disability
    e. unexplained autism through the pregnant woman's maternal line
14. Screening for spinal muscular atrophy (CPT 81401) once in a lifetime
15. Screening those with Ashkenazi Jewish heritage for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255). Ashkenazi Jewish carrier panel testing (CPT 81412) is covered if the panel would replace and would be of similar or lower cost than individual gene testing including CF carrier testing.
16. Expanded carrier screening only for those genetic conditions identified above

The following genetic screening tests are not covered:

1. Serum triple screen
2. Screening for thrombophilia in the general population or for recurrent pregnancy loss
3. Expanded carrier screening which includes results for conditions not explicitly recommended for coverage

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-prenatal-genetic.aspx

**DIAGNOSTIC GUIDELINE D18, ADVANCED IMAGING FOR STAGING OF PROSTATE CANCER**

MRI is covered for men with histologically proven prostate cancer if knowledge of the T or N stage could affect management. CT of the pelvis is covered only when MRI is contraindicated.

Radionuclide bone scanning is not covered in men with low risk localized prostate cancer. Low risk is defined as PSA <10 ng/ml and Gleason score <=6 and clinical stage T1-T2a.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/CoverageGuidances/Advanced-imaging-staging-prostate-cancer-1-8-15.pdf

**DIAGNOSTIC GUIDELINE D19, SPECT**

SPECT (CPT 78451, 78452) is not covered for screening for coronary artery disease in asymptomatic patients.

Stress SPECT (78451, 78452 in conjunction with stress testing) is only covered for diagnosis or risk stratification of coronary artery disease when a stress ECHO is contraindicated, is unavailable or would provide suboptimal imaging (i.e. pre-existing

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE D19, SPECT (CONT'D)**

cardiomyopathy, baseline regional wall motion abnormalities, left bundle branch block, paced rhythm, unsuitable acoustic windows due to body habitus, or inability to exercise with inability to utilize dobutamine.)
The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-nuclear-cardiac-imaging.aspx

**DIAGNOSTIC GUIDELINE D20, OPHTHALMOLOGY DIAGNOSTIC VISITS**

Ophthalmology diagnostic visits (CPT 92002, 92004, 92012, 92014, 92081-92083, 92100, 92140, 92133, 92134) are covered for the evaluation of serious eye symptoms such as sudden vision loss or eye pain.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

# PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE JANUARY 1, 2016 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE JANUARY 1, 2016 PRIORITIZED LIST
OF HEALTH SERVICES

**GUIDELINE NOTE 1, ROUTINE CERVICAL CANCER SCREENING**

*Line 3*

Cervical cancer screening is covered on Line 3 for women:

| Age group in years | Type of screening covered | Frequency |
|---|---|---|
| <21 | None | Never |
| 21-29 | Cytology alone<br>Mandatory HPV testing (87620-87621) is not covered for women age 21-29 | Every 3 years |
| 30-65 | Co-testing* or cytology alone | Co-testing every 5 years<br>Cytology alone every 3 years |
| >65 | None<br>Unless adequate screening** has not been achieved, or it is <20 years after regression or appropriate management of a high-grade precancerous lesion | Never |
| Women who have had a hysterectomy with removal of cervix for non cervical cancer related reasons (i.e. other than high grade precancerous lesion, CIN 2 or 3, or cervical cancer) | None | Never |
| Women who have abnormal testing | Per ASCCP*** Guideline, until indicated to resume routine screening | Per ASCCP Guideline, until indicated to resume routine screening |

*Co-testing is defined as simultaneous cytology and mandatory HPV testing.
** Adequate screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years of the cessation of screening, with the most recent test occurring within 5 years.
*** American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology guideline (Saslow 2012)

Women who have received a diagnosis of a high-grade precancerous cervical lesion or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised (such as those who are HIV positive) are intended to have screening more frequently than delineated in this guideline.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-cervical-cancer.aspx

**GUIDELINE NOTE 2, FETOSCOPIC SURGERY**

*Line 1*

Fetal surgery is only covered for the following conditions: repair of urinary tract obstructions via placement of a urethral shunt, repair of congenital cystic adenomatoid malformation, repair of extralobal pulmonary sequestration, repair of sacrococcygeal teratoma, and therapy for twin-twin transfusion syndrome.

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt. Fetal surgery for cystic adenomatoid malformation of the lung, extralobal pulmonary sequestration and sacrococcygeal teratoma must show evidence of developing hydrops fetalis.

Certification of laboratory required (76813-76814).

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

*Line 195*

Bilateral prophylactic breast removal and/or oophorectomy are included on Line 195 for women without a personal history of invasive breast cancer who meet the criteria in the NCCN Clinical Practice Guidelines in Oncology. Breast Cancer Risk Reduction. V.1.2014 (1/20/14). www.nccn.org. Prior to surgery, women without a personal history of breast cancer must have a genetics consultation as defined in section A2 of the DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE.

Contralateral prophylactic mastectomy is included on Line 195 for women with a personal history of breast cancer.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 4, TOBACCO DEPENDENCE**

*Line 5*

Pharmacotherapy and behavioral counseling are included on this line, alone or in combination, for at least 2 quit attempts per year. A minimum of four counseling sessions of at least 10 minutes each (group or individual, telephonic or in person) are included for each quit attempt. More intensive interventions and group therapy are likely to be the most effective behavioral interventions.

Inclusion on this line follows the minimum standard criteria as defined in the Oregon Public Health Division "Standard Tobacco Cessation Coverage" (based on the Patient Protection and Affordable Care Act), available here: https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx

**GUIDELINE NOTE 5, OBESITY AND OVERWEIGHT**

*Line 325*

Medical treatment of overweight (with known cardiovascular risk factors) and obesity is limited to accepted intensive counseling on nutrition and physical activity, provided by health care professionals. Intensive counseling is defined as face-to-face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling visits (once every 1-2 weeks) are included on this line for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss or improvement in cardiovascular risk factors based on the intervention. Maintenance visits are included on this line no more than monthly after this intensive counseling period.

Known cardiovascular risk factors in overweight persons for which this therapy is effective include: hypertension, dyslipidemia, impaired fasting glucose, or the metabolic syndrome.

Pharmacological treatments are not intended to be included as services on this line.

**GUIDELINE NOTE 6, REHABILITATIVE THERAPIES**

*Lines 34,50,61,72,75,76,78,85,95,96,135,136,140,154,157,164,182,187,188,200,201,205,206,212,259,261,276,290,292,297,305, 306,314,322,346,350,351,353,360,361,364,366,381,382,392,406,413,421,423,427,428,436,447,459,467,470,471,482,490,501, 512,532,558,561,574,592,611,666 (Lines 351, 366 and 532 represent lines 374, 412 and 545 from the Oct. 1, 2015 Prioritized List†)*

A total of 30 visits per year of rehabilitative therapy (physical, occupational and speech therapy, and cardiac and vascular rehabilitation) are included on these lines when medically appropriate. Additional visits, not to exceed 30 visits per year, may be authorized in exceptional circumstances, such as in cases of rapid growth/development.

Physical, occupational and speech therapy, and cardiac and vascular rehabilitation are only included on these lines when the following criteria are met:

1. therapy is provided by a licensed physical therapist, occupational therapist, speech language pathologist, physician, or other practitioner licensed to provide the therapy,
2. there is objective, measurable documentation of clinically significant progress toward the therapy plan of care goals and objectives,
3. the therapy plan of care requires the skills of a medical provider, and
4. the client and/or caregiver cannot be taught to carry out the therapy regimen independently.

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

Spinal cord injuries, traumatic brain injuries, or cerebral vascular accidents are not subject to the visit limitations during the first year after an acute injury.

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

*Lines 12,63,97,99,116-120,130,137,139,161,162,165,167,183,195,204,205,213,215,219,220,222,234,239,242,243,263-267,275, 280,291-293,299,300,319-321,334,402,403,406,424,439,561,595*

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

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 7, ERYTHROPOIESIS-STIMULATING AGENT (ESA) GUIDELINE (CONT'D)**

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

**GUIDELINE NOTE 8, BARIATRIC SURGERY**

*Lines 30,589*

Bariatric surgery is included under the following criteria:

A) Age ≥ 18
B) The patient has
   1) a BMI ≥ 35 with co-morbid type II diabetes for inclusion on Line 30 TYPE 2 DIABETES MELLITUS; OR
   2) 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 for inclusion on Line 589
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 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), 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 (MBSAQIP) 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.

**GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY**

*Lines 32,60*

A) Wireless capsule endoscopy is included on these lines for diagnosis of:
   1) Obscure GI bleeding suspected to be of small bowel origin with iron deficiency anemia or documented GI blood loss
   2) Suspected Crohn's disease with prior negative work up

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY (CONT'D)**

B) Wireless capsule endoscopy is not included on these lines for:
   1) Colorectal cancer screening
   2) Confirmation of lesions of pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)

C) Wireless capsule endoscopy is only included on these lines when the following conditions have been met:
   1) Prior studies must have been performed and been non-diagnostic
      a) GI bleeding: upper and lower endoscopy
      b) Suspected Crohn's disease: upper and lower endoscopy, small bowel follow through
   2) Radiological evidence of lack of stricture
   3) Only covered once during any episode of illness
   4) FDA approved devices must be used
   5) Patency capsule should not be used prior to procedure

**GUIDELINE NOTE 10, CENTRAL SEROUS CHORIORETINOPATHY AND POSTERIOR CYCLITIS**

*Lines 365,388*

Central serous chorioretinopathy (ICD-10-CM H35.71) is included on Line 388 only for treatment when the condition has been present for three months or longer. Posterior Cyclitis (ICD-10-CM H30.2) should only be treated in patients with 20/40 or worse vision.

**GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES**

*Lines 97,99,116-120,130,137,139,161,162,165,167,183,195,204,205,213,215,219,220,222,234,239,242,243,263-267,275,280, 291-293,299,319-321,334,402,403,406,424,439,561,595*

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

**GUIDELINE NOTE 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT**

*Lines 97,116-120,129,133,137,139,161,162,167,183,195,204,205,213,215,219,220,222,234,239,242,243,263-267,275,280,291, 292,299,319-321,334,377,402,403,424,439,595,606*

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

Treatment with intent to prolong survival is not a covered service for patients who have progressive metastatic cancer with
1. severe co-morbidities unrelated to the cancer that result in significant impairment in two or more major organ systems which would affect efficacy and/or toxicity of therapy; OR
2. a continued decline in spite of best available therapy with a non reversible Karnofsky Performance Status or Palliative Performance score of <50% with ECOG performance status of 3 or higher which are not due to a pre-existing disability.

Treatment with intent to relieve symptoms or improve quality of life is a covered service as outlined in Statement of Intent 1, Palliative Care.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT (CONT'D)**

To qualify for treatment coverage, the cancer patient must have a documented discussion about treatment goals, treatment prognosis and the side effects, and knowledge of the realistic expectations of treatment efficacy. This discussion may take place with the patient's oncologist, primary care provider, or other health care provider, but preferably in a collaborative interdisciplinary care coordination discussion. Treatment must be provided via evidence-driven pathways (such as NCCN, ASCO, ASH, ASBMT, or NIH Guidelines) when available.

**GUIDELINE NOTE 13, HEMANGIOMAS, COMPLICATED**

*Lines 326,631*

Dermatologic hemangiomas (ICD-10-CM D18.01 Hemangioma and Lymphangioma of skin and subcutaneous tissue) are included on Line 326 when they are ulcerated, infected, recurrently hemorrhaging, or function-threatening (e.g. eyelid hemangioma). Otherwise, they are included on Line 631.

**GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS**

*Lines 99,118,120,134,167,183,222,265,293*

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma.

**GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION**

*Lines 85,361*

Radiation treatment is indicated only in those at high risk of heterotopic bone formation: those with a history of prior heterotopic bone formation, ankylosing spondylitis or hypertrophic osteoarthritis.

**GUIDELINE NOTE 16, CYSTIC FIBROSIS CARRIER SCREENING**

*Lines 1,625*

Cystic fibrosis carrier testing is covered for 1) non-pregnant adults if indicated in the genetic testing algorithm or 2) pregnant women.

**GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE**

*Lines 3,57*

Dental cleaning is limited to once per 12 months for adults and twice per 12 months for children up to age 19 (D1110, D1120). More frequent dental cleanings may be required for certain higher risk populations. Additionally, assessment (D0191) may be performed once per 12 months for adults and twice per 12 months for children up to age 19.

Fluoride varnish (D1206) is included on Line 3 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on Line 57 PREVENTIVE DENTAL SERVICES for use with adults and children during dental visits. The total number of fluoride applications provided in all settings is not to exceed four per twelve months for a child at high risk for dental caries and two per twelve months for a child not at high risk. The number of fluoride treatments is limited to once per 12 months for average risk adults and up to four times per 12 months for high risk adults.

**GUIDELINE NOTE 18, VENTRICULAR ASSIST DEVICES**

*Lines 86,102,268*

Ventricular assist devices are covered as a bridge to cardiac transplant; as treatment for pulmonary hypertension when pulmonary hypertension is the only contraindication to cardiac transplant and the anticipated outcome is cardiac transplant; as a bridge to recovery; or as destination therapy.

When used as destination therapy, patients must

A) have chronic end-stage heart failure (New York Heart Association Class IIIB or IV end-stage left ventricular failure) for more than 60 days, AND
B) not be a candidate for heart transplantation, AND
C) meet all of the following conditions:
    1) Have failed to respond to optimal medical management, including beta-blockers and ACE inhibitors (if tolerated) for at least 45 of the last 60 days, or have been balloon pump dependent for 7 days, or IV inotrope dependent for 14 days; and
    2) Have a left ventricular ejection fraction (LVEF) <25%; and
    3) Have demonstrated functional limitation with a peak oxygen consumption of <14 ml/kg/min unless balloon pump or inotrope dependent or physically unable to perform the test.
D) Have adequate psychological condition and appropriate external psychosocial support for prolonged VAD support
E) Have adequate end organ function

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 19, PET SCAN GUIDELINES**

*Lines 120,137,139,161,162,167,178,204,205,215,234,264,267,280,292,319*

PET Scans are covered for diagnosis of the following cancers only:
- Solitary pulmonary nodules and non-small cell lung cancer
- Evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor.

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

PET scans are covered for the initial staging of the following cancers:
- Cervical cancer only when initial MRI or CT is negative for extra-pelvic metastasis
- Head and neck cancer when initial MRI or CT is equivocal
- Colon cancer
- Esophageal cancer
- Solitary pulmonary nodule
- Non-small cell lung cancer
- Lymphoma
- Melanoma

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

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

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

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

**GUIDELINE NOTE 20, ATTENTION DEFICIT/HYPERACTIVITY DISORDERS IN CHILDREN**

*Line 126*

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

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

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

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

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-treatment-adhd.aspx

**GUIDELINE NOTE 21, SEVERE INFLAMMATORY SKIN DISEASE**

*Line 430*

Severe inflammatory skin disease is defined as having functional impairment (e.g. inability to use hands or feet for activities of daily living, or significant facial involvement preventing normal social interaction) AND one or more of the following:

A) At least 10% of body surface area involved; and/or
B) Hand, foot or mucous membrane involvement.

For severe psoriasis, first line agents include topical agents, phototherapy and methotrexate. Second line agents include other systemic agents and oral retinoids and should be limited to those who fail, or have contraindications to, or do not have access to first line agents. Biologics are included on this line only for the indication of severe plaque psoriasis; after documented failure of first line agents and failure of (or contraindications to) a second line agent.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 22, PLANNED CESAREAN DELIVERY**

*Line 1*

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

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-indications-for-planned-cesarean-section.aspx

**GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE**

*Line 161*

A) History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then annually thereafter.
B) CEA testing should be performed every 2-3 months after colon resection for at least two years in patients with stage II or III disease for whom resection of liver metastases is clinically indicated
C) Colonoscopy is indicated every 3 to 5 years.
D) No other surveillance testing is indicated.

**GUIDELINE NOTE 24, COMPLICATED HERNIAS**

*Lines 172,527*

Complicated hernias are included on Line 172 if they cause symptoms of obstruction and/or strangulation. Incarcerated hernias (defined as non-reducible by physical manipulation) are also included on Line 172, excluding ventral hernias. Incarcerated ventral hernias are included on Line 527, because the chronic incarceration of large ventral hernias does not place the patient at risk for impending strangulation.

**GUIDELINE NOTE 25, STEM CELL TRANSPLANTATION FOR NEUROBLASTOMA**

*Line 264*

Stem cell transplantation (CPT 38204-38215, 38230-38241) is only included on this line for treatment of high risk neuroblastoma (ICD-10-CM C74).

**GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE**

*Line 195*

A) History and physical exam is indicated every 3 to 6 months for the first three years after primary therapy, then every 6-12 months for the next 2 years, then annually thereafter.
B) Mammography is indicated annually, and patients treated with breast conserving therapy, initial mammogram of the affected breast should be 6 months after completion of radiotherapy.
C) No other surveillance testing is indicated.

**GUIDELINE NOTE 27, SLEEP APNEA**

*Line 207*

CPAP is covered initially when all of the following conditions are met:

- 12 week 'trial' period to determine benefit. This period is covered if apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to 15 events per hour; or if between 5 and 14 events with additional symptoms including one or more of the following:
    - excessive daytime sleepiness defined as either an Epworth Sleepiness Scale score>10 or daytime sleepiness interfering with ADLs that is not attributable to another modifiable sedating condition (e.g. narcotic dependence), or
    - documented hypertension, or
    - ischemic heart disease, or
    - history of stroke;
- Providers must provide education to patients and caregivers prior to use of CPAP machine to ensure proper use; and
- Positive diagnosis through polysomnogram (PSG) or Home Sleep Test (HST).

CPAP coverage subsequent to the initial 12 weeks is based on documented patient tolerance, compliance, and clinical benefit. Compliance (adherence to therapy) is defined as use of CPAP for at least four hours per night on 70% of the nights during a consecutive 30-day period.

Mandibular advancement devices (oral appliances) are covered for those for whom CPAP fails or is contraindicated.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 27, SLEEP APNEA (CONT'D)**

Surgery for sleep apnea in adults is not included on this line (due to lack of evidence of efficacy). Surgical codes are included on this line only for children who meet criteria according to Guideline Note 118 OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-treatment-sleep-apnea.aspx

**GUIDELINE NOTE 28, TROCHANTERIC BURSITIS**

*Lines 381,508*

Trochanteric bursitis (ICD-10-CM M70.6 and M70.7) is included on Line 381 for pairing with physical therapy and steroid joint injections. Trochanteric bursitis is included on Line 508 for pairing with surgical interventions (i.e. CPT 27062).

**GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA**

*Line 395*

Tympanostomy tubes (CPT 69436) are only included on this line as treatment for:

1. recurrent acute otitis media (three or more well-documented and separate episodes in six months or four or more well-documented and separate episodes in the past 12 months with at least one episode in the past six months) in patients who have unilateral or bilateral middle ear effusion at the time of assessment for tube candidacy, or
2. patients with complicating conditions (immunocompromised host, meningitis by lumbar puncture, acute mastoiditis, sigmoid sinus/jugular vein thrombosis by CT/MRI/MRA, cranial nerve paralysis, sudden onset dizziness/vertigo, need for middle ear culture, labyrinthitis, or brain abscess).

Patients with craniofacial anomalies, Down's syndrome, cleft palate, permanent hearing loss of 25dB or greater independent of otitis media with effusion, and patients with speech and language delay may be considered for tympanostomy if unresponsive to appropriate medical treatment or having recurring infections (without needing to meet the strict "recurrent" definition above).

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on Line 428 as a complication, pairing with ICD-10-CM H74.8.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-recurrent-acute-otitis.aspx

**GUIDELINE NOTE 30, TESTICULAR CANCER**

*Line 222*

The treatment of testicular cancer with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after multiple (at least 2) recurrences after standard chemotherapy.

**GUIDELINE NOTE 31, COCHLEAR IMPLANTATION**

*Line 331*

Patients will be considered candidates for cochlear implants if the following criteria are met:

A) Severe to profound sensorineural hearing loss in both ears (defined as 71dB hearing loss or greater at 500, 1000 and 2000 Hz)
B) Receive limited useful benefit from appropriately fitted hearing aids, defined as a speech discrimination score of <30% on age appropriate testing for children and as scores of 40% or less on sentence recognition test in the best-aided listening condition for adults
C) No medical contraindications
D) High motivation and appropriate expectations (both patient and family, when appropriate)

Bilateral cochlear implants are included on this line. Simultaneous implantation appears to be more cost-effective than sequential implantation.

**GUIDELINE NOTE 32, CATARACT**

*Line 301*

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 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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 32, CATARACT (CONT'D)**

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.

**GUIDELINE NOTE 33, CANCERS OF ESOPHAGUS, LIVER, PANCREAS, GALLBLADDER AND OTHER BILIARY**

*Lines 319-321,439*

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the category of treatment of cancer with little or no benefit. See Guideline Note 12.

**GUIDELINE NOTE 34, ORAL SURGERY**

*Line 349*

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).

**GUIDELINE NOTE 35, SINUS SURGERY**

*Lines 369,469*

Sinus surgery (other than adenoidectomy) is indicated in the following circumstances:

A) 4 or more episodes of acute rhinosinusitis in one year

OR

B) Failure of medical therapy of chronic sinusitis including all of the following:
- Several courses of antibiotics AND
- Trial of inhaled and/or oral steroids AND
- Allergy assessment and treatment when indicated

AND

- One or more of the following:
- Findings of obstruction of active infection on CT scan
- Symptomatic mucocele
- Negative CT scan but significant disease found on nasal endoscopy

OR

C) Nasal polyposis causing or contributing to sinusitis

OR

D) Complications of sinusitis including subperiosteal or orbital abscess, Pott's puffy tumor, brain abscess or meningitis

OR

E) Invasive or allergic fungal sinusitis

OR

F) Tumor of nasal cavity or sinuses

OR

G) CSF rhinorrhea

Adenoidectomy (CPT 42830, 42835) is included on Line 469 only for treatment of children with chronic sinusitis who fail appropriate medical therapy.

**GUIDELINE NOTE 36, ADENOTONSILLECTOMY FOR INDICATIONS OTHER THAN OBSTRUCTIVE SLEEP APNEA**

*Lines 47,51,373,553*

Tonsillectomy/adenotonsillectomy is an appropriate treatment for patients with:

A) Five documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in each of two consecutive years where an attack is considered a positive culture/screen and where an appropriate course of antibiotic therapy has been completed;

B) Peritonsillar abscess requiring surgical drainage; or,

C) Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

ICD-10-CM J35.1 and J35.3 are included on Line 373 only for 1) unilateral tonsillar hypertrophy in adults and 2) unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy. Bilateral tonsillar hypertrophy and unilateral tonsillar hypertrophy in children without other symptoms suggestive of malignancy are included only on Line 553.

See Guideline Note 118 for diagnosis and treatment of obstructive sleep apnea in children.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**

*Lines 351 and 532 (Lines 374 and 545 from the Oct. 1, 2015 Prioritized List†)*

Diagnoses are included on Line 351 (Line 374 from the Oct. 1, 2015 Prioritized List†) when objective evidence of neurologic impairment or radiculopathy is present, as defined as:

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

Otherwise, disorders of spine not meeting these criteria (e.g. pain alone) fall on Line 532 (Line 545 from the Oct. 1, 2015 Prioritized List†).

**GUIDELINE NOTE 38, SUBTALAR ARTHROEREISIS**

*Line 382*

Procedure code S2117 is only covered when not incorporating an implant device.

**GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS**

*Lines 1,401*

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

**GUIDELINE NOTE 40, UTERINE LEIOMYOMA**

*Line 409*

Hysterectomy, myomectomy, or uterine artery embolization for leiomyomata may be indicated when all of the following are documented (A-D):

A) One of the following (1 or 2):
    1) Patient history of 2 out of 3 of the following (a, b and c):
        a. Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
        b. Pelvic discomfort cause by myomata (i or ii or iii):
            i) Chronic lower abdominal, pelvic or low backpressure
            ii) Bladder dysfunction not due to urinary tract disorder or disease
            iii) Rectal pressure and bowel dysfunction not related to bowel disorder or disease
        c. Rapid enlargement causing concern for sarcomatous changes of malignancy
    2) Leiomyomata as probable cause of excessive uterine bleeding evidenced by (a, b, c and d):
        a. Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 40, UTERINE LEIOMYOMA (CONT'D)**

b. Anemia due to acute or chronic blood loss (hemoglobin less than 10 or hemoglobin less than 11 g/dL if use of iron is documented)
c. Documentation of mass by sonography
d. Bleeding causes major impairment or interferes with quality of life

B) Nonmalignant cervical cytology, if cervix is present
C) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
D) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

**GUIDELINE NOTE 41, SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**

*Line 366 (Line 412 from the Oct. 1, 2015 Prioritized List†)*

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 neurologic impairment consistent with MRI findings (see Guideline Note 37).

**GUIDELINE NOTE 42, CHEMODENERVATION FOR CHRONIC MIGRAINE**

*Line 415*

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

A) have chronic migraine defined as headaches on at least 15 days per month of which at least 8 days are with migraine
B) has not responded to or have contraindications to at least three prior pharmacological prophylaxis therapies (beta-blocker, calcium channel blocker, anticonvulsant or tricyclic antidepressant)
C) treatment is administered in consultation with a neurologist or headache specialist.

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

**GUIDELINE NOTE 43, LYMPHEDEMA**

*Line 427*

Lymphedema treatments are included on this line when medically appropriate. These services are to be provided by a licensed practitioner who is certified by one of the accepted lymphedema training certifying organizations or a graduate of one of the National Lymphedema Network accepted training courses within the past two years. The only accepted certifying organization at this time is LANA (Lymphology Association of North America; http://www.clt-lana.org). Treatments for lymphedema are not subject to the visit number restrictions found in Guideline Note 6 REHABILITATIVE THERAPIES.

It is the intent of the HERC that compression dressings/garments and other medical equipment needed for the treatment of lymphedema be covered even in the absence of ulcers or other complications.

**GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS**

*Line 426*

Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (A-C):

A) Patient history of (1, 2, 3, 4, and 5):
   1) Excessive uterine bleeding evidence by (a, b and c):
      a) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
      b) Anemia due to acute or chronic blood loss (hemoglobin less than 10 g/dL or hemoglobin less than 11 g/dL if use of iron is documented)
      c) Bleeding causes major impairment or interferes with quality of life
   2) Failure of hormonal treatment for a six-month trial period or contraindication to hormone use (oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar)
   3) No current medication use that may cause bleeding, or contraindication to stopping those medications
   4) Endometrial sampling performed
   5) No evidence of treatable intrauterine conditions or lesions by (a, b or c):
      a) Sonohysterography
      b) Hysteroscopy
      c) Hysterosalpingography
B) Negative preoperative pregnancy test result unless patient has been previously sterilized
C) Nonmalignant cervical cytology, if cervix is present

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 45, CHEMODENERVATION OF THE BLADDER**

*Line 332*

Chemodenervation of the bladder (CPT 52287) is included on this line only for treatment of idiopathic detrusor over-activity or neurogenic detrusor over-activity (ICD-10-CM N32.81) in patients who have not responded to or been unable to tolerate at least two urinary incontinence antimuscarinic therapies (e.g. fesoterodine, oxybutynin, solifenacin, darifenacin, tolterodine, trospium). Treatment is limited to 90 days, with additional treatment only if the patient shows documented positive response. Positive response to therapy is defined as a reduction of urinary frequency of 8 episodes per day or urinary incontinence of 2 episodes per day compared to baseline frequency.

**GUIDELINE NOTE 46, AGE-RELATED MACULAR DEGENERATION**

*Line 453*

Pegaptanib is only covered for minimally classic and occult lesions of wet macular degeneration.

**GUIDELINE NOTE 47, URINARY INCONTINENCE**

*Line 459*

Surgery for genuine stress urinary incontinence may be indicated when all of the following are documented (A-G):

A) Patient history of (1, 2, and 3):
   1) Involuntary loss of urine with exertion
   2) Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychological causes, excessive urine production, restricted mobility, and stool impaction)
   3) Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
B) Patient's voiding habits
C) Physical or laboratory examination evidence of either (1 or 2):
   1) Urethral hypermobility
   2) Intrinsic sphincter deficiency
D) Diagnostic workup to rule out urgency incontinence
E) Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
F) Nonmalignant cervical cytology, if cervix is present
G) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

**GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY**

*Line 349*

Frenulectomy/frenulotomy (D7960) is included on this line for the following situations:

1) When deemed to cause gingival recession
2) When deemed to cause movement of the gingival margin when frenum is placed under tension.
3) Maxillary labial frenulectomy not covered until age 12 and above.

**GUIDELINE NOTE 49, WEARABLE CARDIAC DEFIBRILLATORS**

*Lines 73,103,115,193,286,352*

Wearable cardiac defibrillators (WCDs; CPT 93745, HCPCS E0617, K0606-K0609) are included on these lines for patients at high risk for sudden cardiac death who meet the medical necessity criteria for an implantable cardioverter defibrillator (ICD) as defined by the CMS 2005 National Coverage Determination but are unable to have an ICD implanted due to medical condition (e.g. ICD explanted due to infection with waiting period before ICD reinsertion or current medical condition contraindicates surgery). WCDs are not included on these lines for use during the waiting period for ICD implantation after myocardial infarction, coronary bypass surgery, or coronary artery stenting.

**GUIDELINE NOTE 50, PELVIC ORGAN PROLAPSE SURGERY**

*Line 470*

Hysterectomy, cystocele repair, and/or other surgery for pelvic organ prolapse may be indicated when all of the following are documented (A-E):

A) Patient history of symptoms of pelvic prolapse such as:
   1) Complaints of the pelvic organs prolapsing at least to the introitus, and one or more of the following:
      a) Low back discomfort or pelvic pressure, or
      b) Difficulty in defecating, or

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 50, PELVIC ORGAN PROLAPSE SURGERY (CONT'D)**

c) Difficulty in voiding

B) For hysterectomy
1) Nonmalignant cervical cytology, if cervix is present, and
2) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding

C) Physical examination is consistent with patient's symptoms of pelvic support defects indicating either symptomatic prolapse of the cervix, enterocele, cystocele, rectocele or prolapse of the vaginal vault

D) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

E) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

**GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION**

*Lines 316,479*

Antibiotic and other medication therapy (including antihistamines, decongestants, and nasal steroids) are not indicated for children with chronic otitis media with effusion (OME) (without another appropriate diagnosis).

Patients with specific higher risk conditions (including craniofacial anomalies, Down's syndrome, and cleft palate, or documented speech and language delay) along with hearing loss and chronic otitis media with effusion are intended to be included on Line 316. Otherwise hearing loss associated with chronic otitis media with effusion (without those specific higher risk conditions) is only included on Line 479.

For coverage to be considered on either Line 316 or Line 479, there should be a 3 to 6 month watchful waiting period after diagnosis of otitis media with effusion, and if documented hearing loss is greater than or equal to 25dB in the better hearing ear, tympanostomy surgery may be indicated, given short- but not long- term improvement in hearing. Formal audiometry is indicated for children with chronic OME present for 3 months or longer. Children with language delay, learning problems, or significant hearing loss should have hearing testing upon diagnosis. Children with chronic OME who are not at risk for language delay (such as those with hearing loss <25dB in the better hearing ear) or developmental delay (should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

Adenoidectomy is not indicated at the time of first pressure equalization tube insertion. It may be indicated in children over 3 years who are having their second set of tubes.

Removal of retained tympanostomy tubes requiring anesthesia (CPT code 69424) or as an office visit, is included on Line 428 as a complication, pairing with ICD-10-CM H74.8.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-management-chronic-otitis.aspx

**GUIDELINE NOTE 52, CHRONIC ANAL FISSURE**

*Line 529*

Surgery for chronic anal fissure (ICD-10-CM K60.1) is included in this line with one or more of the following:

A) Condition unresponsive to six to eight weeks of continuous treatment;
B) Condition progresses in spite of six to eight weeks of treatment;
C) Presence of pectenosis; and/or,
D) Fissures that have previously healed but have recurred three or more times.

**GUIDELINE NOTE 53, BASIC PERIODONTICS**

*Line 223*

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211, D4212). Payable only when there are pockets of 5 mm or greater (D4341).

**GUIDELINE NOTE 54, CONDUCT DISORDER**

*Line 483*

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 55, PELVIC PAIN SYNDROME**

*Line 534*

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

B) Hysterectomy for chronic pelvic pain in the absence of significant pathology may be Indicated when all of the following are documented (1-7):
   1) Patient history of:
      a) No treatable conditions or lesions found on laparoscopic examination
      b) Pain for more than 6 months with negative effect on patient's quality of life
   2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
      a) Hormonal therapy (i or ii):
         i) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
         ii) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
      b) Nonsteroidal anti-inflammatory drugs
   3) Evaluation of the following systems as possible sources of pelvic pain:
      a) Urinary
      b) Gastrointestinal
      c) Musculoskeletal
   4) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
   5) Nonmalignant cervical cytology, if cervix is present
   6) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
   7) Negative preoperative pregnancy test unless patient is postmenopausal or as been previously sterilized

**GUIDELINE NOTE 56, ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**

*Line 532 (Line 545 from the Oct. 1, 2015 Prioritized List†)*

Disorders of spine without neurologic impairment include any conditions represented on this line for which objective evidence of one or more of the criteria stated in Guideline Note 37 is not available.

**GUIDELINE NOTE 57, MILD PSORIASIS**

*Line 544*

Mild psoriasis is defined as uncomplicated, having:

- No functional impairment; and/or,
- Involving less than 10% of body surface area and no involvement of the, foot, or mucous membranes.

**GUIDELINE NOTE 58, IMPULSE DISORDERS**

*Line 549*

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

**GUIDELINE NOTE 59, DYSMENORRHEA**

*Line 560*

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

A) Patient history of:
   1) No treatable conditions or lesions found on laparoscopic examination
   2) Pain for more than 6 months with negative effect on patient's quality of life

B) Failure of a six-month therapeutic trial with both of the following (1 and 2), unless there are contraindications to use:
   1) Hormonal therapy (a or b):
      a) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
      b) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 59, DYSMENORRHEA (CONT'D)**

2) Nonsteroidal anti-inflammatory drugs

C) Evaluation of the following systems as possible sources of pelvic pain:
   1) Urinary
   2) Gastrointestinal
   3) Musculoskeletal

D) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms

E) Nonmalignant cervical cytology, if cervix is present

F) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding

G) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

**GUIDELINE NOTE 60, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**

*Line 666 (Line 588 from the Oct. 1, 2015 Prioritized List†)*

Scoliosis not defined as clinically significant including curvature less than 25 degrees that does not have a documented progression of at least 10 degrees.

**GUIDELINE NOTE 61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS**

*Lines 144,538,551,555,618*

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the diagnosis code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on Line 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: 555
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: 538
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: 551
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: 617
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY
Line: 618
Condition: OTHER VIRAL INFECTIONS
Treatment: MEDICAL THERAPY
Line: 655
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 62, NEGATIVE PRESSURE WOUND THERAPY**

*Lines 8,30,51,84,210,212,240,290,384,428*

Negative pressure wound therapy (CPT 97605-97608, HCPCS G0456, G0457) is included on these lines only for patients who:

- Have wounds that are refractory to or have failed standard therapies;
- Are not suitable candidates for surgical wound closure; or,
- Are at high risk for delayed or non-healing wounds due to factors such as compromised blood flow, diabetic complications, wounds with high risk of fecal contamination, extremely exudative wounds, and similar situations.

**GUIDELINE NOTE 63, HYDROCELE REPAIR**

*Line 172*

Excision of hydrocele is only covered for children age 18 and younger with hydroceles which persist after 18 months of age.

**GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT**

*Included on all lines with evaluation & management (E&M) codes*

Pharmacy medication management services must be provided by a pharmacist who has:

1) A current and unrestricted license to practice as a pharmacist in Oregon.
2) Services must be provided based on referral from a physician or licensed provider or health plan.
3) Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

**GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS**

*Included on all lines with evaluation & management (E&M) codes*

Telephone and email consultations must meet the following criteria:

1) Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.
2) E-visits must be provided by a physician or licensed provider within their scope of practice.
3) Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.
4) Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.
5) Telephone and email consultations must meet HIPAA standards for privacy.
6) There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.

Examples of reimbursable telephone and email consultations include but are not limited to:

1) Extended counseling when person-to-person contact would involve an unwise delay.
2) Treatment of relapses that require significant investment of provider time and judgment.
3) Counseling and education for patients with complex chronic conditions.

Examples of non-reimbursable telephone and email consultations include but are not limited to:

1) Prescription renewal.
2) Scheduling a test.
3) Scheduling an appointment.
4) Reporting normal test results.
5) Requesting a referral.
6) Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
7) Brief discussion to confirm stability of chronic problem and continuity of present management.

**GUIDELINE NOTE 66, CERVICAL DYSPLASIA**

*Line 28*

Work up and treatment of cervical dysplasia should follow the American Society for Cervical Colposcopy and Pathology guidelines as published in the Journal of Lower Genital Tract Disease, April 2013.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY**

*Lines 151,656*

Enzyme replacement therapy for infantile Pompe's disease is included on Line 151. All other enzyme replacement therapies are included on Line 656.

**GUIDELINE NOTE 68, HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION**

*Line 6*

Placement of permanent implants in the fallopian tubes to induce bilateral occlusion (CPT code 58565) is covered only if the procedure is done in the office setting, not in the ambulatory surgical center or hospital setting.

Hysterosalpingography (58340, 74740) is covered only for the follow-up testing after placement of permanent implants in the fallopian tubes to induce bilateral occlusion.

**GUIDELINE NOTE 69, ELECTROCONVULSIVE THERAPY (ECT)**

*Lines 7,26,29*

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

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

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

**GUIDELINE NOTE 70, HEART-KIDNEY TRANSPLANTS**

*Line 268*

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

**GUIDELINE NOTE 71, HIP RESURFACING**

*Line 361*

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

The following criteria are required to be met for coverage of this procedure:

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

Patients who are candidates for hip resurfacing must not be:

A) Patients with active or suspected infection in or around the hip joint, or sepsis
B) Patients who are skeletally immature
C) Patients with any vascular insufficiency, muscular atrophy, or neuromuscular disease severe enough to compromise implant stability or postoperative recovery
D) Patients with bone stock inadequate to support the device, including severe osteopenia or a family history of severe osteoporosis or osteopenia
E) Patients with osteonecrosis or avascular necrosis with >50% involvement of the femoral head

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 71, HIP RESURFACING (CONT'D)**

F) Patients with multiple cysts of the femoral head
G) Females of childbearing age
H) Patients with known moderate-to-severe renal insufficiency
I) Patients who are immunosuppressed with diseases such as AIDS or persons receiving high doses of corticosteroids
J) Patients who are severely overweight
K) Patients with known or suspected metal sensitivity

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-hip-resurfacing.aspx

**GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS**

*Lines 351,532,607 (Lines 351 and 532 represent lines 374 and 545 from the Oct. 1, 2015 Prioritized List†)*

Electronic analysis of intrathecal pumps, with or without programming (CPT codes 62367-62370), is included on these lines only for pumps implanted prior to April 1, 2009.

**GUIDELINE NOTE 73, PENILE ANOMALIES**

*Lines 438,662*

Anomalies of the penis (ICD-10-CM Q54.4, Q55.5 and Q55.6) are included on Line 438 only when they

A. Are associated with hypospadias, OR
B. Result in documented urinary retention, OR
C. Result in repeated urinary tract infections, OR
D. Result in recurrent infections such as meatitis or balanitis, OR
E. Involve 35 degrees of curvature or greater for conditions resulting in lateral or ventral curvature, OR
F. Involve 60 degrees of rotation or greater for conditions resulting in penile torsion, OR
G. Involve aplasia/congenital absence of the penis.

Otherwise, these diagnoses are included on Line 662.

**GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT**

*Lines 44,391,473*

Treatment with growth hormone is included only for children with: pituitary dwarfism, Turner's syndrome, Prader-Willi-syndrome, Noonan's syndrome, short stature homeobox-containing gene (SHOX), chronic kidney disease (stages 3, 4, 5 or 6) and those with renal transplant. Treatment with growth hormone should continue only until adult height as determined by bone age is achieved. Treatment is not included for isolated deficiency of human growth hormone or other conditions in adults.

**GUIDELINE NOTE 75, APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER**

*Line 197*

Applied behavioral analysis (ABA), including early intensive behavioral intervention (EIBI), represented by CPT codes 0359T-0374T, is included on Line 197 AUTISM SPECTRUM DISORDERS for the treatment of autism spectrum disorders.

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

Individuals ages 1-12

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

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

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

*Less intensive ABA-based interventions*

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

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

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

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

*Parent/caregiver involvement*

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

Individuals ages 13 and older

Intensive ABA is not included on this line.

Targeted ABA-based behavioral interventions to address problem behaviors, are included on this line. The quality of evidence is insufficient to support these interventions in this population. However, due to strong caregiver values and preferences and the potential for avoiding suffering and expense in dealing with unmanageable behaviors, targeted interventions may be reasonable. Behaviors eligible for coverage include those which place the member at risk for harm or create significant daily issues related to care, education, or other important functions. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

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

Parent/caregiver involvement and training is encouraged.

**GUIDELINE NOTE 76, LIVER ELASTOGRAPHY**

*Line 203*

Liver elastography (CPT 91200) is included on this line only when the non-invasive test would replace liver biopsy for determination of eligibility for medications for chronic hepatitis C. Performance of liver elastography more than twice per year or within six months following a liver biopsy is not included on this line.

**GUIDELINE NOTE 77, TIPS PROCEDURE**

*Lines 60,221,285,339*

TIPS procedure (CPT code 37182, 37183) is included on these lines for patients who:

1) Have failed sclerotherapy and have acute bleeding from varices; or
2) Have failed sclerotherapy and have had 2 or more episodes of re-bleeding requiring a transfusion during a 2-week period; or
3) Requires bleeding control from varices and surgery is contraindicated; or
4) Are liver transplant candidates who require bleeding control from varices; or
5) Have severe debilitating ascites or hepatic hydrothorax refractory to medical management (e.g., oral diuretics and repeated large-volume paracentesis).

**GUIDELINE NOTE 78, HEPATIC METASTASES**

*Line 320*

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

1) Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12 TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT;
2) There are no other extrahepatic metastases; and,
3) The only treatment covered is hepatectomy/resection of liver (CPT codes 47120, 47122,47125 or 47130).

**GUIDELINE NOTE 79, BREAST RECONSTRUCTION**

*Line 195*

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer or as prophylactic treatment for the prevention of breast cancer in a woman who qualifies under Guideline Note 3, and must be completed within 5 years of initial mastectomy.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 79, BREAST RECONSTRUCTION (CONT'D)**

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

**GUIDELINE NOTE 80, REPAIR OF NOSE TIP**

*Line 305*

Nose tip repair (CPT 30460) is included on this line only to be used in conjunction with codes 40700, 40701, 40702 or 40720. If not done in the context of a larger cleft palate/lip surgery, then nose tip repair is only included on this line if required for correction of physical functioning.

**GUIDELINE NOTE 81, BUERGER'S DISEASE**

*Lines 240,657*

Buerger's disease (ICD-10-CM I73.1) is included on Line 240 only when ulceration or gangrene is present. Otherwise, this diagnosis is included on Line 657. ICD-10-CM I73.1 does not pair on Line 240 with revascularization procedures, bypass graft procedures, or angioplasty.

**GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS**

*Lines 26,29,282*

These lines include "early intervention for psychosis," a multidisciplinary specialty team-based intervention that includes:

1) Psychiatric medication management
2) Individual counseling
3) Family group therapy
4) Family individual therapy

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

**GUIDELINE NOTE 83, HIP CORE DECOMPRESSION**

*Line 361*

Hip Core Decompression (S2325) is covered only for early/pre-collapse (stage I or II; before X-ray changes are evident) avascular necrosis of the hip (femoral head and/or neck).

**GUIDELINE NOTE 84, MEDICAL NUTRITION THERAPY FOR EPILEPSY**

*Line 33*

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

**GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR**

*Line 1*

Induction of labor is covered for:

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis
- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR (CONT'D)**

- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with a favorable cervix (for example, with a Bishop score ≥6)

Induction of labor is not covered for the following:

- Macrosomia (in the absence of maternal diabetes)
- Elective purposes, >39 weeks 0 days to <41 weeks 0 days (without a medical or obstetrical indication) with an unfavorable cervix (for example, a Bishop score <6)
- Elective purposes <39 weeks (without a medical or obstetrical indication)
- Intrauterine growth restriction/Small for gestational age, preterm (without other evidence of fetal compromise)

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-induction-labor.aspx

**GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS**

*Line 206*

There is limited evidence of the effectiveness of mental health treatment of organic mental disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with organic mental disorder are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 75, 297, 350 and 382).

**GUIDELINE NOTE 87, INFLUENZA**

*Line 404*

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

**GUIDELINE NOTE 88, USE OF PROGESTERONE CONTAINING IUDS FOR NON-CONTRACEPTIVE INDICATIONS**

*Lines 195,426,473*

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).

**GUIDELINE NOTE 89, REVASCULARIZATION FOR CHRONIC STABLE ANGINA**

*Line 193*

Coronary revascularization with percutaneous coronary intervention (PCI; CPT 92920-92944) or coronary artery bypass surgery (CABG; CPT 33510-33516, 33517-33530, 33533-33536) is included on this line for patients with stable angina (ICD-10-CM I20, I25.111-119, I25.701-9, I25.711-9, I25.721-9, I25.731-9, I25.751-9, I25.761-9, I25.791-9,I25.89, I25.9) whose symptoms are not controlled with optimal medical therapy for angina or who cannot tolerate such therapy.

Optimal medical therapy for angina symptom control is defined as two or more antianginals (beta-blocker, nitrate, calcium channel blocker, or ranolazine) in addition to standard treatment for coronary artery disease.

For those with left main coronary artery stenosis or three-vessel coronary artery stenosis, CABG is included on this line with or without a trial of optimal medical therapy.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-revascularization-angina.aspx.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 90, COGNITIVE REHABILITATION**

*Lines 96,182,200,206,290,322,350,382*

Once physical stabilization from acute brain injury has occurred, as determined by an attending physician, cognitive rehabilitation (CPT 97532) is included on this line for a three month period. This three month period does not have to be initiated immediately following stabilization from the injury. For up to 3 years following the acute event, an additional 6 visits of cognitive rehabilitation are included on this line each time the patient has a major change in status resulting in a significantly improved prognosis. Cognitive rehabilitation is not included on this line for those in a vegetative state or for those who are unable or unwilling to participate in therapy.

**GUIDELINE NOTE 91, CARIES ARRESTING MEDICAMENT APPLICATION**

*Line 348*

D1354 is limited to silver diamine fluoride applications, with a maximum of two applications per year.

**GUIDELINE NOTE 92, ACUPUNCTURE (ADAPTED FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**

*Lines 1,208,351,415,467,532,543 (Lines 351 and 532 represent lines 374 and 545 from the Oct. 1, 2015 Prioritized List†)*

Inclusion of acupuncture (CPT 97810-97814) on the Prioritized List has the following limitations:

Line 1 PREGNANCY
Acupuncture pairs on Line 1 for the following conditions.

*Hyperemesis gravidarum*
ICD-10-CM: O21.0, O21.1
Acupuncture pairs with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 12 sessions of acupressure/acupuncture.

*Breech presentation*
ICD-10-CM: O32.1
Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 6 visits.

*Back and pelvic pain of pregnancy*
ICD-10-CM: O99.89
Acupuncture is paired with back and pelvic pain of pregnancy when referred by maternity care provider/primary care provider for up to 12 sessions.

Line 208 DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE
Acupuncture is paired with the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time and limited to 12 total sessions, with documentation of meaningful improvement.

Line 351 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (Line 374 from the Oct. 1, 2015 Prioritized List†)
Acupuncture is included on Line 351 (Line 374 from the Oct. 1, 2015 Prioritized List†) only for pairing with disorders of the spine with myelopathy and/or radiculopathy represented by ICD-10-CM G83.4, M47.2, M50.0, M50.1, M51.0, M51.1, M54.1), for up to 12 sessions.

Line 415 MIGRAINE HEADACHES
Acupuncture pairs on Line 415 for migraine (ICD-10-CM G43.0, G43.1, G43.5, G43.7, G43.8, G43.9), for up to 12 sessions.

Line 467 OSTEOARTHRITIS AND ALLIED DISORDERS
Acupuncture pairs on Line 467 for osteoarthritis of the knee only (ICD-10-CM M17), for up to 12 sessions.

*Line 532 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (Line 545 from the Oct. 1, 2015 Prioritized List†)
Acupuncture pairs on Line 532 (Line 545 from the Oct. 1, 2015 Prioritized List†) with the low back diagnoses appearing on this line (ICD-10-CM M51.36, M51.86, M54.5, M99.03, S33.5, S33.9, S39.092, S39.82, S39.92). Acupuncture pairs with chronic (>90 days) neck pain diagnoses on this line (ICD-10-CM M53.82, M54.2, S13.4, S13.8), for up to 12 sessions.

*Line 543 TENSION HEADACHES
Acupuncture is included on Line 543 for treatment of tension headaches (ICD-10-CM G44.2), for up to 12 sessions.

The development of this guideline note was informed by a HERC evidence-based guideline. See http://www.oregon.gov/oha/herc/Pages/blog-low-back-non-pharmacologic-intervention.aspx

*Below the current funding line.

**GUIDELINE NOTE 93, IMPLANTABLE GNRH ANALOG THERAPY**

*Line 191*

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.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 94, EVALUATION AND MANAGEMENT OF LOW BACK PAIN**

*Lines 351,532 (Lines 351 and 532 represent lines 374 and 545 from the Oct. 1, 2015 Prioritized List†)*

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.**

**GUIDELINE NOTE 95, IMMUNE MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS**

*Line 256*

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

**GUIDELINE NOTE 96, TREATMENT OF BENIGN NEOPLASM OF URINARY ORGANS**

*Lines 219,514*

Treatment of benign urinary system tumors (ICD-10-CM D30.00-D30.02) are included on Line 219 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 514.

**GUIDELINE NOTE 97, MANAGEMENT OF ACROMIOCLAVICULAR JOINT SPRAIN**

*Lines 423,611*

Sprain of acromioclavicular joint (ICD-10-CM S43.50-S43) is only included on Line 423 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 611.

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

*Lines 381,436,611*

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 381 or Line 436; non-significant injuries are included on Line 611.

**GUIDELINE NOTE 99, ROUTINE PRENATAL ULTRASOUND**

*Lines 1,39,41,67*

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

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

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

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-routine-ultrasound-pregnancy.aspx

**GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION**

*Lines 51,154,205,259,351,366,406,482,561,666 (Lines 351, 366 and 666 represent lines 374, 412 and 588 from the Oct. 1, 2015 Prioritized List†)*

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking for 6 months prior to the planned procedure. Patients should be given access to appropriate smoking cessation therapy.

**GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT**

*Lines 351 and 532 (Lines 374 and 545 from the Oct. 1, 2015 Prioritized List†)*

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;

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 101, ARTIFICIAL DISC REPLACEMENT (CONT'D)**

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.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-artificial-disc-replace.aspx

**GUIDELINE NOTE 102, REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION**

*Line 7*

Repetitive transcranial magnetic stimulation (CPT 90867-90868) is covered only after failure of at least two antidepressants.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-nonpharmacologic-depression.aspx

**GUIDELINE NOTE 103, BONE ANCHORED HEARING AIDS**

*Lines 316,450*

Bone anchored hearing aids (BAHA, CPT 69714, 69715) are included on these lines when the following criteria are met:

1) The patient is aged 5-20 years for implanted bone anchored hearing aids; headband mounted BAHA devices may be used for children under age 5
2) Treatment is for unilateral severe to profound hearing loss when the contralateral ear has normal hearing with or without a hearing aid
3) Traditional air amplification hearing aids and contralateral routing of signal (CROS) hearing aid systems are not indicated or have been tried and are found to be not effective
4) Implantation is unilateral.

Use of BAHA for treatment of tinnitus is not covered

**GUIDELINE NOTE 104, VISCOSUPPLEMENTATION OF THE KNEE**

*Lines 361,436,467*

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

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-viscosupplementation-knee.aspx

**GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS, OTHER PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN (FROM THE OCT. 1, 2015 PRIORITIZED LIST†)**

*Lines 351, 366, 532 and 666 (Lines 374, 412, 545 and 588 from the Oct. 1, 2015 Prioritized 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.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS, OTHER PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN (FROM THE OCT. 1, 2015 PRIORITIZED LIST†) (CONT'D)**

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

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-percutaneous-low-back.aspx

**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/Page/Name/uspstf-a-and-b-recommendations/
2. American Academy of Pediatrics (AAP) Bright Futures Guidelines (published 2008):
   http://brightfutures.aap.org. Periodicity schedule available at http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.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):
   http://www.cdc.gov/vaccines/schedules/hcp/index.html

**GUIDELINE NOTE 107, HYPERBARIC OXYGEN**

*Line 337*

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

- when paired with diabetic wounds of the lower extremities extremities without gangrene (ICD-10-CM E08.621, E09.621, E10.621, E11.621, E13.621, E08.622, E09.622, E10.622, E11.622, and E13.622) in patients who meet all of the following criteria:
  - Patient has a wound classified as Wagner grade III or higher, AND
  - Patient has failed an adequate course of standard wound therapy including arterial assessment, with no measurable signs of healing after at least thirty days, AND
  - Wounds must be evaluated at least every 30 days during administration of hyperbaric oxygen therapy. Continued treatment with hyperbaric oxygen therapy is not covered if measurable signs of healing have not been demonstrated within any 30-day period of treatment.
- when paired with ICD-10-CM M27.8 for osteoradionecrosis of the jaw only
- when paired with ICD-10-CM O08.0 and M60.0 only if the infection is a necrotizing soft-tissue infection
- when paired with diagnosis codes included on this line from ICD-10-CM S07, S17, S38, S47.1, S47.2, S47.9, S57, S67, S77, S87, S97, T79.A only for posttraumatic crush injury of Gustilo type III B and C
- when paired with ICD-10-CM T66.XXXA-T66.XXXD only for osteoradionecrosis and soft tissue radiation injury
- when paired with ICD-10-CM T86.82, T82.898, T82.9, T83.89, T83.9, T84.89, T84.9, T85.89, T85.9 only for compromised myocutaneous flaps

**GUIDELINE NOTE 108, CONTINUOUS BLOOD GLUCOSE MONITORING**

*Line 8*

Services related to real-time continuous blood glucose monitoring (for long-term use) or retrospective glucose monitoring (for short-term use) are included on Line 8 only when insulin pump management is being considered, initiated, or utilized and only when the patient has at least one of the following despite compliance with treatment:

- HbA1c levels greater than 8.0%, or
- recurrent hypoglycemia with at least three events in the past six months.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 108, CONTINUOUS BLOOD GLUCOSE MONITORING (CONT'D)**

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-continuous-glucose-monitoring.aspx

**GUIDELINE NOTE 109, VERTEBROPLASTY, KYPHOPLASTY, AND SACROPLASTY**

*Line 482*

Vertebroplasty and kyphoplasty are not included on this line (or any other line) for the treatment of routine osteoporotic compression fractures.
Vertebroplasty and kyphoplasty are only included on this line for the treatment of vertebral osteoporotic compression fractures when they are considered non-routine and meet all of the following conditions:

1. The patient is hospitalized under inpatient status due to pain that is primarily related to a well-documented acute fracture, and
2. The severity of the pain prevents unassisted ambulation, and
3. The pain is not adequately controlled with oral or transcutaneous medication, and
4. The patient must have failed an appropriate trial of conservative management.

Sacroplasty is not included on these or any lines of the Prioritized List for coverage consideration.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-vertebroplasty-kyphoplasty.aspx

**GUIDELINE NOTE 110, CHRONIC PELVIC INFLAMMATORY CONDITIONS**

*Lines 55,534*

Chronic pelvic inflammatory conditions (ICD-10-CM N70.91-N70.93, N71.9, N73.2, N73.4, N73.5, N73.8, N73.9, N74) are included only on Line 534; acute conditions are included on Line 55.

**GUIDELINE NOTE 111, INTRA-AORTIC BALLOON PUMPS**

*Line 73*

Intra-aortic balloon pumps (CPT 33967-33974) are included on this line only for use in cardiogenic shock.

**GUIDELINE NOTE 112, LUNG VOLUME REDUCTION SURGERY**

*Line 288*

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 288 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-10-CM J43.9) and all of the following:

1. BMI ≤31.1 kg/m2 (men) or ≤32.3 kg/m 2 (women)
2. Stable with ≤20 mg prednisone (or equivalent) dose a day
3. Pulmonary function testing showing
    a. Forced expiratory volume in one second (FEV 1) ≤ 45% predicted and, if age 70 or older, FEV 1≥ 15% predicted value
    b. Total lung capacity (TLC) ≥ 100% predicted post-bronchodilator
    c. Residual volume (RV) ≥ 150% predicted post-bronchodilator
4. PCO 2, ≤ 60 mm Hg (PCO 2, ≤ 55 mm Hg if 1-mile above sea level)
5. PO 2, ≥ 45 mm Hg on room air ( PO 2, ≥ 30 mm Hg if 1-mile above sea level)
6. Post-rehabilitation 6-min walk of ≥ 140 m
7. Non-smoking for 6 months prior to surgery, as shown by cotinine level

The procedure must be performed at an approved facility (1) certified by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) under the LVRS Disease Specific Care Certification Program or (2) approved as Medicare lung or heart-lung transplantation hospitals. The patient must have approval for surgery by pulmonary physician, thoracic surgeon, and anesthesiologist post-rehabilitation. The patient must have approval for surgery by cardiologist if any of the following are present: unstable angina; left-ventricular ejection fraction (LVEF) cannot be estimated from the echocardiogram; LVEF <45%; dobutamine-radionuclide cardiac scan indicates coronary artery disease or ventricular dysfunction; arrhythmia (>5 premature ventricular contractions per minute; cardiac rhythm other than sinus; premature ventricular contractions on EKG at rest).

**GUIDELINE NOTE 113, DISEASES OF LIPS**

*Lines 210,585*

ICD-10-CM K13.0 (Diseases of lips) is included on Line 210 only for treatment of abscess or cellulitis of the lips. All other sub-diagnoses under this code are included on Line 585.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 114, FEMOROACETABULAR IMPINGEMENT SYNDROME**

*Line 361*

ICD-10-CM M25.85 (Other specified joint disorders, hip) and M24.15 (Other articular cartilage disorders, hip) and M76.2 (iliac crest spur) pair with CPT codes 29914-29916 (Arthroscopy, hip, surgical) and are included on Line 361 only for the diagnosis and treatment of femoroacetabular impingement syndrome.

Surgery for femoroacetabular impingement syndrome is included on this line only for patients who meet all of the following criteria:

1. Adult patients, or adolescent patients who are skeletally mature with documented closure of growth plates; and
2. Other sources of pain have been ruled out (e.g., lumbar spine pathology, SI joint dysfunction, sports hernia); and
3. Pain unresponsive to physical therapy and other non-surgical management and conservative treatments (e.g., restricted activity, cortisone injections, nonsteroidal anti-inflammatory drugs) of at least three months duration, or conservative therapy is contraindicated; and
4. Moderate-to-severe persistent hip or groin pain that significantly limits activity and is worsened by flexion activities (e.g., squatting or prolonged sitting); and
5. Positive impingement sign (i.e., sudden pain on 90 degree hip flexion with adduction and internal rotation or extension and external rotation); and
6. Radiographic confirmation of FAI (e.g., pistol-grip deformity, alpha angle greater than 50 degrees, coxa profunda, and/or acetabular retroversion); and
7. Do not have advanced osteoarthritis (i.e., Tönnis grade 2 or 3) and/or severe cartilage damage (i.e., Outerbridge grade III or IV).

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-fai-syndrome.aspx

**GUIDELINE NOTE 115, EXTRACORPOREAL PHOTOPHERESIS**

*Lines 162,318*

Extracorporeal photopheresis (CPT 36522) is included on Line 162 for treatment of chronic T-cell lymphoma (ICD-10-CM C84.0 and C84.1) which is:

1. stage III or IVA
2. erythrodermic
3. not responsive to other therapy

Extracorporeal photopheresis (CPT 36522) is included on Line 318 for treatment of chronic graft-versus-host disease (ICD-10-CM T86.0) which

1. is steroid refractory, steroid dependent or the patient is unable to tolerate corticosteroid therapy
2. primarily affects skin or mucosal membranes (mouth and/or eye disease)

**GUIDELINE NOTE 116, INTRAOCULAR STEROID TREATMENTS**

*Lines 100,365*

Intraocular steroid treatments (CPT 67027, 67028) are included on Line 365 for pairing with uveitis (ICD-10-CM H30.0, H30.1, H30.89, H30.9, H44.11) when the following conditions are met: uveitis is chronic, non-infectious, and there has been appropriate trial and failure, or intolerance of therapy, with local and systemic corticosteroids and/or immunosuppressive agents.

Intraocular steroid treatments (CPT 67027, 67028) are included on Line 100 for treating chronic diabetic macular edema (ICD-10-CM E11.311) only when there has been insufficient response to anti-VEGF therapies, and only when FDA approved treatments are utilized.

**GUIDELINE NOTE 117, INTRAOCULAR STEROID IMPLANTS FOR RETINAL VEIN OCCLUSION**

*Line 445*

Intraocular steroid treatments (CPT 67027, 67028) are only included on Line 445 for treatment of macular edema due to:

1. central retinal vein occlusion (ICD-10-CM H34.81) in those individuals who have failed anti-VEGF therapy.
2. Branch retinal vein occlusion (ICD-10-CM H34.83) when treatment with laser photocoagulation has not been beneficial, or treatment with laser photocoagulation is not considered suitable because of the extent of macular hemorrhage in those individuals who have failed anti-VEGF therapy.

**GUIDELINE NOTE 118, OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN**

*Line 207*

Obstructive sleep apnea (OSA) in children (18 or younger) must be diagnosed by

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 118, OBSTRUCTIVE SLEEP APNEA DIAGNOSIS AND TREATMENT FOR CHILDREN (CONT'D)**

1. nocturnal polysomnography with an AHI >5 episodes/h or AHI>1 episodes/h with history and exam consistent with OSA, OR
2. nocturnal pulse oximetry with 3 or more SpO2 drops <90% and 3 or more clusters of desaturation events, or alternatives desaturation (>3%) index >3.5 episodes/h, OR
3. use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), OR
4. consultation with a sleep medicine specialist.

Polysomnography and/or consultation with a sleep medicine specialist to support the diagnosis of OSA and/or to identify perioperative risk is recommended for

1. high risk children (i.e. children with cranio-facial abnormalities, neuromuscular disorders, Down syndrome, etc.)
2. children with equivocal indications for adenotonsillectomy (such as discordance between tonsillar size on physical examination and the reported severity of sleep-disordered breathing),
3. children younger than three years of age

Adenotonsillectomy is an appropriate first line treatment for children with OSA. Weight loss is recommended in addition to other therapy in patients who are overweight or obese. Adenoidectomy without tonsillectomy is only covered when a child with OSA has previously had a tonsillectomy, when tonsillectomy is contraindicated, or when tonsillar hypertrophy is not present. More complex surgical treatments are only included on this line for children with craniofacial anomalies.

Intranasal corticosteroids are an option for children with mild OSA in whom adenotonsillectomy is contraindicated or for mild postoperative OSA.

CPAP is covered for a 3 month trial for children through age 18 who have

1. undergone surgery or are not candidates for surgery, AND
2. have documented residual sleep apnea symptoms (sleep disruption and/or significant desaturations) with residual daytime symptoms (daytime sleepiness or behavior problems)

CPAP will be covered for children through age 18 on an ongoing basis if:

- There is documentation of improvement in sleep disruption and daytime sleepiness and behavior problems with CPAP use
- Annual re-evaluation for CPAP demonstrates ongoing clinical benefit and compliance with use, defined as use of CPAP for at least four hours per night on 70% of the nights in a consecutive 30 day period

**GUIDELINE NOTE 119, CAROTID ENDARTERECTOMY**

*Line 420*

Carotid endarterectomy is included on Line 420 for patients in the following groups:

- Symptomatic[1] with 70-99% carotid artery stenosis but without near occlusion.
- Symptomatic with 50 – 69% stenosis despite optimal medical management
- Asymptomatic with at least 60% stenosis only for those who do not tolerate (or have contraindications to) best current medical therapy

Carotid endarterectomy is not included on Line 420 for patients in the following groups:

- Patients with near occlusion
- Symptomatic[1] patients with less than 50% carotid stenosis

[1]Symptomatic patients are those who have had a recent transient ischemic attack or ischemic stroke.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-carotid-endarterectomy.aspx

**GUIDELINE NOTE 120, PEDIATRIC TRIGGER THUMB**

*Line 381*

ICD-10-CM M65.31 is included on Line 381 for treatment of pediatric trigger thumb only. Surgical treatment should be reserved for trigger thumb that does not spontaneously resolve within 48 months of diagnosis. Immediate surgery may be considered for bilateral trigger thumb or trigger thumb with locking symptoms.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 121, CONCUSSION AND POST CONCUSSION SYNDROME**

*Lines 96,206,615*

ICD-10-CM S06.0X0, S06.2X0 and S06.300 are included on Line 96 only for concussions with symptoms that persist for more than 7 days but less than 3 months; otherwise, these diagnoses are included on Line 615. When concussion symptoms last for more than 3 months, the diagnosis of post-concussive syndrome (ICD-10-CM F07.81) should be used, which is included on Line 206.

**GUIDELINE NOTE 122, ORAL HEALTH RISK ASSESSMENT IN MEDICAL SETTINGS**

*Line 3*

D0191 is limited to children under age 6 and requires an additional specific oral health risk assessment using a standardized tool, such as AAP Bright Futures, and should be performed by a provider who has successfully completed an approved training program (such as First Tooth or Smiles for Life).

**GUIDELINE NOTE 123, DENTAL FILLINGS FOR POSTERIOR TEETH**

*Line 348*

For dental fillings in posterior teeth, amalgam is preferred for extensive restorations. If amalgam is unavailable or contraindicated, composite is acceptable.

**GUIDELINE NOTE 124, ALCOHOL SEPTAL ABLATION**

*Line 103*

Alcohol septal ablation (CPT 93583) is included on Line 103 only for adult patients with hypertrophic cardiomyopathy when all of the following conditions are met:

1. Severe heart failure symptoms (New York Heart Association [NYHA] class III or IV)
2. Severe symptoms refractory to optimal medical management
3. LVOT obstruction is present
4. Surgery is contraindicated or has unacceptable risk due to serious comorbidities or advanced age.
5. No concomitant disease is present that independently warrants surgical correction in whom surgical myectomy can be performed as part of the operation.
6. The ablation is performed at an experienced center

**GUIDELINE NOTE 125, CAROTID ARTERY STENTING**

*Lines 322,420*

Carotid artery stenting (CPT 37215-37217) is included on Lines 322 and 420 for patients who have not had a disabling stroke (modified Rankin scale ≥ 3) AND

1. who are at high risk for complications during carotid endarterectomy (CEA) due to significant comorbidities and/or anatomic risk factors (i.e., recurrent stenosis and/or previous radical neck dissection) and who also have symptomatic (recent transient ischemic attack or ischemic stroke) carotid artery stenosis >50% OR
2. who are at high risk for complications during CEA due to significant comorbidities and/or anatomic risk factors and have asymptomatic carotid artery stenosis ≥80% only if best current medical therapy is not tolerated or contraindicated.

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

*Line 442*

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

**GUIDELINE NOTE 127, GENDER DYSPHORIA**

*Line 317*

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

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

1. have persistent, well-documented gender dysphoria
2. have the capacity to make a fully informed decision and to give consent for treatment

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 127, GENDER DYSPHORIA (CONT'D)**

3. have any significant medical or mental health concerns reasonably well controlled
4. have a comprehensive mental health evaluation provided in accordance with Version 7 of the World Professional Association for Transgender Health (WPATH) Standards of Care (www.wpath.org).

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

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

Electrolysis (CPT 17380) is only included on this line for surgical site electrolysis as part of pre-surgical preparation for chest or genital surgical procedures also included on this line. It is not included on this line for facial or other cosmetic procedures or as pre-surgical preparation for a procedure not included on this line.

Mammoplasty (CPT 19316, 19324-19325, 19340, 19342, 19350, 19357-19380) is only included on this line when 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth of Tanner Stage 5 on the puberty scale OR there is a medical contraindication to hormonal therapy.

**GUIDELINE NOTE 128, FOREIGN BODIES IN THE GI TRACT**

*Lines 46,504*

ICD-10-CM 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.

**GUIDELINE NOTE 129, FECAL INCONTINENCE**

*Lines 75,531*

ICD-10-CM R15.9 (Full incontinence of feces) is included on Line 75 only for supportive equipment (e.g. diapers, gloves). Surgical treatment for fecal incontinence is included on Line 531 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS

**GUIDELINE NOTE 130, BLEPHAROPLASTY**

*Line 475*

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.

**GUIDELINE NOTE 131, HYPOTONY**

*Lines 290,658*

ICD-10-CM H44.40-H44.439 (hypotony of the eye) are only included on Line 290 when resulting from a complication of a procedure. Non-procedure related cases are included on Line 658.

**GUIDELINE NOTE 132, ACNE CONGLOBATA**

*Line 378*

Acne conglobata is only included on Line 378 if it involves recurrent abscesses or communicating sinuses.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 133, ACUTE PERIPHERAL MOTOR AND DIGITAL NERVE INJURY**

*Lines 431,489,512,519,539*

Repair of acute (<6 months) peripheral nerve injuries are included on Line 431. Non-surgical medical care of these injuries are included on Line 489. Chronic nerve injuries are included on Lines 512, 519 and 539.

**GUIDELINE NOTE 134, NEONATAL NASOLACRIMAL DUCT OBSTRUCTION**

*Lines 399,513*

Probing of nasolacrimal duct (CPT 68810-68840) is included on Line 399 only for children 12 months of age and older who have failed conservative management (e.g. topical antibiotics, Crigler massage) and for children younger than 12 months of age with multiple episodes of purulent infections.

**GUIDELINE NOTE 135, FIBROMYALGIA**

*Line 533*

Fibromyalgia (ICD-10-CM M79.7) treatment should consist of a multi-modal approach, which should include two of more of the following:

1) medications other than opioids
2) exercise advice/programs
3) cognitive behavioral therapy.

Care should be provided in the primary care setting. Referrals to specialists are generally not required. Use of opioids should be avoided due to evidence of harm in this condition.

**GUIDELINE NOTE 136, COLLAPSED VERTEBRA**

*Lines 154,482*

Diagnosis codes appearing on this line for collapsed vertebra (in the ICD-10-CM M48.5 series) are included on Line 154 for a fracture that qualified for trauma system entry or a fracture with spinal cord injury.

**GUIDELINE NOTE 137, BENIGN BONE TUMORS**

*Lines 406,561*

Treatment of benign conditions of joints (ICD-10-CM D18.09 synovial hemangioma, D17.79 lipoma arborescens, D48.1 tenosynovial giant cell tumor, M67.8 synovial chondromatosis and M12.2 villonodular synovitis) are included on Line 406 for those conditions only when there are significant functional problems of the joint due to size, location, or progressiveness of the disease. Treatment of all other benign joint conditions are included on Line 561.

Treatment of benign tumors of bones (ICD-10-CM D16.00-D16.9, K09.0, K09.1, M27.1, M27.40, M27.49, M85.40-M85.69) are included on Line 406 for those neoplasms associated with pathologic fractures, at high risk of fracture, or which cause function problems including impeding joint function due to size, causing nerve compression, have malignant potential or are considered precancerous. Treatment of all other benign bone tumors are included on Line 561

**GUIDELINE NOTE 138, OBSTRUCTIVE AND REFLUX UROPATHY**

*Line 25*

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

**GUIDELINE NOTE 139, FRENOTOMY FOR TONGUE-TIE IN NEWBORNS**

*Lines 19,599*

ICD-10-CM Q38.1 (Ankyloglossia) is included on Line 19 for pairing with CPT 41010 (Frenotomy) only when the ankyloglossia interferes with breastfeeding. Otherwise, Q38.1 and CPT 41010 are included on Line 599.

**GUIDELINE NOTE 140, BREASTFEEDING SUPPORT AND SUPPLIES**

*Line 3*

Breast pumps and supplies are covered for postpartum women when a pump is necessary to establish or maintain milk production in order to maximize availability of breast milk to the baby.

For cases in which there is a medical indication for breast pumps, the pumps should be supplied whenever possible within 24 hours to allow for continued milk production.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 140, BREASTFEEDING SUPPORT AND SUPPLIES (CONT'D)**

Lactation support services (including education and counseling by trained providers) are covered for pregnant and postpartum women (for six months postpartum).

**GUIDELINE NOTE 141, LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS**

*Line 70*

Laryngeal paralysis is covered on this line if associated with recurrent aspiration pneumonia (unilateral or bilateral) or airway obstruction (bilateral). Hoarseness is on Line 521. Laryngeal stenosis is included on this line only if it causes airway obstruction

**GUIDELINE NOTE 142, STEREOTACTIC BODY RADIATION THERAPY**

*Line 267*

Stereotactic body radiation therapy (CPT 32701, 77373, 77435) is included on Line 267 only for early stage non-small cell lung cancer in medically inoperable patients.

**GUIDELINE NOTE 143, TREATMENT OF UNILATERAL HEARING LOSS**

*Lines 316,450*

Unilateral hearing loss treatment is Included on these lines only for children aged 20 and younger with the following conditions:

1. For mild to moderate sensorineural unilateral hearing loss (defined as 26-70 dB hearing loss at 500, 1000 and 2000 Hz), first line intervention should be a conventional hearing aid, with second line therapy being contralateral routing of signal (CROS) system
2. For severe to profound unilateral sensorineural hearing loss (defined as 71 dB hearing loss or greater at 500, 1000 and 2000 Hz), first line therapy should be a contralateral routing of signal (CROS) system with second line therapy being a bone anchored hearing aid (BAHA). BAHA SoftBand therapy may be first line therapy for children under age 5 or patients with severe ear deformities (e.g. microstia, severe canal atresia).

Cochlear implants are not included on these lines for unilateral hearing loss per Guideline Note 31 COCHLEAR IMPLANTATION.

**GUIDELINE NOTE 144, PROTON PUMP INHIBITOR THERAPY FOR GASTROESOPHAGEAL REFLUX DISEASE (GERD)**

*Lines 385,516*

Short term treatment (up to 8 weeks) of GERD with proton pump inhibitor therapy is included on Line 385. Long term treatment is included on Line 516.

**GUIDELINE NOTE 145, TREATMENTS FOR BENIGN PROSTATE ENLARGEMENT WITH LOWER URINARY TRACT SYMPTOMS**

*Line 332*

For men with lower urinary tract symptoms (LUTS) due to benign prostate enlargement, coverage of surgical procedures is recommended only if symptoms are severe, and if drug treatment and conservative management options have been unsuccessful or are not appropriate.

The following interventions for benign prostate enlargement are not included on Line 332 due to lack of evidence of effectiveness:

- Botulinum toxin
- HIFU (High Intensity Focused Ultrasound)
- TEAP (Transurethral Ethanol Ablation of the Prostate)
- Prostatic urethral lifts
- Laser coagulation (for example, VLAP/ILC)
- Prostatic artery embolization

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-Alternatives-to-Transurethral-Resection-of-the-Prostate.aspx.

**GUIDELINE NOTE 146, ABLATION PROCEDURES FOR ATRIAL FIBRILLATION**

*Line 352*

AV nodal ablation (CPT 33250, 33251,33261,93650) pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) only for patients with inadequate ventricular rate control resulting in symptoms, left ventricular systolic dysfunction or substantial risk of left ventricular systolic dysfunction, when pharmacological therapy for rate control is ineffective or not tolerated

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 146, ABLATION PROCEDURES FOR ATRIAL FIBRILLATION (CONT'D)**

Transcatheter pulmonary vein isolation (93656-93657) pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) only for patients who remain symptomatic from atrial fibrillation despite rate control medications and antiarrhythmic medications.

Surgical ablation (pulmonary vein isolation or Maze procedure) (CPT 33254-33259, 33265, 33266) only pairs with atrial fibrillation (ICD-10-CM I48.0, I48.1, I48.2, I48.91) at the time of other cardiac surgery for patients who remain symptomatic despite rate control medications.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-ablation-atrial-fibrillation.aspx.

**GUIDELINE NOTE 147, IVC FILTERS FOR ACTIVE PULMONARY EMBOLISM(PE)/DEEP VEIN THROMBOSIS (DVT)**

*Lines 1,83,218,285,290*

Inferior vena cava (IVC) filter placement (CPT 37191) is included on these lines for patients with active deep vein thrombosis/pulmonary embolism (DVT/PE) for which anticoagulation is contraindicated. IVC filter placement is not included on these lines for patients with DVT who are candidates for anticoagulation.

Retrieval of removable IVC filters (CPT 37193) is included on these lines when the benefits of removal outweigh the harms.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-IVC-Filters.aspx.

**GUIDELINE NOTE 148, BIOMARKER TESTS OF CANCER TISSUE**

*Lines 161,188,195,234,267,275,334*

The use of multiple molecular testing to select targeted cancer therapy (CPT 81504) is included on the Services recommended for non-coverage table.

For breast cancer, Oncotype Dx testing (CPT 81519, HCPCS S3854) is included on Line 195 only for early stage breast cancer when used to guide adjuvant chemotherapy treatment decisions for women who are lymph node negative. Oncotype Dx is not included on this line for lymph node-positive breast cancer. Mammaprint, ImmunoHistoChemistry 4 (IHC4), and Mammostrat for breast cancer are included on the Services recommended for noncoverage table.

For melanoma, BRAF gene mutation testing (CPT 81210) is included on Line 234.

For lung cancer, epidermal growth factor receptor (EGFR) gene mutation testing (CPT 81235) is included on Line 267 only for non-small cell lung cancer. KRAS gene mutation testing (CPT 81275) is not included on this line.

For colorectal cancer, KRAS gene mutation testing (CPT 81275) is included on Line 161. BRAF (CPT 81210) and Oncotype DX are not included on this line. Microsatellite instability (MSI) is included on the Services recommended for noncoverage table.

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

For prostate cancer, Oncotype DX is not included on Line 334 and Prolaris is included on the Services recommended for noncoverage table.

The development of this guideline note was informed by a HERC coverage guidance. See http://www.oregon.gov/oha/herc/Pages/blog-biomarker-tests-cancer-tissue-prognosis-potential-response-to-treatment.aspx.

**GUIDELINE NOTE 149, SCLEROTHERAPY OF FLUID COLLECTIONS**

*Lines 172,229,298,427,428,484,547,559,569,596,607,634*

Sclerotherapy for fluid collections (CPT 49185) is included on these lines only for the treatment of cysts, seromas or lymphoceles which are causing bleeding, infection, severe pain, organ torsion, or organ dysfunction.

**GUIDELINE NOTE 150, FETAL MRI**

*Line 1*

Fetal MRI (CPT 74712-74713) is included on this line only when all of the following conditions are met:

A) Abnormalities are found on fetal ultrasound performed by an experienced sonologist which cannot be adequately further evaluated by 2D or 3D ultrasound
B) The information obtained by fetal MRI is necessary for decisions about fetal or neonatal therapy, delivery planning, or to advise a family about prognosis
C) The fetus is 18 weeks gestational age or older

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 150, FETAL MRI (CONT'D)**

D) The MRI is performed and interpreted at a center with technicians and radiologists who are either trained or highly experienced in fetal MRI and which has appropriate MRI equipment, with a minimum of a 1.5 Tesla magnet.

**GUIDELINE NOTE 151, CARDIAC TRANSPLANT GENETIC TESTING FOR TRANSPLANT REJECTION**

*Lines 245,268*

Genetic testing for cardiac transplant rejection (CPT 81595) is included on these lines only for patients at least 1 year post transplant who are without clinical signs of rejection.

**GUIDELINE NOTE 152, UNSPECIFIED CONDUCT DISORDER**

*Lines 425,483*

ICD-10-CM F91.9 (Conduct disorder, unspecified) is included on Line 425 only for children ages 5 and younger who cannot be diagnosed with a more specific mental health diagnosis. This diagnosis is included on Line 483 for older children and adolescents.

**GUIDELINE NOTE 153, PLANNED OUT-OF-HOSPITAL BIRTH**

*Lines 1,2*

Planned out-of-hospital birth is included on these lines when appropriate risk assessments are performed, and the consultation and transfer criteria are followed, and no high risk coverage exclusion criteria exist. Risk assessment should be done initially when planning the location of birth, and updated throughout pregnancy, labor, and delivery to determine if out-of-hospital birth is still appropriate.

The clinical and/or diagnostic assessment of each criterion, with the exception of those marked with an asterisk, is necessary for planned out-of-hospital birth to be included on these lines. (Criteria marked with an asterisks may not be known or not be pertinent if there is no clinical indication for concern and additional diagnostic testing is not indicated.)

An ultrasound is required to rule out certain risk criteria (e.g. multiple gestation, placenta previa, and life threatening congenital anomalies). Certain risk criteria require serial measurements such as fundal height and blood pressure.

If a woman refuses a required clinical or diagnostic assessment, then ascertainment of her risk status is unknowable and she does not meet criteria for coverage for an out-of-hospital birth.

Documentation of continuing appropriate risk assessment and routine prenatal care is required.

<u>High-risk coverage exclusion criteria:</u>

*Complications in a previous pregnancy:*

Maternal surgical history
- Cesarean section or other hysterotomy
- Uterine rupture
- Retained placenta requiring surgical removal
- Fourth-degree laceration without satisfactory functional recovery

Maternal medical history
- Pre-eclampsia requiring preterm birth
- Eclampsia
- HELLP syndrome

Fetal and placental
- Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
- Baby with neonatal encephalopathy
- Placental abruption with adverse outcome

*Complications of current pregnancy:*

Maternal
- Induction of labor
- Prelabor rupture of membranes > 24 hours
- Pre-existing chronic hypertension; Pregnancy-induced hypertension with diastolic blood pressure greater than or equal to 90 mmHg or systolic blood pressure greater than or equal to 140 mmHg on two consecutive readings taken at least 30 minutes apart
- Unknown group B strep carrier state
- Lack of informed consent on group B strep prophylaxis, if mother is Group B strep positive.

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 153, PLANNED OUT-OF-HOSPITAL BIRTH (CONT'D)**

- Eclampsia or pre-eclampsia
- Anemia – hemoglobin less than 8.5 g/dL
- Thrombocytopenia (platelets <100,000)
- Thrombosis/thromboembolism or other maternal bleeding disorder*
- Maternal mental illness requiring inpatient care*
- Drug or alcohol use with high risk for adverse effects to fetal or maternal health
- Unknown, or positive, syphilis, HIV, or Hepatitis B status
- Current active infection of varicella at the time of labor; rubella infection anytime during pregnancy; active infection (outbreak) of genital herpes at the time of labor*
- Refractory hyperemesis gravidarum*
- Diabetes, type I or II, uncontrolled gestational diabetes, or gestational diabetes controlled with medication

Placental

- Low lying placenta within 2 cm or less of cervical os at term; placenta previa, vasa previa
- Placental abruption/abnormal bleeding
- Recurrent antepartum hemorrhage
- Uteroplacental insufficiency*

Fetal

- Gestational age - preterm or postdates (defined as gestational age < 37 weeks + 0 days or > 41 weeks + 6 days)
- Multiple gestation
- Non-cephalic fetal presentation
- IUGR (defined as fetal weight less than fifth percentile using ethnically-appropriate growth tables, or concerning reduced growth velocity on ultrasound)*
- Oligohydramnios or polyhydramnios*
- Abnormal fetal heart rate/Doppler/surveillance studies
- Blood group incompatibility with atypical antibodies, or Rh sensitization
- Molar pregnancy

Transfer criteria:
If out-of-hospital birth is planned, certain intrapartum and postpartum complications may necessitate transfer to a hospital to meet coverage criteria. For these indications, an attempt should be made to transfer the mother and/or her newborn; however, imminent fetal delivery may delay or preclude actual transfer prior to birth.

*Maternal*

- Temperature ≥ 38.0 C
- Maternal infection requiring hospital treatment (e.g. endometritis or wound infection)
- Hemorrhage (hypovolemia, shock, need for transfusion)
- Retained placenta > 60 minutes
- Laceration requiring hospital repair (e.g., extensive vaginal, cervical or third- or fourth-degree trauma)
- Enlarging hematoma
- Bladder or rectal dysfunction

*Fetal and uterine*

- Repetitive or persistent abnormal fetal heart rate pattern
- Thick meconium staining of amniotic fluid
- Prolapsed umbilical cord
- Failure to progress (as defined by the American Congress of Obstetricians and Gynecologists, March 2014, found at http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery)/failure of head to engage in active labor
- Chorioamnionitis or other serious infection (including toxoplasmosis, rubella, CMV, HIV, etc.)
- Uterine rupture, inversion or prolapse

If the infant is delivered out-of-hospital, the following complications require transfer to a hospital for the out-of-hospital birth to meet coverage criteria:

- Low Apgar score (< 5 at 5 minutes, < 7 at 10 minutes)
- Weight less than 5th percentile for gestational age
- Unexpected significant or life-threatening congenital anomalies
- Respiratory or cardiac irregularities, cyanosis, pallor
- Temperature instability, fever, suspected infection or dehydration
- Hyperglycemia/hypoglycemia unresponsive to treatment
- Hypotonia, tremors, seizures, hyperirritability

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

**GUIDELINE NOTE 153, PLANNED OUT-OF-HOSPITAL BIRTH (CONT'D)**

- Excessive bruising, enlarging cephalohematoma, significant birth trauma
- Vomiting/diarrhea

Consultation criteria:
Certain high risk conditions require consultation (by a provider of maternity care who is credentialed to admit and manage pregnancies in a hospital) for coverage of a planned out-of-hospital birth to be recommended. These complications include (but are not limited to) patients with:

*Complications in a previous pregnancy:*

Maternal
- More than three first trimester spontaneous abortions, or more than one second trimester spontaneous abortion
- More than one preterm birth, or preterm birth less than 34 weeks 0 days in most recent pregnancy
- Pre-eclampsia, not requiring preterm birth
- Cervical insufficiency/prior cerclage
- Third degree laceration; fourth-degree laceration with satisfactory functional recovery
- Life-threatening congenital anomalies (unless fatal anomalies with nonresuscitation planned)
- Postpartum hemorrhage requiring additional pharmacologic treatment or blood transfusion
- Retained placenta requiring manual removal

Fetal
- Child with congenital and/or hereditary disorder
- Baby > 4.5 kg or 9 lbs 14 oz
- Shoulder dystocia, with or without fetal clavicular fracture
- Unexplained stillbirth/neonatal death or previous death unrelated to intrapartum difficulty
- Unresolved intrauterine growth restriction (IUGR) or small for gestational age (defined as fetal or birth weight less than fifth percentile using ethnically-appropriate growth tables)
- Blood group incompatibility, and/or Rh sensitization

*Complications of current pregnancy:*

Maternal
- Inadequate prenatal care (defined as less than five prenatal visits or care began in the third trimester)
- Body mass index at first prenatal visit of greater than 35 $kg/m^2$
- History of maternal seizure disorder (excluding eclampsia)
- Gestational diabetes, diet-controlled
- Maternal mental illness with suspicion for psychosis or potential harm to self or infant under outpatient psychiatric care
- Maternal anemia with hemoglobin < 10.5 g/dL, unresponsive to treatment
- Third-degree laceration not requiring hospital repair
- Laparotomy during pregnancy

Fetal
- Fetal macrosomia (estimated weight >4.5 kg or 9 lbs 14 oz)
- Confirmed intrauterine death
- Family history of genetic/heritable disorders that would impact labor, delivery or newborn care

**GUIDELINE NOTE 154, EAR DRUM REPAIR**

*Lines 316,450,479*

Repair of open wounds or perforations of the ear drum (codes included on these lines from ICD-10-CM H72, S09.2) are only included on Lines 316 and 450 when there is documented conductive hearing loss greater than or equal to 25dB persistent for more than three months. Otherwise, such repairs are included on Line 479 CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM. .

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*

# MULTISECTOR INTERVENTIONS

**MULTISECTOR INTERVENTIONS: TOBACCO PREVENTION AND CESSATION**

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

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

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

## TASK FORCE FINDINGS ON TOBACCO USE

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

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

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

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

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

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

*†Reflecting the delayed implementation of prioritization changes related to conditions of the back and spine. Changes not yet implemented are available here.*