Line: **1**
Condition: PREGNANCY (See Guideline Notes 2,16,22,64,65,76,85,92,99) (See Prevention Tables)
Treatment: MATERNITY CARE
ICD-9: 622.5,640.00-640.93,641.00-641.93,642.00-642.94,643.00-643.93,644.00-644.21,645.10-645.23,646.00-646.93, 647.00-647.94,648.00-648.94,649.00-649.82,650,651.00-651.93,652.00-652.93,653.00-653.93,654.00-654.94, 655.00-655.93,656.00-656.93,657.00-657.03,658.00-658.93,659.00-659.93,660.00-660.93,661.00-661.93,662.00-662.33,663.00-663.93,664.00-664.94,665.00-665.94,666.00-666.34,667.00-667.14,668.00-668.94,669.00-669.94, 670.00-670.84,671.00-671.94,672.00-672.04,673.00-673.84,674.00-674.04,674.20-674.24,674.40-674.94,675.00-675.94,676.00-676.94,677,678.00-678.13,679.00-679.14,V07.2,V22.0-V22.1,V23.0-V23.3,V23.41-V23.9,V24.0-V24.2,V28.0-V28.6,V28.81-V28.9,V72.40-V72.42,V77.6,V89.01-V89.09,V91.00-V91.99
CPT: 01958-01963,01967-01969,12021,57022,59000-59100,59160-59622,59866,59871,76801-76828,81508-81512, 84163,84704,96150-96154,97802-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0108,G0396,G0397,G0406-G0408,G0425-G0427,H0045,S0265-S0274,S2401-S2403,S2405,S2411,S8055, S9208-S9214

Line: **2**
Condition: BIRTH OF INFANT (See Guideline Notes 64,65)
Treatment: NEWBORN CARE
ICD-9: 760.0-760.5,760.61-760.9,761.0-761.9,762.0-762.9,763.0-763.7,763.81-763.9,764.00-764.99,765.20-765.29, 779.81-779.82,779.84,779.89,V30.00-V30.2,V31.00-V31.2,V32.00-V32.2,V33.00-V33.2,V34.00-V34.2,V35.00-V35.2,V36.00-V36.2,V37.00-V37.2,V39.00-V39.2
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99460-99463,99468-99480,99487-99496,99605,99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **3**
Condition: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Coding Specification Below) (See Guideline Notes 16,17,64,65,69,106) (See Prevention Tables)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2,V01.4-V01.6,V01.71-V01.9,V02.0-V02.4,V02.51-V02.9,V03.2,V03.5-V03.7,V03.81-V03.9,V04.0, V04.2-V04.3,V04.6,V04.81-V04.89,V05.0-V05.1,V05.3-V05.8,V06.1,V06.3-V06.8,V07.0,V07.2,V20.0-V20.2, V20.31-V20.32,V65.3,V65.41-V65.45,V71.09,V72.0,V72.11-V72.19,V73.0-V73.6,V73.81-V73.99,V74.0-V74.9, V75.0-V75.9,V77.0-V77.8,V77.91-V77.99,V78.0-V78.9,V79.0-V79.9,V80.01-V80.3,V81.0-V81.6,V82.0-V82.6, V82.81-V82.9
CPT: 90378,90460-90472,90633,90634,90644-90669,90672,90680,90681,90696-90710,90713-90716,90719-90723, 90732-90734,90740,90744,90747-90749,92002-92014,96110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D1206,G0008-G0010,G0396,G0397,G0406-G0408,G0425-G0427,G0438,G0439,G0451,G9141,G9142,S0270-S0274

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: PREVENTIVE SERVICES, OVER AGE OF 10 (See Guideline Notes 1,3,16,17,64,65,76,79,106) (See Prevention Tables)
Treatment: MEDICAL THERAPY
ICD-9: V01.0-V01.2,V01.4-V01.6,V01.71-V01.9,V02.0-V02.4,V02.51-V02.9,V03.2,V03.5-V03.7,V03.81-V03.9,V04.0, V04.2-V04.3,V04.6,V04.81,V04.89,V05.0-V05.1,V05.3-V05.8,V06.1,V06.3-V06.8,V07.0,V07.2,V15.88,V16.3, V16.41,V20.2,V45.71,V50.41,V52.4,V65.3,V65.41-V65.45,V67.01,V70.0,V71.09,V72.0,V72.11-V72.19,V72.31-V72.32,V73.0-V73.6,V73.81-V73.99,V74.0-V74.9,V75.0-V75.9,V76.0,V76.10-V76.3,V76.42-V76.46,V76.49-V76.9, V77.0-V77.8,V77.91-V77.99,V78.0-V78.9,V79.0-V79.9,V80.01-V80.3,V81.0-V81.6,V82.0-V82.6,V82.81-V82.9
CPT: 19303,19304,19340-19350,19357-19369,58940,90460-90472,90632-90636,90649-90654,90656,90658-90668, 90672,90703-90710,90713-90716,90719,90723,90732-90734,90736,90739-90747,90749,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444, 99468-99480,99487-99496,99605-99607
HCPCS: D1206,G0008-G0010,G0117,G0118,G0396,G0397,G0406-G0408,G0425-G0427,G0438,G0439,G0442-G0446, G9141,G9142,S0270-S0274,S0613

Line: **5**
Condition: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.1,303.90-303.93,304.00-304.93,305.00-305.03,305.20-305.93
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,97810-97814,98966-98969,99051,99060, 99201-99239,99366,99408,99409,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,H0004-H0006,H0010-H0016,H0018-H0020,H0033-H0035,H0038, H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502

Line: **6**
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4,64,65)
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
ICD-9: 305.1,649.00-649.04
CPT: 96150-96154,97810-97814,98966-98969,99078,99201-99215,99224,99366,99406,99407,99441-99444,99487-99496,99605-99607
HCPCS: D1320,G0425-G0427,G0436,G0437,G8402,G8453,G9016,H0038,S0270-S0274,S9075,S9453

Line: **7**
Condition: REPRODUCTIVE SERVICES (See Guideline Notes 64,65,68,76)
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
ICD-9: V24.2,V25.01-V25.2,V25.40-V25.9,V26.41-V26.49
CPT: 11976,11981-11983,55250,55450,57170,58300,58301,58340,58565,58600-58615,58670,58671,74740,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S4981,S4989,T1015

Line: **8**
Condition: OBESITY (See Guideline Notes 5,64,65)
Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
ICD-9: 278.00-278.01,278.03,V65.3
CPT: 96150-96154,97802-97804,98966-98969,99051,99078,99201-99215,99224,99354-99357,99366,99381-99412,99441-99444,99487-99496,99605-99607
HCPCS: G0425-G0427,G0447,S0270-S0274

Line: **9**
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,65,102)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.23-296.24,296.30-296.36,298.0
CPT: 90785,90832-90840,90846-90853,90867,90868,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **10**
Condition: TYPE I DIABETES MELLITUS (See Guideline Notes 64,65,76,108)
Treatment: MEDICAL THERAPY
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.51,250.53,250.61,250.63,250.71,250.73,250.91,250.93,251.3,V53.91,V65.46
CPT: 49435,49436,90935-90947,90989-90997,92002-92014,92227,95250,95251,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0108,G0245,G0246,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S1030,S1031,S9145,S9353

Line: **11**
Condition: ASTHMA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 493.00-493.92
CPT: 31600-31603,31820,31825,86486,94002-94005,94640,94644-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274,S9441

Line: **12**
Condition: HYPERTENSION AND HYPERTENSIVE DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 401.0-401.9,402.00-402.91,405.09,405.19,405.99,437.2,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **13**
Condition: GALACTOSEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 271.1
CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **14**
Condition: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 748.2,769,770.0,770.10-770.6,770.81-770.9,786.31
CPT: 31580,31603,39501,39503,39545,94002-94005,94610,94640,94660-94668,94772-94777,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **15**
Condition: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 042,V08
CPT: 90284,94642,96150-96154,97810-97814,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **16**
Condition: CONGENITAL HYPOTHYROIDISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 243
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **17**
Condition: PHENYLKETONURIA (PKU) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 270.1
CPT: 96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **18**
Condition: CONGENITAL INFECTIOUS DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.0-771.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **19**
Condition: CONGENITAL SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 090.0-090.3,090.40-090.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **20**
Condition: VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 765.01-765.05,765.11-765.15,765.20-765.29,772.10-772.2,778.1
CPT: 94772,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **21**
Condition: NEONATAL MYASTHENIA GRAVIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **22**
Condition: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION (See Guideline Note 76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 331.3-331.5,348.2,742.3-742.4,V53.01
CPT: 20664,31294,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258, 62272,63740-63746,67570,92002-92014,92081-92083,92250,96154,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496
HCPCS: G0396,G0397

Line: **23**
Condition: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.0,775.6
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **24**
Condition: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.4-771.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **25**
Condition: LOW BIRTH WEIGHT (1500-2500 GRAMS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 765.00,765.06-765.10,765.16-765.29
CPT: 94772,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **26**
Condition: CYSTIC FIBROSIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 277.00-277.09
CPT: 31600,31603,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **27**
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.10-295.95,298.4,299.10-299.11,299.90-299.91
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285, 99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **28**
Condition: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.0-779.1
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **29**
Condition: CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.2
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **30**
Condition: VESICOURETERAL REFLUX (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY, SURGERY
ICD-9: 593.70-593.73
CPT: 50220,50225,50234-50240,50760-50820,50845,50860,50947,50948,52281,52327,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **31**
Condition: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA (See Guideline Notes 64,65,66,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 233.1,622.0,622.10-622.2,623.0-623.1,623.7,795.00-795.09,V13.22,V67.01
CPT: 57061,57065,57150,57180,57400,57452-57530,57540,57550-57558,58120,58150,58260-58263,58290,58291, 58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **32**
Condition: BIPOLAR DISORDERS (See Guideline Notes 64,65,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.00-296.16,296.40-296.89,296.99,301.13
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,S9537,T1005,T1016

Line: **33**
Condition: TYPE II DIABETES MELLITUS (See Coding Specification Below) (See Guideline Notes 7,8,64,65,76)
Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI >= 35
ICD-9: 250.00,250.02,250.10,250.12,250.20,250.22,250.30,250.32,250.40,250.42,250.50,250.52,250.60,250.62,250.70, 250.72,250.80,250.82,250.90,250.92,V53.51
CPT: 43644,43645,43770-43775,43846-43848,90935-90947,90989-90997,92002-92014,92227,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0108,G0245,G0246,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2083,S9145,S9353,S9537

CPT codes 43644-43645 and 43846-43848 (Roux-En-Y gastric bypass) and 43770-43775 (laparoscopic adjustable gastric banding) are only included on this line as treatment according to the requirements in Guideline Note 8 when paired with:
1) a primary diagnosis of 250.x0 or 250.x2 (Type II Diabetes with or without complication);
2) a secondary diagnosis of 278.00 (Obesity, Unspecified) or 278.01 (Morbid Obesity); AND,
3) a tertiary diagnosis code of V85.35-V85.45 (BMI >= 35).

Line: **34**
Condition: DRUG WITHDRAWAL SYNDROME IN NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 779.5
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **35**
Condition: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE (See Guideline Notes 9,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 538,555.0-555.9,556.0-556.9,557.1-557.9,569.41,569.81-569.82,569.86,V53.50,V53.59
CPT: 35471,37205,37206,44110,44120-44125,44139-44160,44187-44227,44300-44320,44345,44391,44393,44397,44620-44661,44701,45112-45119,45123,45136,45303,45308-45320,45334,45335,45339,45340,45345,45381-45383,45386,45387,45397,45805,45825,46710,46712,49442,86711,91110,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **36**
Condition: EPILEPSY AND FEBRILE CONVULSIONS (See Guideline Notes 64,65,84)
Treatment: MEDICAL THERAPY
ICD-9: 345.00-345.91,780.31-780.39
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **37**
Condition: SEVERE BIRTH TRAUMA FOR BABY (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 767.0,767.11,767.4,768.0-768.6
CPT: 96154,97001-97004,97022,97110-97124,97140-97530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **38**
Condition: NEONATAL THYROTOXICOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **39**
Condition: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.1,776.0-776.3
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **40**
Condition: SPINA BIFIDA (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 741.00-741.93
CPT: 27036,61070,61343,62160,62180-62258,63700-63710,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **41**
Condition: TERMINATION OF PREGNANCY (See Guideline Notes 64,65,76,99) (Note: This line item is not priced as part of the list)
Treatment: INDUCED ABORTION
ICD-9: 635.00-635.92,636.00-636.92,637.00-637.92,638.0-638.9,639.0-639.9,655.00-655.93,779.6,V25.3
CPT: 01966,58520,59100,59160,59200,59812,59830-59857,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0199,S0270-S0274,S2260

Line: **42**
Condition: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 244.0-244.9,246.1
CPT: 60210-60240,60270,60271,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **43**
Condition: ECTOPIC PREGNANCY (See Guideline Notes 64,65,76,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 633.00-633.91
CPT: 57020,58520,58660-58662,58673,58700-58740,58770,58940,59120-59151,76801-76810,76815-76817,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444, 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **44**
Condition: PRIMARY, AND SECONDARY SYPHILIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 091.0-091.4,091.50-091.9,092.0-092.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **45**
Condition: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 766.0-766.1,766.21-766.22
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **46**
Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 253.2,253.4,253.7-253.8
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **47**
Condition: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 775.4-775.5,775.7,775.81-775.9
CPT: 96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **48**
Condition: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.0,560.2,560.30,560.32-560.9,564.7,935.2,936-938,V53.50,V53.59,V90.01-V90.9
CPT: 43247,43500,43870,44005,44010,44020-44055,44110-44130,44139-44213,44300,44310,44320,44370,44379, 44383,44390,44392-44397,44615,44625,44626,44701,45303,45307-45315,45320-45327,45332,45333,45335-45338,45340,45345,45379,45381,45383-45387,45915,46604,46608,49402,49442,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **49**
Condition: CONGENITAL AIRWAY OBSTRUCTION WITH OR WITHOUT CLEFT PALATE (See Guideline Notes 36,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
ICD-9: 519.19,519.4,748.3,749.00-749.04
CPT: 15732,30140,30520,30620,31527,31545-31561,31582,31587,31588,31630,31631,31636-31638,31641,31780, 31781,31820,33800,41510,42820-42836,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D8010-D8040,D8070-D8693,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **50**
Condition: COARCTATION OF THE AORTA (See Guideline Notes 6,76)
Treatment: SURGICAL TREATMENT
ICD-9: 747.10,747.20-747.29,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33720,33722,33802,33803,33840-33853,35452,35472,37204,75557-75561,75565,92960-92971,92978-92998, 93797,93798,96154,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496
HCPCS: G0157-G0161,G0396,G0397,G0422,G0423

Line: **51**
Condition: CORONARY ARTERY ANOMALY (See Guideline Notes 6,76)
Treatment: REIMPLANTATION OF CORONARY ARTERY
ICD-9: 746.85,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33500-33510,33530,35572,92920-92938,92943,92944,92960-92998,93797,93798,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496
HCPCS: G0157-G0161,G0396,G0397,G0422,G0423

Line: **52**
Condition: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES (See Guideline Notes 6,64,65,76,105)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 099.3,696.0,714.0-714.2,714.30-714.9,716.20-716.29,719.30-719.39,720.0,720.89-720.9,V57.1,V57.21-V57.3, V57.81-V57.89
CPT: 20550,20600-20610,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762, 98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **53**
Condition: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 770.7
CPT: 31601,31603,31820,31825,94774-94777,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **54**
Condition: CONGENITAL HYDRONEPHROSIS (See Guideline Notes 64,65,76)
Treatment: NEPHRECTOMY/REPAIR
ICD-9: 753.20-753.29
CPT: 50100,50220-50240,50400-50500,50540,50544,50546,50553,50572,50575,50600,50605,50722-50728,50845, 50900,50970,51535,52290-52301,52310,52334-52346,52352-52354,52400,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **55**
Condition: TUBERCULOSIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 010.00-010.96,011.00-011.96,012.00-012.86,031.0,V12.01,V71.2
CPT: 32662,32906,32960,33015-33050,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **56**
Condition: ACUTE PELVIC INFLAMMATORY DISEASE (See Guideline Notes 64,65,76,110)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 614.0,614.2-614.5,614.8-614.9,615.0,615.9
CPT: 44960,57010,58150-58200,58260-58294,58541-58544,58550-58554,58570-58573,58660-58662,58700-58740, 58820-58823,58925,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **57**
Condition: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 054.10-054.13,098.0,098.10-098.39,098.50-098.86,099.0-099.2,099.40-099.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **58**
Condition: PREVENTIVE DENTAL SERVICES (See Guideline Notes 17,91)
Treatment: CLEANING, FLUORIDE AND SEALANTS
ICD-9: 520.3-520.4,521.81-521.89,V07.31,V72.2
CPT: 98966-98969,99051,99060,99201-99215,99366,99441-99444,99487-99496,99605-99607
HCPCS: D0120,D0145,D0150,D0180,D0191,D1110-D1310,D1330,D1351,D1510-D1555,D4355,D5986,D9920

Line: **59**
Condition: HYDATIDIFORM MOLE (See Guideline Notes 64,65,76)
Treatment: D & C, HYSTERECTOMY
ICD-9: 630,V13.1
CPT: 58120,58150,58180,58260,58541-58544,58550-58554,58570-58573,59100,59135,59870,76801,76805,76815-76817,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **60**
Condition: DENTAL CONDITIONS (EG. INFECTION, PAIN, TRAUMA)
Treatment: EMERGENCY DENTAL SERVICES
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

Line: **61**
Condition: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 574.00-574.11,574.30-574.91,575.0,575.10-575.5,575.8,576.0-576.4
CPT: 43260-43273,47015,47420-47490,47510-47530,47554-47630,47701-47900,48548,49422,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **62**
Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE (See Guideline Notes 9,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.7,530.82,531.00-531.91,532.00-532.91,533.00-533.91,534.00-534.91,535.00-535.71,537.0,537.3,537.81-537.84,569.84-569.85,578.0-578.9
CPT: 37204,43201,43204,43205,43227,43228,43241,43243-43245,43255,43256,43280,43327,43328,43501,43502, 43520,43610-43641,43800,43820,43825,43840,43850,43855,43865,43870,44160,44320,44391,44393,44602, 44603,44620-44626,45308-45320,45334,45335,45339,45381-45383,64680,87338,91110,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444, 99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **63**
Condition: FLAIL CHEST (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.4
CPT: 21750-21825,32110-32124,32820,32905,32906,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **64**
Condition: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE (See Guideline Notes 6,64,65,76)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 906.5-906.9,940.0-940.9,941.30-941.35,941.40-941.59,942.35,942.40-942.59,943.40-943.59,944.35,944.40-944.58,945.32,945.40-945.59,946.3-946.5,947.0-947.9,949.4-949.5,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,15770,16000-16036,25900-25931,26910-26952,27888,28800-28825,65778-65782,68371,92002-92014,92506-92508,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152

Line: **65**
Condition: BRONCHIECTASIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 494.0-494.1
CPT: 32320,32480-32488,32501,32505-32507,32666-32670,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274

Line: **66**
Condition: END STAGE RENAL DISEASE (See Guideline Notes 7,64,65,76)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 250.40-250.43,403.91,583.81-583.9,585.1-585.9,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0420,G0421,G0425-G0427,S0270-S0274,S9339,S9537

Line: **67**
Condition: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 202.50-202.58,272.0-272.5,272.7,272.9,277.1,277.5-277.6,277.81-277.87,277.89-277.9,330.1,374.51
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9357

Line: **68**
Condition: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 291.3-291.5,291.9,292.11-292.2,292.89-292.9,303.00-303.03
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239,99281-99285,99291,99292,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0005,H0010,H0011,H0013-H0016,H0020,H0033-H0035,H0045,H0048,H2013,T1006,T1007

Line: **69**
Condition: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION (See Guideline Notes 64,65,76,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 632,634.00-634.12
CPT: 58150,58152,58520,59135,59136,59812-59830,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **70**
Condition: SUBSTANCE-INDUCED DELIRIUM (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAP Y
ICD-9: 291.0,291.3,291.81-291.9,292.0,292.81-292.89
CPT: 90785,90832-90840,97810-97814,99217-99239,99281-99285,99291,99292
HCPCS: G0406-G0408,H0010,H0011,H0013-H0015,H0033,H0035,H0048,H2013

Line: **71**
Condition: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.84,750.21-750.9,758.32
CPT: 31750,31760,42145,42200,42215,42815-42826,42950,43112-43124,43248,43249,43279,43283,43300-43331, 43338-43361,43420,43450,43453,43496,43520,96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **72**
Condition: CANCRUM ORIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 528.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **73**
Condition: DISSEMINATED INFECTIONS WITH LOCALIZED SITES (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 003.20-003.29,006.3-006.8,014.00-014.86,015.00-015.96,016.00-016.96,017.00-017.96,018.00-018.96,040.81-040.82,093.0-093.1,093.20-093.9,094.0-094.3,094.81-094.9,095.0-095.9,096,097.0-097.9,137.0,137.2-137.4
CPT: 47015,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **74**
Condition: VENTRICULAR SEPTAL DEFECT (See Guideline Notes 6,64,65,76)
Treatment: CLOSURE
ICD-9: 745.4,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33610,33620,33621,33647,33665,33675-33688,33735-33737,75557-75565,75573,92960-92971,92978-92998, 93581,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **75**
Condition: ACUTE BACTERIAL MENINGITIS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 036.0-036.3,036.40-036.9,320.0-320.7,320.81-320.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 61000-61070,61107,61210,61215,92506-92508,92526,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **76**
Condition: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION (See Guideline Notes 6,13,64,65,76,111)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 410.00-410.92,411.0-411.1,411.81-411.89,429.2,785.51,998.01,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33202,33206-33210,33212-33229,33233-33238,33261,33310,33315,33361-33430,33465,33475,33500,33508-33545,33572,33608,33681,33922,33967-33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92944,92960-92998,93279-93284,93286-93289,93292-93296,93724,93797,93798,96150-96154,97802-97804, 98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444, 99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0290,G0291,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S0340-S0342,S2205-S2209

Line: **77**
Condition: CONGENITAL PULMONARY VALVE STENOSIS (See Guideline Notes 64,65,76)
Treatment: PULMONARY VALVE REPAIR
ICD-9: 746.02,746.83
CPT: 33470-33496,33530,33620,33621,33768,35452,37204,75557-75565,75573,92986-92990,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **78**
Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.2,094.81-094.9,137.1,138,139.0, 139.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83,263.2, 270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0,290.10-290.9,294.10-294.8,299.00-299.81,310.0-310.1,310.9,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.90-333.93,334.0-334.9,335.0, 335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.3,340,341.0-341.1,341.20-341.9,342.00-342.92,343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81, 348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1,359.21-359.4,359.71-359.9,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,564.81,596.4,596.53-596.54,728.10-728.3,740.0-740.2,741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.5,759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89, 772.0,772.10-772.9,773.0-773.5,779.7,780.72,781.8,787.20-787.29,797,850.4,851.00-851.99,852.00-852.59, 853.00-853.19,854.00-854.19,905.0,907.0-907.3,907.5-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1, 958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1, 970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9,982.0-982.8,984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4,995.50-995.69,995.80-995.89,997.00-997.09,V53.50,V53.59, V55.0-V55.6,V55.8,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 10160,15845,31600-31614,31630,31631,31636-31638,31641,31730-31760,31820-31830,43810-43825,44130, 44139-44160,44186-44188,44204-44213,44300-44320,44372,44701,46750-46760,49442,51040,51102,51705, 51710,51880,51960,52277,53431-53442,53445,61215,62350-62362,62367-62370,77401-77432,77469,77470, 92526,94002-94005,94640,94660-94668,95990,97001-97004,97012,97022,97110-97124,97140-97530,97535, 97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5937,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **79**
Condition: AGRANULOCYTOSIS (See Guideline Notes 7,11,14,64,65,76)
Treatment: BONE MARROW TRANSPLANTATION
ICD-9: 284.11,288.01-288.02,288.09,288.4,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450, 96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2142,S2150,S9537

Line: **80**
Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE (See Guideline Notes 6,64,65,76)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.20-941.35,941.38-941.39,942.20-942.29,942.35,943.20-943.29,944.20-944.28,944.35,945.20-945.29,945.32, 946.2-946.3,949.2-949.3,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,15756-15758,15770,16020-16036,92506-92508,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530, 97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152

Line: **81**
Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 776.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **82**
Condition: DERMATOMYOSITIS, POLYMYOSITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 710.3-710.5
CPT: 90284,96150-96154,97001-97004,97110,97116,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **83**
Condition: ADDISON'S DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 255.41-255.5
CPT: 92081-92083,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **84**
Condition: DEEP ABSCESSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS; INTESTINAL PERFORATION (See Guideline Notes 36,64,65,76,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 245.0,254.1,289.2,324.0-324.9,325,376.00-376.04,386.33,475,478.21-478.24,478.29,510.0-510.9,511.1,513.0,540.0-540.9,541-542,543.0-543.9,567.0-567.1,567.21-567.9,569.5,569.83,572.0-572.1,590.10-590.3,611.0,675.13-675.14,727.89,777.6
CPT: 10060,10061,10160,10180,19020,20600-20610,20930-20938,22010,22015,22532-22632,22840-22855,23031,23405,23406,23930,25000,25031,25085,25118,26020-26034,26990,27301,27603,28001,31610,31612,31613,31645,31646,32035,32036,32200,32215-32320,32480-32488,32550,32552,32554-32562,32650-32652,32655,32656,32664,32665,32810,32815,32906,32940,33015-33050,39220,42700-42725,42808-42972,43840,44120-44125,44139-44160,44187-44227,44300-44316,44602-44605,44620-44626,44900-44970,45000,47010-47015,48140-48154,49020,49021,49322,49423,49424,50020,50021,50220,50391,50400,50405,50520-50526,50542-50546,50548,50575,50947,50948,52332,52334,61105-61253,61312-61323,61501,61514,61522,61570,61571,61600,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,63295,67414,67445,68400,92002-92014,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **85**
Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA (See Guideline Notes 6,64,65,76)
Treatment: LIGATION
ICD-9: 417.0,747.0,747.83,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33500-33504,33702,33710,33813-33824,37204,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **86**
Condition: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES (See Guideline Note 76)
Treatment: LIGATION/REPAIR
ICD-9: 903.00-903.9,904.0-904.3,904.40-904.9
CPT: 35189,35190,35206,35207,35226,35236,35256,35266,35286,35500,37618,37650

Line: **87**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 451.11-451.19,451.81,451.83,453.40-453.52,V58.61
CPT: 11042,11045,32661,35476,35700,35860,35875,35876,35903,37187-37193,37202,37212-37214,37500,37650,37660,37735-37761,37785,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **88**
Condition: INJURY TO INTERNAL ORGANS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 861.00-861.32,862.0-862.1,862.21,862.29-862.39,862.9,863.0-863.1,863.20-863.99,864.00-864.19,865.00-865.19,866.00-866.13,867.0-867.9,868.00-868.19,869.0-869.1,958.4,958.7
CPT: 31775,31805,32110-32124,32653,32654,32658,32820,33300-33335,37619,39501,39540,39545,43840,44120-44125,44139-44160,44227,44320,44602-44605,44620-44626,44701,45562,45563,47120-47130,47350-47362,47510,47802,47900,48545,50220,50740-50760,50947,50948,51102,51860,51865,52310,52315,52332,53502-53515,58520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **89**
Condition: FRACTURE OF HIP, CLOSED (See Guideline Notes 6,15,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.96,820.00,820.02-820.09,820.20-820.22,820.8,V54.01,V54.09,V54.13,V54.81-V54.82,V57.1,V57.21-V57.3, V57.81-V57.89
CPT: 20680,20900,27125-27132,27230-27248,27267,27268,27506,27656,29035-29046,29305,29325,29700,29710, 29720,77014,77261-77295,77300,77305-77315,77331-77336,77401-77417,77427,77470,97001-97004,97012, 97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **90**
Condition: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 420.90,420.99,421.0,421.9,422.90,422.92-422.99,423.0-423.9,429.0-429.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31750,31760,32659,32661,33010-33050,33361-33403,33405-33413,33425-33465,33475,33530,33975-33993, 35820,92960-92971,92978-92998,93750,93797,93798,97802-97804,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S9348

Line: **91**
Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN (See Guideline Notes 64,65,76)
Treatment: REPAIR
ICD-9: 807.5-807.6,874.00-874.9,V58.30
CPT: 11010-11012,12001-12007,13131-13150,15004-15040,15115-15121,15135,15136,15155-15157,15240,15241, 20100,21495,31528,31529,31584,31630,31766,31780,31781,31800,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **92**
Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below) (See Guideline Note 76)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
ICD-9: 250.01,250.03,250.11,250.13,250.21,250.23,250.31,250.33,250.41,250.43,250.51,250.53,250.61,250.63,250.81, 250.83,250.91,250.93,996.81,996.86-996.87
CPT: 48160,48550-48556,50300-50365,76776,86825-86835,96150-96154
HCPCS: S2065

SPK included for type I diabetes mellitus with end stage renal disease (250.41, 250.43), PAK only included for other type I diabetes mellitus with secondary diagnosis of V42.0.

Line: **93**
Condition: DISORDERS OF PANCREATIC ENDOCRINE SECRETION (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 249.00-249.91,251.4-251.9
CPT: 48155,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **94**
Condition: ENDOCARDIAL CUSHION DEFECTS (See Guideline Notes 6,64,65,76)
Treatment: REPAIR
ICD-9: 745.60-745.69,745.8-745.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33620,33621,33645-33670,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969, 99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **95**
Condition: CONGENITAL PULMONARY VALVE ATRESIA (See Guideline Notes 6,64,65,76)
Treatment: SHUNT/REPAIR
ICD-9: 746.00-746.01,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33470-33474,33530,33608,33620,33621,33750-33766,33920,33925,33926,75557-75565,75573,92960-92971, 92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **96**
Condition: CONGENITAL ANOMALIES OF URINARY SYSTEM (See Guideline Notes 64,65,76)
Treatment: RECONSTRUCTION
ICD-9: 752.81-752.89,753.0,753.10-753.19,753.3-753.9
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, 50825-50845,50947,50948,50970,51020-51597,51715,51800-51980,52214,52290,52300,53020,53025,53080, 53085,53210,53215,53400-53460,53621,55175,55180,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: **97**
Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 777.50-777.53,V53.50,V53.59
CPT: 44120-44125,44130,44139-44160,44300-44320,44340-44346,44602-44605,44620-44650,49442,98966-98969, 99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **98**
Condition: TRANSPOSITION OF GREAT VESSELS (See Guideline Notes 6,64,65,76)
Treatment: REPAIR
ICD-9: 745.10-745.19,758.32,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33611,33612,33620,33621,33684,33735-33766,33770-33783,37204,42225,42226,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **99**
Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY (See Guideline Notes 6,64,65,76)
Treatment: MITRAL VALVE REPAIR/REPLACEMENT
ICD-9: 746.5-746.6,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33420-33430,33496,33620,33621,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969, 99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **100**
Condition: GUILLAIN-BARRE SYNDROME (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 357.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31600,31610,36514-36516,90284,92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012, 97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **101**
Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOU0SNESS, COMPOUND/DEPRESSED FRACTURES OF SKULL (See Guideline Notes 6,64,65,76,90)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 800.02-800.99,801.02-801.99,803.02-803.99,804.00-804.99,850.0,850.11-850.9,851.02-851.06,851.10-851.19, 851.22-851.26,851.30-851.39,851.42-851.46,851.50-851.59,851.62-851.66,851.70-851.79,851.82-851.86,851.90-851.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,11971,14041,14301,14302,21100,21110,61108,61210,61312-61322,61340,61345,61571,62000-62010,62140-62148,92506-92508,92526,92607-92609,92633,96118,96150-96154,97001-97004,97012,97022, 97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **102**
Condition: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD) (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 204.00-204.02,284.11
CPT: 32553,49411,62350-62370,77014,77261-77295,77300-77321,77331-77370,77401-77427,77469,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **103**
Condition: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME (See Guideline Notes 7,11,12,14,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 204.00-204.02,205.00-205.02,206.00-206.02,207.00-207.02,208.00-208.02,238.71-238.79,284.11,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **104**
Condition: UNDESCENDED TESTICLE (See Guideline Note 76)
Treatment: SURGICAL TREATMENT
ICD-9: 752.51-752.52
CPT: 54512-54522,54550,54560,54620-54660,54690,54692,55200,99201-99215,99487-99496

Line: **105**
Condition: HEREDITARY IMMUNE DEFICIENCIES (See Guideline Notes 7,11,14,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 279.10-279.2,284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96150-96154,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **106**
Condition: DIABETIC AND OTHER RETINOPATHY (See Guideline Notes 64,65,76)
Treatment: MEDICAL, SURGICAL AND LASER TREATMENT
ICD-9: 115.92,228.03,250.50-250.53,362.10-362.29,362.81,363.00-363.20,363.22-363.30,363.32-363.9
CPT: 67036-67043,67208,67210,67220,67227-67229,67515,92002-92060,92081-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **107**
Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.83
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **108**
Condition: HEART FAILURE (See Guideline Notes 6,18,64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 416.0-416.9,428.0-428.1,428.20-428.9,429.83,514,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33967-33993,92920-92938,92943,92944,92960-92998,93750,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S9348

Line: **109**
Condition: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 086.0,425.0,425.11-425.9,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 21630,33010,33215,33216,33218,33220,33223-33226,33230,33231,33240-33249,33262-33264,33414-33416, 33508-33530,92960-92971,92978-92998,93282-93284,93287,93289,93292,93295,93296,93724,93797,93798, 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,S0270-S0274,S0340-S0342, S9348

Line: **110**
Condition: END STAGE RENAL DISEASE (See Guideline Note 76)
Treatment: RENAL TRANSPLANT
ICD-9: 250.40-250.43,272.7,274.10-274.19,282.60-282.69,283.11,287.0,403.01,403.11,403.91,446.0,446.21,446.4,580.4, 580.81-580.89,581.0-581.3,581.81-581.9,582.0-582.4,582.81-582.9,583.0-583.7,583.81-583.9,584.5-584.9,585.5-585.6,587,590.00-590.01,592.0,593.70-593.81,593.89,710.0-710.1,753.0,753.12-753.16,753.20-753.29,753.6, 756.71,759.89,996.81,V59.4
CPT: 36825,36830,50300-50370,50547,76776,86825-86835,96150-96154

Line: **111**
Condition: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 537.4,750.5,751.0-751.5,751.7-751.9,756.6,756.70-756.79,770.10-770.18,777.1-777.4,777.8-777.9,996.86, V53.50,V53.59
CPT: 31750,31760,32905,32906,39503,39545,43500-43520,43620-43640,43800-43825,43840,43850,43860,43870, 43880,44005-44021,44050,44055,44110-44130,44139-44227,44300-44346,44363-44373,44378,44379,44383, 44391-44701,44715-44721,44800-44900,44950,44955,45000-45020,45108-45123,45130-45150,45303,45308-45320,45327,45333-45335,45338-45340,45345,45381-45387,45395,45397,45800,45905,45910,46040,46045, 46060-46080,46270,46275,46604,46610-46614,46705-46754,46762,47011,47300,47510-47530,47554-47556, 47600-47620,47701,47715-47999,48120-48146,48150,48500-48556,49203-49250,49324,49325,49421-49424, 49442,49600-49611,49904,49905,51500,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **112**
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-9: 277.4,772.0,772.3-772.4,773.0-773.2,773.4-773.5,774.0-774.2,774.30-774.4,774.6-774.7,776.5
CPT: 96900,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **113**
Condition: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 278.2,278.4,779.4,960.0-960.9,961.0-961.9,962.0-962.9,963.0-963.9,964.0-964.9,965.00-965.9,966.0-966.4, 967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,972.0-972.9,973.0-973.9,974.0-974.7,975.0-975.8,976.0-976.9,977.0-977.9,978.0-978.9,979.0-979.9,980.0-980.9,981,982.0-982.8,983.0-983.9, 984.0-984.9,985.0-985.9,986,987.0-987.9,988.0-988.9,989.0-989.7,989.81-989.9,995.20-995.29,995.86,V87.01-V87.39
CPT: 43241,43247,49435,49436,90935-90947,90989-90997,94640,95017,95018,95076,95079,96154,98966-98969, 99051,99060,99070,99078,99175,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444, 99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355

Line: **114**
Condition: BOTULISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 005.1,040.41-040.42
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **115**
Condition: TETRALOGY OF FALLOT (TOF) (See Guideline Notes 6,64,65,76)
Treatment: TOTAL REPAIR TETRALOGY
ICD-9: 745.2,746.09,746.87,746.9,747.31-747.39,747.42-747.49,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33606,33608,33620,33621,33692-33697,33726,33735-33750,33764,33917,33924-33926,34502,75557-75565, 75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **116**
Condition: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-9: 746.3-746.4,746.81,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33361-33400,33404-33417,33496,33530,33620,33621,35452,75557-75565,75573,92960-92971,92978-92998, 93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **117**
Condition: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 443.1,446.1,446.20-446.29,446.5
CPT: 36514-36516,37609,90284,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **118**
Condition: FRACTURE OF RIBS AND STERNUM, OPEN (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 807.10-807.19,807.3,V54.19,V54.29
CPT: 11010-11012,21805,21810,21825,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **119**
Condition: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 013.00-013.96,117.5,117.9,130.8,322.0-322.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **120**
Condition: PNEUMOCYSTIS CARINII PNEUMONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 136.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **121**
Condition: COAGULATION DEFECTS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 286.0-286.4,286.52-286.59,286.7-286.9,719.10-719.19,V83.01-V83.02
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9345

Line: **122**
Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 746.84,746.86,746.89,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33530,33620,33621,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **123**
Condition: CANCER OF TESTIS (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 186.0-186.9,236.4,284.11,V10.47,V58.0,V58.11
CPT: 32553,38564,38571,38572,38780,49327,49411,49412,54512-54535,54690,77261-77295,77300,77305-77321,77331-77370,77401-77421,77424-77431,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **124**
Condition: CANCER OF EYE AND ORBIT (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 190.0-190.9,234.0,238.8,284.11,V10.84,V58.0,V58.11
CPT: 11420,11440,13132,15756-15758,20969,32553,49411,65091,65101-65114,65900,66600,66605,66770,67208-67218,67412,67414,67445,68135,68320-68328,68335,68340,77014,77261-77295,77300-77370,77401-77432,77469,77470,77520-77525,77750,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **125**
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14,19,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 201.00-201.98,284.11,996.85,V10.72,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: G0235,S2142,S2150,S9537

Line: **126**
Condition: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS (See Guideline Notes 64,65,76)
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 933.0-933.1,934.0-934.9,935.0-935.1,V90.01-V90.9
CPT: 31511,31512,31530,31531,31635,32150,32151,40804,41805,42809,43020,43045,43215,43247,43249,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **127**
Condition: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 260-262,263.0-263.9,264.0-264.9,265.0-265.2,266.0-266.9,267,268.0-268.9,269.0-269.3,280.0-280.9,285.1
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **128**
Condition: PERNICIOUS AND SIDEROBLASTIC ANEMIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 281.0-281.9,285.0
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355

Line: **129**
Condition: ATRIAL SEPTAL DEFECT, SECUNDUM (See Guideline Notes 6,64,65,76)
Treatment: REPAIR SEPTAL DEFECT
ICD-9: 745.5,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33641,33647,92960-92971,92978-92998,93580,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **130**
Condition: AMEBIASIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 006.0-006.2,006.9,007.0,007.3,007.8,136.21-136.29,136.4-136.8
CPT: 92002-92060,92081-92226,92230,92235,92250-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **131**
Condition: OTHER SPECIFIED APLASTIC ANEMIAS (See Guideline Notes 7,11,14,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.11-284.12,284.81-284.9,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38242,38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **132**
Condition: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 959.9,994.2-994.3,995.50-995.59,995.80-995.85,V61.11,V61.21,V71.5,V71.81
CPT: 46700,46706,46707,56800,56810,57023,57200,57210,57415,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **133**
Condition: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED (See Guideline Notes 20,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 314.00-314.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **134**
Condition: PYODERMA; MODERATE/SEVERE PSORIASIS (See Guideline Notes 21,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 686.00-686.1,696.1
CPT: 96150-96154,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **135**
Condition: MALARIA AND RELAPSING FEVER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 084.0-084.9,086.1-086.9,087.0-087.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **136**
Condition: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
ICD-9: 242.00-242.91,245.1-245.9,246.8,376.21-376.22
CPT: 32553,36514-36516,49411,60210-60240,60270,60271,60512,67414,67440,67445,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **137**
Condition: BENIGN NEOPLASM OF THE BRAIN (See Guideline Notes 64,65,76)
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 225.0-225.4,228.02,228.04,237.0,377.04,V12.41
CPT: 12034,14301,14302,20926,32553,49411,61312-61330,61333-61480,61500-61512,61516-61521,61524-61530,61534,61536-61564,61571-61626,61781,61782,61796-61800,62100,62140-62160,62163-62165,62223,62272,62350-62370,63265,63276,63281,63295,63615,77014,77261-77295,77300-77321,77331-77372,77402-77432,77469,77470,77520-77790,79005-79445,95990,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **138**
Condition: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS (See Guideline Notes 7,64,65,76)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.4,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36514-36516,36818-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9339,S9537

Line: **139**
Condition: COMMON TRUNCUS (See Guideline Notes 6,64,65,76)
Treatment: TOTAL REPAIR/REPLANT ARTERY
ICD-9: 745.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33608,33620,33621,33786,33788,33813,33814,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **140**
Condition: WEGENER'S GRANULOMATOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY AND RADIATION THERAPY
ICD-9: 446.3-446.4
CPT: 31528,32553,36514-36516,49411,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **141**
Condition: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION (See Guideline Notes 6,64,65,76)
Treatment: COMPLETE REPAIR
ICD-9: 746.82,747.41,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33620,33621,33724,33730,33732,37204,75557-75565,75573,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **142**
Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.0,728.88,729.71-729.79,862.8,900.00-900.9,902.0,902.10-902.9,903.00-903.4,903.8-903.9,904.0-904.3, 904.40-904.9,906.4,925.1-925.2,926.0,926.11-926.9,927.00-927.21,927.8-927.9,928.00-928.21,928.8-928.9, 929.0,958.5-958.6,958.8,958.90-958.99,V57.1,V57.21-V57.3,V57.81-V57.89
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, 27892-27894,28008,35141,35201-35207,35221,35231,35236,35261,35266,35521,36514-36516,37615-37618, 54230,74445,92960-92971,92978-92998,93797,93798,97001-97004,97012,97022,97110-97124,97140-97530, 97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0440,G0441,S0270-S0274

Line: **143**
Condition: OPEN FRACTURE/DISLOCATION OF EXTREMITIES (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 809.1,810.10-810.13,811.10-811.19,812.10-812.19,812.30-812.31,812.50-812.59,813.10-813.18,813.30-813.33, 813.50-813.54,813.90-813.93,814.10-814.19,815.10-815.19,816.10-816.13,817.1,818.1,819.1,820.10-820.19, 820.30-820.32,820.9,821.10-821.11,821.30-821.39,822.1,823.10-823.12,823.30-823.32,823.90-823.92,824.1, 824.3,824.5,824.7,824.9,825.1,825.30-825.39,826.1,827.1,828.1,830.1,831.10-831.19,832.10-832.19,833.10-833.19,834.10-834.12,835.10-835.13,836.4,836.60-836.69,837.1,838.10-838.19,V54.01-V54.16,V57.1,V57.21-V57.3,V57.81-V57.89
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, 25695,25810-25825,26340,26615,26645,26665,26685,26686,26715,26727,26735,26746,26756,26765,26775-26785,27235,27236,27244,27248,27253-27258,27267,27268,27275,27350,27430,27435,27465-27468,27502, 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, 28505,28525,28531-28675,28730,29035-29105,29126-29131,29305-29445,29505,29515,29700-29710,29720, 29850-29856,29861-29863,29871,29874-29879,29882,29888-29898,97001-97004,97012,97022,97110-97124, 97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **144**
Condition: CANCER OF CERVIX (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 180.0-180.9,284.11,V10.41,V58.0,V58.11
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, 77014,77261-77295,77300-77370,77402-77421,77424-77431,77469,77470,77761-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270,S9537

Line: **145**
Condition: INTERRUPTED AORTIC ARCH (See Guideline Notes 6,64,65,76)
Treatment: TRANSVERSE ARCH GRAFT
ICD-9: 747.11,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33608,33852,33853,33870,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **146**
Condition: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 897.0-897.7,905.9,V57.1,V57.21-V57.3,V57.81-V57.89
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, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **147**
Condition: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 003.9,007.2,007.4-007.5,007.9,031.2,031.9,039.0-039.9,053.0,053.10-053.9,054.0,054.10-054.9,078.5,110.0,110.2-110.9,111.1,112.0,112.2,112.84,115.00-115.91,115.93-115.99,117.5,118,130.0-130.9,136.3
CPT: 11720,11721,17110,17111,92002-92014,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **148**
Condition: EBSTEIN'S ANOMALY (See Guideline Notes 64,65,76)
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-9: 746.2
CPT: 33460,33465,33468,33620,33621,33641-33647,75557-75565,75573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **149**
Condition: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 360.19,365.00-365.01,365.03-365.15,365.31-365.9
CPT: 65820-65855,66150,66155,66165-66172,66180-66250,66700-66711,66740,66762,66920-66984,67255,67500,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **150**
Condition: MYASTHENIA GRAVIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY, THYMECTOMY
ICD-9: 358.00-358.9
CPT: 32673,36514-36516,60520-60522,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **151**
Condition: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 710.0,710.8-710.9,729.30
CPT: 20610,36514-36516,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **152**
Condition: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 778.2-778.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **153**
Condition: PNEUMOTHORAX AND HEMOTHORAX (See Guideline Notes 64,65,76)
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
ICD-9: 511.81-511.9,512.0-512.2,512.81-512.89,860.0-860.5
CPT: 31634,32200-32220,32310,32550,32552,32554-32562,32650-32653,32655,32664,32665,33015-33050,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **154**
Condition: HYPOTHERMIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-9: 991.6
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **155**
Condition: ANEMIA OF PREMATURITY OR TRANSIENT NEONATAL NEUTROPENIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 776.6-776.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **156**
Condition: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 001.0-001.9,003.0,003.8-003.9,004.0-004.9,005.0,005.2-005.4,005.81-005.9,008.00-008.8,009.0-009.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **157**
Condition: ACQUIRED HEMOLYTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 283.0,283.10-283.9,446.6
CPT: 36514-36516,90935,90937,90945,90947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **158**
Condition: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY (See Guideline Notes 6,64,65,76,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.00-805.18,805.3,805.5,805.7,805.9,806.00-806.9,839.00-839.18,839.30-839.31,839.50-839.59,839.71-839.79,839.9,952.00-952.9,V54.01,V54.09,V54.17,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,20660,20661,20665,20690-20694,20900,20930-20938,22100-22116,22305-22505,22532-22819,22840-22855,27202-27216,29015,29025,29040,29710-29720,63001-63173,63295,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **159**
Condition: CHORIOCARCINOMA (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 181,284.11
CPT: 32553,49327,49411,49412,58120,58150,58180,58200,58260,58541-58544,58550-58554,58570-58573,58953,58956,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **160**
Condition: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 275.01-275.3,275.8-275.9
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99195,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355

Line: **161**
Condition: PYOGENIC ARTHRITIS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 711.00-711.09,711.90-711.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20600-20610,23040,23044,24000,24006,24101,24102,25040,25101-25109,26070-26080,27030,27310,27610, 28022,28024,29819,29821,29823,29825,29843,29848,29861-29863,29871,29894,97001-97004,97012,97022, 97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **162**
Condition: BENIGN NEOPLASM OF PITUITARY GLAND (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 227.3,253.8,349.81
CPT: 32553,49411,61070,61545-61548,61781,61782,61796-61800,62100,77014,77261-77295,77300-77315,77331-77372,77402-77432,77469,77470,79005-79445,92002-92014,92083,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **163**
Condition: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 557.0,V53.50,V53.59
CPT: 34151,34421,34451,44120-44125,44130,44139-44160,44202-44213,44701,49442,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **164**
Condition: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 050.0-050.9,053.0,053.10-053.9,054.3,054.40-054.49,054.72,058.21-058.29,331.81
CPT: 64483,64484,65430,69676,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,96150-96154, 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **165**
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS (See Guideline Notes 7,11,12,19,23,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 152.0-152.9,153.0-153.9,154.0-154.8,209.00-209.17,230.3-230.7,235.2,235.5,284.11,569.44,V10.05-V10.06, V10.09,V53.50,V53.59,V58.0,V58.11
CPT: 32553,43245,44120-44125,44139-44160,44187,44188,44204-44227,44300-44346,44391-44397,44620-44626, 44701,45110-45113,45119,45123,45126,45136,45171-45190,45303,45308-45320,45333-45335,45338,45340, 45345,45381-45387,45395,45402,45505,45550,46604,46900-46924,49203-49205,49411,49442,57156,58150, 77014,77261-77295,77300-77370,77401-77421,77424-77432,77469,77470,77761-77790,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **166**
Condition: HODGKIN'S DISEASE (See Guideline Notes 7,11,12,14,19,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 201.00-201.98,284.11,V10.72
CPT: 32553,38100,38120,49203-49205,49220,49411,77014,77261-77295,77300-77321,77331-77370,77401-77427, 77469,77470,78811-78816,79403,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **167**
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 885.0-885.1,886.0-886.1,887.0-887.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000,11001,11010-11047,15050-15101,15620,20802-20924,20972,20973,23900-23921,24900-24940,25900-25909,26350-26356,26410-26418,26551-26556,26910-26952,64831,64832,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **168**
Condition: CHRONIC GRANULOMATOUS DISEASE (See Guideline Notes 7,11,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 284.11,288.01-288.2,288.4,288.8
CPT: 79005-79445,96150-96154,96405,96406,96420-96440,96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **169**
Condition: BILIARY ATRESIA (See Guideline Note 76)
Treatment: LIVER TRANSPLANT
ICD-9: 751.61,996.82,V59.6
CPT: 47133-47147,86825-86835,96150-96154

Line: **170**
Condition: NON-HODGKIN'S LYMPHOMAS (See Guideline Notes 7,11,12,14,19,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 200.00-200.88,202.00-202.28,202.70-202.98,284.11,996.85,V10.71,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,78811-78816,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: G0235,S2142,S2150,S9537

Line: **171**
Condition: LEUKOPLAKIA AND CARCINOMA IN SITU OF ORAL MUCOSA, INCLUDING TONGUE (See Guideline Notes 64,65,76)
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-9: 230.0,528.6,528.71-528.79
CPT: 40500-40530,40810-40816,40819,40820,41000-41018,41110-41510,41520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **172**
Condition: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS (See Guideline Note 76)
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
ICD-9: 250.60-250.73,356.0-356.9,357.2,357.5,440.20-440.29,443.1
CPT: 11719-11732,11750
HCPCS: G0245-G0247

Line: **173**
Condition: ANAL, RECTAL AND COLONIC POLYPS (See Guideline Note 76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 209.50-209.57,211.3-211.4,569.0,V12.72
CPT: 44140-44160,44204-44213,44391-44394,44620-44626,45113-45116,45171,45172,45308-45320,45333-45335,45338,45381-45385,46610-46612,46615,96150-96154,99211-99239,99487-99496

Line: **174**
Condition: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 077.98,098.40-098.49
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **175**
Condition: COMPLICATED HERNIAS (OTHER THAN DIAPHRAGMATIC HERNIA); UNCOMPLICATED INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE (See Guideline Notes 24,63,64,65,76)
Treatment: REPAIR
ICD-9: 550.00-550.93,551.00-551.29,551.8-551.9,552.00-552.29,552.8-552.9,603.0,603.8-603.9
CPT: 44050,44120,49491-49572,49582,49587,49590,49650-49659,55040-55060,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **176**
Condition: NON-DIABETIC HYPOGLYCEMIC COMA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 251.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **177**
Condition: RUPTURED SPLEEN (See Guideline Note 76)
Treatment: REPAIR/SPLENECTOMY/INCISION
ICD-9: 865.00-865.19
CPT: 38100,38115,38120

Line: **178**
Condition: ACUTE MASTOIDITIS (See Guideline Notes 64,65,76)
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
ICD-9: 383.00-383.02,383.20-383.22
CPT: 69420-69436,69501-69540,69601-69646,69670,69700,69801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **179**
Condition: HYPERTENSIVE HEART AND RENAL DISEASE (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 404.00-404.93,405.01,405.11,405.91,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **180**
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 25,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81,995.52-995.54
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285, 99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **181**
Condition: ACUTE NON-LYMPHOCYTIC LEUKEMIAS (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 205.00-205.02,206.00-206.02,207.00-207.02,208.00-208.02,284.11,V10.62-V10.69
CPT: 32553,38100,38120,38760,49411,62350-62370,77014,77261-77295,77300,77305-77321,77331-77370,77401-77427,77469,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **182**
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS (See Guideline Notes 19,76)
Treatment: SINGLE FOCAL SURGERY
ICD-9: 345.10-345.11,345.40-345.51,345.90-345.91,V53.02-V53.09
CPT: 61531-61537,61540,61541,61543,61566,61567,61720,61735,61760,61850-61888,64568-64570,78608,78609, 78811,78814,96150-96154
HCPCS: G0235

Line: **183**
Condition: POLYARTERITIS NODOSA AND ALLIED CONDITIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 136.1,437.4,446.0,446.6-446.7
CPT: 36514-36516,92002-92014,92235,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **184**
Condition: COMMON VENTRICLE (See Guideline Notes 6,64,65,76)
Treatment: TOTAL REPAIR
ICD-9: 745.3,745.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33600,33602,33608,33610,33615,33617,33620-33622,33692,33694,33735-33750,33764-33768,33924,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **185**
Condition: INTRACEREBRAL HEMORRHAGE (See Guideline Notes 6,64,65,90)
Treatment: MEDICAL THERAPY
ICD-9: 431,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **186**
Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 591,593.3-593.5,593.89
CPT: 50070,50075,50100,50382-50389,50392,50393,50395,50400,50405,50544,50553,50572,50575,50576,50700-50740,50840,50845,50900,50940,50953,50970,50972,51535,52276,52290,52301,52310,52315,52327,52332-52346,52352-52354,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **187**
Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE) (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY, BURN TREATMENT
ICD-9: 692.77,991.0-991.5,991.8-991.9,992.0-992.8,993.2,994.0-994.1,994.4,994.7-994.9,995.89
CPT: 11000,11960-11971,14020,14040,14041,14301,14302,15002-15574,15770,16000-16036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: **188**
Condition: SEPTICEMIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 002.0-002.9,003.1,038.0,038.10-038.9,054.5,079.81,098.89,771.81-771.89,785.52,995.90-995.94,998.02
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **189**
Condition: FRACTURE OF PELVIS, OPEN AND CLOSED (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.81,733.98,808.0-808.3,808.41-808.9,V54.01,V54.09,V54.19,V54.29,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,20690-20694,20900,27033,27193,27194,27215-27228,27280,27282,29035-29046,29305,29325,29710,29720,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0412-G0415,G0425-G0427,S0270-S0274

Line: **190**
Condition: ACUTE OSTEOMYELITIS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 526.4,730.00-730.09,730.31-730.39,V57.1,V57.21-V57.3,V57.81-V57.89
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, 97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **191**
Condition: DIVERTICULITIS OF COLON (See Guideline Notes 64,65,76)
Treatment: COLON RESECTION, MEDICAL THERAPY
ICD-9: 562.00-562.13
CPT: 33238,44005,44139-44147,44160,44188,44204-44208,44213,44227,44320,44391,44393,44620-44626,44701, 45308-45320,45334,45335,45381,45382,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **192**
Condition: MULTIPLE VALVULAR DISEASE (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 396.0-396.9,397.0-397.9,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33361-33496,33530,33620,33621,33768,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **193**
Condition: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION (See Guideline Notes 64,65,76,93)
Treatment: MEDICAL THERAPY/ADRENALECTOMY
ICD-9: 255.0,255.10-255.14,255.3,255.6-255.9,259.1,259.3,349.81
CPT: 11981-11983,60540,60545,60650,61546,62100,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9560

Line: **194**
Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS (See Guideline Notes 6,64,65,76)
Treatment: REPAIR
ICD-9: 746.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33460-33464,33496,33608,33615,33617,33620,33621,33735-33750,33766,33768,75557-75565,75573,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **195**
Condition: CHRONIC ISCHEMIC HEART DISEASE (See Guideline Notes 6,13,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 277.7,412,413.0-413.9,414.00-414.9,429.2,429.71-429.79,747.89,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33202,33206-33210,33212-33229,33233-33238,33261,33361-33430,33465,33475,33500,33508-33542,33572, 33681,33922,33973,33974,35001,35182,35189,35226,35256,35286,35572,35600,92920-92938,92943,92944, 92960-92998,93279-93284,93286-93289,93292-93296,93724,93797,93798,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0290,G0291,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S0340-S0342,S2205-S2209

Line: **196**
Condition: NEOPLASMS OF ISLETS OF LANGERHANS (See Guideline Note 76)
Treatment: EXCISION OF TUMOR
ICD-9: 157.4,211.7
CPT: 43268,48120,48140,49324,49325,49421,49422,96150-96154,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496
HCPCS: G0396,G0397

Line: **197**
Condition: CANCER OF BREAST (See Guideline Notes 3,7,11,12,26,64,65,76,79,88)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
ICD-9: 174.0-174.9,175.0-175.9,233.0,238.3,284.11,611.83,612.0-612.1,V10.3,V45.71,V50.41-V50.42,V51.0,V52.4, V58.0,V58.11
CPT: 11970,13153,14000,14001,14301,14302,15200,15201,19110,19120-19126,19290-19298,19301-19307,19318, 19328-19369,32553,38740,38745,49411,58300,58301,58661,58940,77014,77261-77295,77300-77370,77402-77421,77427,77431,77470,77600-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571, 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2066-S2068,S9537,S9560

Line: **198**
Condition: MULTIPLE MYELOMA (See Guideline Notes 7,11,12,14,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 203.00-203.82,284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **199**
Condition: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 282.0-282.3,282.40-282.45,282.47-282.9,285.8,289.0,289.4,289.50-289.89
CPT: 36514-36516,38100-38102,38120,47562,47563,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355

Line: **200**
Condition: ACUTE PANCREATITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 577.0
CPT: 43260-43273,48000-48020,48105,48120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **201**
Condition: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; CEREBRAL ANEURYSM; COMPRESSION OF BRAIN (See Guideline Notes 6,64,65,76,90)
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
ICD-9: 348.4-348.5,349.81,430-431,432.0-432.9,437.3,437.5,747.81,852.00-852.59,853.00-853.19,V57.1,V57.21-V57.3, V57.81-V57.89
CPT: 31290,31291,61107-61120,61150-61154,61210,61312-61316,61322,61323,61343,61522-61630,61640-61711, 61781-61783,62100,62220,62223,62272,77263-77295,77300,77332-77336,77370-77372,77402-77416,77432, 92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532, 97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **202**
Condition: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE (See Guideline Notes 6,64,65,76)
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.26-941.27,941.36-941.37,942.20-942.24,942.29-942.34,942.39,943.20-943.39,944.20-944.24,944.26-944.34, 944.36-944.38,945.20-945.21,945.23-945.31,945.33-945.39,946.2-946.3,949.2-949.3,V57.1,V57.21-V57.3, V57.81-V57.89
CPT: 11000,11042,11045,11960-11971,14020,14040,14041,14301,14302,15002-15574,16000-16036,92506-92508, 92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152

Line: **203**
Condition: TETANUS NEONATORUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **204**
Condition: CONGENITAL CYSTIC LUNG - MILD AND MODERATE (See Guideline Notes 64,65,76)
Treatment: LUNG RESECTION, MEDICAL THERAPY
ICD-9: 518.89,748.4,748.61
CPT: 32140,32141,32480-32488,32501,32505-32507,32662,32663,32666-32670,32800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **205**
Condition: CHRONIC HEPATITIS; VIRAL HEPATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 070.0-070.1,070.20-070.9,571.40-571.49,571.8-571.9,573.0
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **206**
Condition: CONSTITUTIONAL APLASTIC ANEMIAS (See Guideline Notes 7,11,14,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 284.01-284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38240,38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **207**
Condition: CANCER OF SOFT TISSUE (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.1,171.0-171.9,238.1,284.11,V10.29,V10.88,V58.0,V58.11
CPT: 14040,14301,14302,15040,15100-15116,15130-15157,15732-15756,15758,20555,21011-21016,21121,21552-21558,21930-21936,22900-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27130,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,33120,33130,49203-49205,49411,64774-64783,69110,69120,69145-69155,77014,77261-77295,77300-77370,77402-77432,77469,77470,77761-77790,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9537

Line: **208**
Condition: CANCER OF BONES (See Guideline Notes 6,7,11,12,19,64,65,76,100)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 170.0-170.9,198.5,238.0,284.11,V10.81,V57.1,V57.21-V57.3,V57.81-V57.89,V58.0,V58.11
CPT: 14000,14001,14301,14302,19260-19272,20930-20938,20955-20973,21025,21026,21034,21044,21045,21081,21610,21620,22532-22819,22851,23140,23200-23330,23470-23474,23900,24150-24155,24363,24370,24371,24498,24900-24931,25110-25119,25210-25240,25320,25335,25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26200,26910-26952,27025,27054,27065-27067,27075-27078,27187,27290,27334,27335,27365,27465-27468,27495,27590-27598,27640-27647,27656,27745,27880-27889,28800-28825,31200,31201,31225,32553,32900,36680,49411,61583,61601,63081-63103,63276,63295,63620,63621,67412,69970,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5934,D5935,D5984,D5992,D5993,D7440,D7441,G0157-G0161,G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **209**
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,65,86,90)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 290.0,290.10-290.9,291.2,292.82-292.84,293.81-293.89,294.0,294.10-294.9,310.1-310.2,310.89,V10.91
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96118,97001-97004,97532,98966-98969,99051,99060, 99201-99239,99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **210**
Condition: SLEEP APNEA AND NARCOLEPSY (See Guideline Notes 27,36,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.03,327.20-327.21,327.23-327.29,347.00-347.01,780.51,780.53,780.57
CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140-42160,42820-42836,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444, 99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **211**
Condition: ERYSIPELAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 035
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **212**
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 28,64,65,92)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 296.20-296.22,296.25-296.26,296.90,298.0,311
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239, 99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **213**
Condition: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 073.0,481,482.0-482.2,482.30-482.9,483.0-483.8,485-486,507.0-507.8
CPT: 31600,31603,31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **214**
Condition: SUPERFICIAL ABSCESSES AND CELLULITIS (See Coding Specification Below) (See Guideline Notes 64,65,76,113)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.3,040.89,373.13,380.14,454.1,459.12,459.32,478.5,478.71,478.79,527.3,528.3,528.5,529.0,566,597.0,601.2, 601.8,603.1,607.2,608.4,616.3-616.4,680.0-680.9,681.00-681.9,682.0-682.9,684,685.0,686.8,703.0,744.41, 744.46,744.49
CPT: 10060-10081,10160,11000-11047,11730-11752,11765-11772,20005,20102,21501,21502,22010,22015,23030, 23930,26010,26011,26990,27301,27603,28001-28003,29130,31300,31360-31420,31511-31513,31530,31531, 31540-31571,31577,31578,31587-31595,31600-31605,31820,31825,40801,41000-41009,41800,42000,45005, 45020,46020,46040-46060,46270,53040,53060,53270,54700,55100,56405,56420,56740,60280,67700,69000, 92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Spastic dysphonia (478.79) is not included on this line, but on Line 583.

Line: **215**
Condition: ZOONOTIC BACTERIAL DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 020.0-020.9,021.0-021.9,022.0-022.9,023.0-023.9,024-025,026.0-026.9,027.0-027.9,073.7-073.9,078.3,V71.82-V71.83
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **216**
Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 736.05-736.06,870.0-870.1,872.00-872.12,872.62-872.9,873.0-873.1,873.20-873.59,873.70-873.9,875.0-875.1,876.0-876.1,877.0-877.1,878.0-878.9,879.0-879.9,880.00-880.29,881.00-881.22,882.0-882.2,883.0-883.2,884.0-884.2,890.0-890.2,891.0-891.2,892.0-892.2,893.0-893.2,894.0-894.2,895.0-895.1,906.0-906.1,953.4-953.9,954.0-954.9,955.0-955.9,956.0-956.9,957.0-957.9,958.2-958.3,V04.5,V57.1,V57.21-V57.3,V57.81-V57.89,V58.30
CPT: 10120,10121,11000-11047,11730,11732,11750,11760,12001-14302,15002-15770,15845,20101-20150,20525,23040,23044,23397,24000,24006,24101,24102,24341,25101-25109,25260-25272,25295-25310,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,25922,26080,26350-26510,26540,26591,26951,26990,27310,27372,27603,27830,27831,28022,28024,28140,28200,28208,28810-28825,29075,29130,29515,29580,30901-30906,32653,40650-40654,40830,40831,41250-41252,42180,42182,54520,54670,56800,57200,57210,64702-64714,64718,64719,64727-64792,64820,64831-64862,64872-64911,67930,67935,67950,90675,90676,97001-97004,97022,97036,97110,97112,97140-97530,97535,97760,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7912,D7920,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: **217**
Condition: CHOANAL ATRESIA (See Guideline Notes 64,65,76)
Treatment: REPAIR OF CHOANAL ATRESIA
ICD-9: 748.0
CPT: 30520-30545,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **218**
Condition: CANCER OF UTERUS (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 179,182.0-182.8,233.2,236.0,284.11,621.30-621.35,V10.42,V58.0,V58.11
CPT: 32553,38562,38564,38571,38572,38770,38780,49203-49205,49327,49411,49412,55920,57155,57156,58120,58150-58294,58346,58541-58544,58548-58554,58570-58573,58953-58956,77014,77261-77295,77300-77370,77402-77421,77424-77427,77469,77470,77761-77790,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270

Line: **219**
Condition: RUPTURE OF LIVER (See Guideline Notes 64,65,76)
Treatment: SUTURE/REPAIR
ICD-9: 573.4,573.8,864.04
CPT: 47350-47362,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **220**
Condition: CANCER OF THYROID (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 193,237.4,284.11,V10.87,V58.0,V58.11
CPT: 32553,32674,38700-38724,38746,49411,60200-60271,60512,77014,77261-77295,77300-77321,77331-77370,77401-77427,77469,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5984,G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **221**
Condition: NON-HODGKIN'S LYMPHOMAS (See Coding Specification Below) (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 200.00-200.88,202.00-202.38,202.60-202.98,238.5-238.6,238.71-238.79,284.11,V10.71,V10.79
CPT: 32553,38100,38120,38542,38720,49411,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469, 77470,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355,S9537

Malignant and systemic mastocytosis (202.3) are included on Line 221. Mastocytosis limited to the skin (757.3) resides on Line 688.

Line: **222**
Condition: PATHOLOGICAL GAMBLING (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-9: 312.31
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011, H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **223**
Condition: BULLOUS DERMATOSES OF THE SKIN (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 694.0-694.5,694.60-694.9
CPT: 15731,36514-36516,65778-65782,68371,77014,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **224**
Condition: ESOPHAGEAL VARICES (See Guideline Notes 64,65,76,77)
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
ICD-9: 456.0-456.1,456.20-456.21
CPT: 37145,37160,37181-37183,38100,43107-43124,43201,43204,43205,43227,43243,43244,43255,43400,43401, 43410,43415,43460,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **225**
Condition: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 054.0,695.12-695.15
CPT: 36514-36516,65778-65782,68371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **226**
Condition: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 415.0,415.11-415.19,958.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33910-33916,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **227**
Condition: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.4-112.5,112.81,112.83-112.89
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **228**
Condition: CANCER OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 7,11,12,64,65,76,96)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 189.0-189.1,189.3-189.9,198.0,209.24,233.9,236.90-236.99,284.11,V10.50,V10.52-V10.59,V58.0,V58.11
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, 52500,53210-53220,58200,58960,77014,77261-77295,77300,77305-77321,77331-77370,77402-77417,77424-77432,77469,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **229**
Condition: CANCER OF STOMACH (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 151.0-151.9,209.23,230.2,235.2,284.11,V10.04,V58.0,V58.11
CPT: 32553,43122,43245,43248,43249,43611-43635,44110-44130,49327,49411,49412,77014,77261-77295,77300-77321,77331-77370,77402-77418,77424-77432,77469,77470,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **230**
Condition: PORTAL VEIN THROMBOSIS (See Guideline Notes 64,65,76,77)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 452
CPT: 37140,37180,37182,37183,49425-49429,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **231**
Condition: TESTICULAR CANCER (See Guideline Notes 7,11,12,14,30,76)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 186.0-186.9,284.11,V58.0,V58.11,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **232**
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE) (See Guideline Note 53)
Treatment: BASIC PERIODONTICS
HCPCS: D4210-D4212,D4341,D4342,D4910

Line: **233**
Condition: PULMONARY FIBROSIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 515,516.0-516.2,516.30-516.9,517.1-517.8
CPT: 31600-31603,31820,31825,32997,94002-94005,94640,94660-94668,96150-96154,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **234**
Condition: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 478.6,995.0,995.4,995.60-995.69
CPT: 86486,95004,95017-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **235**
Condition: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE (See Guideline Notes 7,64,65,76)
Treatment: MEDICAL THERAPY, DIALYSIS
ICD-9: 276.0-276.4,276.50-276.9,277.88,785.50,785.59,996.88,998.00,998.09,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36818-36821,36832,36835,36838,49324-49326,49421,49422,49435,49436,75791,90935-90947, 90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9339,S9537

Line: **236**
Condition: OCCUPATIONAL LUNG DISEASES (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 495.0-495.9,500-505
CPT: 31600,86486,94002-94005,94640,94660-94668,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274,S9441

Line: **237**
Condition: DISEASES AND DISORDERS OF AORTIC VALVE (See Guideline Notes 6,64,65,76)
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
ICD-9: 395.0-395.9,424.1,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33361-33413,33417,33496,33530,33620,33621,35452,75557-75565,75573,92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **238**
Condition: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 227.1,252.00-252.9,275.40-275.5,588.81
CPT: 60500-60512,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **239**
Condition: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 391.0-391.9,392.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **240**
Condition: RUPTURED VISCUS (See Guideline Notes 64,65,76)
Treatment: REPAIR
ICD-9: 530.4,568.81,569.3,569.49,569.89,862.22
CPT: 43405,44391,44602-44605,45317,45334,45382,45500,45560,45915,57268,57270,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **241**
Condition: INTESTINAL MALABSORPTION (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 040.2,579.0-579.9
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

ICD-9 code 579.8 (Other specified intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.

Line: **242**
Condition: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 802.1,802.20-802.9,950.0-950.9,951.0-951.9,V54.19,V54.29
CPT: 10121,11010-11012,20670,20680,20694,21085,21210,21215,21310-21470,30420,30450,31292-31294,92002-92014,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5988,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **243**
Condition: MALIGNANT MELANOMA OF SKIN (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 172.0-172.9,284.11,V10.82
CPT: 11600-11646,12001-12020,12031-15261,15570-15770,21011-21016,21552-21558,21632,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27049,27059,27075-27078,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,32674,38700-38780,49411,77014,77261-77295,77300-77321,77331-77370,77401-77432,77469,77470,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0219,G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9537

Line: **244**
Condition: LEPTOSPIROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 100.0,100.81-100.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **245**
Condition: URINARY FISTULA (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 593.81-593.82
CPT: 45820,50040,50045,50382-50389,50395,50398,50520-50526,50688,50900-50930,50961,50970,50980,52234,53080,53085,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **246**
Condition: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 031.8-031.9,039.0-039.9,130.0-130.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **247**
Condition: HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Note 76)
Treatment: REPAIR
ICD-9: 746.7
CPT: 33615-33622,33750,33764-33768,33924,37204,75557-75565,75573

Line: **248**
Condition: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 079.82,506.0-506.9,508.0,508.2,518.4,518.51-518.53,518.81-518.82,518.84
CPT: 31600-31610,31645,31646,31820,31825,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274

Line: **249**
Condition: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 203.00-203.02,203.80-203.82,204.00-204.02,277.30,277.39,284.11,V10.61,V10.79
CPT: 32553,36514-36516,49411,62350-62370,77014,77261-77295,77300-77321,77331-77370,77401-77431,77469,77470,79005-79445,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **250**
Condition: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.0,250.70-250.73,440.20-440.4,728.0,728.86,785.4
CPT: 10060,11000-11057,15002,15003,15100,15101,23900-23921,23930,24900-24940,25028,25900-25931,26025, 26030,26910-26952,26990,26991,27025,27290,27295,27301,27305,27590-27598,27603,27880-27889,28001-28003,28008,28150,28800-28825,29893,35302-35321,35351-35372,35500,35682,35683,35860,35875,35876, 35903,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **251**
Condition: TETANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 037
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **252**
Condition: CANCER OF OVARY (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.0,198.6,236.2,284.11,V10.43,V58.0,V58.11
CPT: 32553,38571,38572,44110,44120,44140,49203-49205,49327,49411,49412,49419,49422,57156,58150,58180-58210,58260,58541-58544,58548-58554,58570-58573,58660-58662,58720,58740,58925-58960,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,77470,77750,77790,79005-79445, 96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270,S9537

Line: **253**
Condition: SHORT BOWEL SYNDROME - AGE 5 OR UNDER (See Guideline Note 76)
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
ICD-9: 557.0-557.9,579.3,777.50-777.53,996.87
CPT: 44132,44135,44715-44721,47133-47147,86825-86835,96150-96154
HCPCS: S2053

Line: **254**
Condition: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA (See Guideline Note 76)
Treatment: HEART-LUNG AND LUNG TRANSPLANT
ICD-9: 135,273.4,277.00-277.09,277.6,491.8,492.8,494.0-494.1,495.0-495.9,500-505,515,947.9,996.84
CPT: 32850-32856,33930-33935,86825-86835,94640,96150-96154
HCPCS: G0424,S2060,S2061

Line: **255**
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA) (See Guideline Note 76)
Treatment: LIVER TRANSPLANT
ICD-9: 270.0,270.2-270.4,270.6,270.9,271.0,271.8,272.0,273.4,275.01-275.1,277.6,570,571.49,996.82,V59.6
CPT: 47133-47147,86825-86835,96150-96154,97802-97804

Line: **256**
Condition: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE (See Guideline Notes 64,65,76)
Treatment: HEART-LUNG AND LUNG TRANSPLANTS
ICD-9: 238.1,416.0,516.30-516.4,516.63-516.69,745.0,745.4-745.5,747.0,996.84
CPT: 32850-32856,33930-33935,86825-86835,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2060,S2061

Line: **257**
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU (See Guideline Notes 64,65,76)
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
ICD-9: 232.0-232.9,607.0,692.75
CPT: 11300-11446,11600-11646,13100-14350,17000-17108,17260-17286,69110,69120,69300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **258**
Condition: PRIMARY ANGLE-CLOSURE GLAUCOMA (See Guideline Notes 64,65,76)
Treatment: IRIDECTOMY, LASER SURGERY
ICD-9: 365.02,365.20-365.24,365.83
CPT: 65860-65880,66150,66160,66165,66180,66250-66505,66625-66635,66761,66762,66990,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **259**
Condition: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA (See Guideline Notes 64,65,76)
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-9: 370.00-370.07,370.35,370.55,918.0-918.9
CPT: 65275,65430,65600,65778-65782,67505,67515,68200,68360,68371,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **260**
Condition: TORSION OF OVARY (See Guideline Notes 64,65,76)
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-9: 620.5
CPT: 58660-58662,58720,58740,58770,58925-58943,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **261**
Condition: TORSION OF TESTIS (See Guideline Notes 64,65,76)
Treatment: ORCHIECTOMY, REPAIR
ICD-9: 608.20-608.24
CPT: 54512-54522,54600-54640,54660,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **262**
Condition: LIFE-THREATENING EPISTAXIS (See Guideline Notes 64,65,76)
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
ICD-9: 784.7
CPT: 30520-30560,30620-30930,31238,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **263**
Condition: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC (See Guideline Notes 64,65,76)
Treatment: FOREIGN BODY REMOVAL
ICD-9: 360.50-360.69,V90.01-V90.9
CPT: 65235-65265,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **264**
Condition: GLYCOGENOSIS (See Guideline Notes 64,65,67)
Treatment: MEDICAL THERAPY
ICD-9: 271.0
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9357

Line: **265**
Condition: METABOLIC BONE DISEASE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 731.0,733.00-733.09,V58.68
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **266**
Condition: PARKINSON'S DISEASE (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 332.0-332.1
CPT: 61781,61782,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **267**
Condition: CHRONIC PANCREATITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 577.1,577.8-577.9
CPT: 43260-43273,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **268**
Condition: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM (See Guideline Notes 64,65,76,95)
Treatment: MEDICAL THERAPY
ICD-9: 334.0-334.9,340,341.0-341.1,341.20-341.9,V53.09
CPT: 31600,31610,86711,90284,92081-92083,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **269**
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9484,T1005,T1016

Line: **270**
Condition: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA (See Guideline Notes 6,76)
Treatment: SURGICAL TREATMENT
ICD-9: 443.1,444.01-444.1,444.81-444.89,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33320-33335,33916,34001-34101,34201,34203,35081,35331,35363-35390,35535-35540,35560,35623-35638,35646,35647,35654,35681-35683,35691-35695,35741-35800,35875,35876,35901,36825,36830,37184-37186,37202-37206,37211,37213,37214,49324-49326,49421,49422,49435,49436,92960-92971,92978-92998,93797,93798,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496
HCPCS: G0157-G0161,G0396,G0397,G0422,G0423

Line: **271**
Condition: CHRONIC OSTEOMYELITIS (See Guideline Notes 6,64,65,76,100)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 730.10-730.19,730.34,730.91-730.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11000-11047,15734,20005,20150,20690-20694,20900,20930-20938,20955-20973,21620,21627,22532-22819,22840-22848,22851,23035,23105,23130,23170-23184,23220,23395,23935,24134-24147,24150,24152,24420,24498,25035,25085,25119,25145-25151,25210-25240,25320,25337,26034,26230-26236,26320,26951,26992,27070-27078,27187,27303,27360,27465-27468,27598,27607,27620,27640,27641,27745,27880-27888,28005,28120-28124,28800-28825,29075,29345,63045-63048,63081-63091,96150-96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **272**
Condition: MULTIPLE ENDOCRINE NEOPLASIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 246.0,258.01-258.9,758.5
CPT: 60210-60240,60270,60271,60500-60512,60540,60545,60650,96150-96154,98966-98969,99201-99215,99221-99233,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **273**
Condition: DEFORMITIES OF HEAD (See Guideline Notes 6,64,65,76,81)
Treatment: CRANIOTOMY/CRANIECTOMY
ICD-9: 733.3,738.10-738.19,756.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11971,14040,14041,14301,14302,20660,20661,20665,21076,21077,21137-21180,21182-21188,21256-21275,21282,61312-61330,61340,61345,61550-61559,62115-62148,92506-92508,92526,92607-92609,92633,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5915,D5919,D5924,D5925,D5928-D5931,D5933,D5992,D5993,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **274**
Condition: DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES (See Guideline Notes 6,64,65,76)
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
ICD-9: 391.1,394.0-394.9,396.0-396.9,424.0,424.2-424.3,746.89,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33420-33465,33470-33496,33530,33620,33621,75557-75565,75573,92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **275**
Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 187.1-187.9,233.5-233.6,236.6,284.11,V10.45,V10.48-V10.49,V58.0,V58.11
CPT: 11620-11626,15574,17272-17276,32553,49327,49411,49412,52240,54065,54120-54135,54220,54230,54520-54535,55150-55180,55920,58960,74445,77014,77261-77295,77300-77370,77402-77417,77424-77427,77469,77470,77600-77787,77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **276**
Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.0,194.0-194.9,198.7,209.20,209.22,209.25-209.29,234.8,237.1-237.4,259.2,284.11,V10.29,V10.91,V58.0,V58.11
CPT: 32553,32673,49411,60500,60512-60650,62165,64788,77014,77261-77295,77300-77321,77331-77370,77402-77432,77469,78811-78816,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **277**
Condition: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 158.0-158.9,235.4-235.5,284.11,V10.09,V58.0,V58.11
CPT: 32553,39010,44820,44850,49203-49205,49255,49327,49411,49412,77261-77295,77300,77305-77370,77402-77418,77424-77427,77469,77470,77761-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **278**
Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS (See Coding Specification Below) (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 162.0-162.9,163.0-163.9,164.2-164.9,165.0-165.9,197.0,209.21,231.1-231.2,231.9,235.7-235.8,284.11,459.2, V10.11-V10.20,V10.29,V58.0,V58.11
CPT: 19260-19272,21552,21610,22900,31600-31603,31630,31631,31636-31646,31770,31775,31785,31786,31820, 31825,32320,32440-32488,32501-32550,32552,32553,32650,32662,32666-32671,32674,32900-32906,37205, 37206,38542,38746,38794,39000-39220,49411,77014,77261-77295,77300-77370,77401-77432,77469,77470, 77761-77790,78811-78816,81235,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

ICD-9 code 459.2 is included on this line for superior vena cava syndrome only.

Line: **279**
Condition: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME (See Guideline Notes 6,18,64,65,70,76)
Treatment: CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT
ICD-9: 135,412,414.00-414.3,414.8-414.9,422.0,422.90-422.99,425.0,425.11-425.9,428.0-428.1,428.20-428.9,429.1, 674.80-674.84,745.10-745.19,745.3,746.7,996.83,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33620,33621,33940-33945,33975-33993,50300-50370,50547,75557-75565,75573,76776,86825-86835,92960-92971,92978-92998,93750,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **280**
Condition: CHRONIC NON-LYMPHOCYTIC LEUKEMIA (See Guideline Notes 7,11,12,14,76)
Treatment: BONE MARROW TRANSPLANT
ICD-9: 205.10-205.12,206.10-206.12,284.11,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,90284,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **281**
Condition: TRACHOMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 076.0-076.9,085.1-085.4,139.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **282**
Condition: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 360.12,364.00-364.3
CPT: 67515,68200,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **283**
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS)
Treatment: URGENT DENTAL SERVICES
ICD-9: 520.1,520.6,521.6,521.81-521.89,522.0-522.9,525.3,526.4-526.5
CPT: 41000,41800,41806,98966-98969,99051,99060,99201-99215,99366,99441-99444,99487-99496,99605-99607
HCPCS: D2910-D2920,D2940,D2950,D2970,D3120,D3220,D3222-D3240,D3351-D3354,D4920,D5410-D5510,D5850, D5851,D6930,D7111,D9120,D9951

Line: **284**
Condition: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 080,081.0-081.9,082.0-082.3,082.40-082.9,083.0-083.9,085.0,085.5-085.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **285**
Condition: DIABETES INSIPIDUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 253.5
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **286**
Condition: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE (See Guideline Notes 64,65,76)
Treatment: ENUCLEATION
ICD-9: 360.11,360.14,360.20,360.23-360.29,360.40-360.44,360.81-360.89
CPT: 65091,65093,65105,65125-65175,67218,67560,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **287**
Condition: CANCER OF BLADDER AND URETER (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 188.0-188.9,189.2,198.1,233.7,236.7,284.11,V10.51,V58.0,V58.11
CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,50125,50220-50290,50340,50400,50405,50542-50548,50553,50572,50605,50650,50660,50780,50825-50840,50976,51530,51550-51597,51700,51720,52214-52250,52281,52282,52327,52332,52354,52355,52500,53210-53220,55840,55920,57156,58960,77014,77261-77295,77300-77370,77402-77417,77421,77424-77427,77469,77470,77761-77790,79005-79445,88120,88121,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **288**
Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 896.0-896.3,897.6-897.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11010-11012,20838,20920-20924,27888,28800-28810,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **289**
Condition: ACUTE POLIOMYELITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 045.00-045.93,V12.02,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92506-92508,92526,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **290**
Condition: LEPROSY, YAWS, PINTA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 030.0-030.9,031.1,040.1,040.3,102.0-102.9,103.0-103.9,104.0-104.9
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **291**
Condition: UROLOGIC INFECTIONS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 590.00-590.01,590.80,590.9,595.0,595.2-595.3,595.81-595.9,599.0,601.0,604.0,604.90,604.99,608.0
CPT: 50391,51100,51101,51700,52260,53450,54700,54860,54861,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **292**
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 173.01-173.09,173.11-173.19,173.21-173.29,173.31-173.39,173.41-173.49,173.51-173.59,173.61-173.69,173.71-173.79,173.81-173.89,173.91-173.99,176.0-176.9,198.2,209.31-209.36,238.2,284.11,V10.83,V58.0,V58.11
CPT: 11000-11047,11300-11446,11600-11646,12001-12020,12031-15040,15100,15110-15261,15570-15770,17000-17108,17260-17315,21011-21014,21016,21552-21558,21930-21936,22901-22905,23071-23078,24071-24079,25071-25078,26111-26118,27043-27048,27059,27327-27329,27337,27339,27364,27615-27619,27632,27634,28039-28047,32553,38700-38745,38760,38765,40650-40654,49411,67950-67975,69110,69120,69145,69910,77014,77261-77295,77300-77321,77331-77370,77401-77432,77469,77470,78811-78816,79005-79445,92002-92014,92285,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9537

Line: **293**
Condition: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY (See Guideline Notes 6,64,65,76)
Treatment: REPAIR
ICD-9: 901.0-901.3,901.40-901.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 32654,33320-33335,33880-33891,34502,35211,35216,35241,35246,35271,35276,35506,35516,35616,37616,92960-92971,92978-92998,93797,93798,96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **294**
Condition: RUPTURE OF BLADDER, NONTRAUMATIC (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.6
CPT: 51860,51865,53080,53085,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **295**
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.3,298.1-298.3,298.8-298.9,299.80-299.81
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **296**
Condition: HYDROPS FETALIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 773.3,778.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **297**
Condition: DEFORMITY/CLOSED DISLOCATION OF JOINT (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 718.12,718.17,718.22-718.27,718.29-718.30,718.32-718.39,718.71-718.79,728.6,732.4,736.21-736.22,736.5,736.73-736.75,736.81,754.40-754.41,754.51-754.53,754.62,754.71,755.01,755.11-755.12,755.20-755.4,755.54-755.55,755.58,830.0,831.00-831.09,832.00-832.09,832.2,833.00-833.09,834.00-834.02,835.00-835.03,836.3,836.50-836.59,837.0,838.00-838.09,839.61-839.69,839.8,905.6,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11200,20527,20690-20694,20900,20920-20924,21480,23455,23470,23520-23552,23650-23700,24000,24006,24101,24102,24300,24332,24343,24345,24346,24600-24640,25001,25101-25109,25259,25275,25320,25335,25337,25390-25394,25430,25431,25441-25445,25447,25450-25492,25660-25695,25810-25830,26035,26040,26045,26060,26121-26180,26320-26341,26390,26440-26596,26641-26715,26770-26863,26951,27097,27100-27122,27138-27170,27179,27185,27250-27258,27265-27275,27306,27307,27350,27420-27495,27550-27598,27603-27612,27615,27618-27630,27634-27692,27698,27705,27715,27727-27742,27830-27860,28008-28035,28043-28072,28086-28092,28110-28118,28126-28160,28220-28280,28288,28289,28300-28305,28307-28341,28360,28540-28760,29049-29105,29126-29131,29305-29515,29700-29720,29750,29806-29819,29828,29834,29861-29863,29873,29874,29881,29882,29891,29892,29894,29904-29907,64702,64704,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7810-D7830,G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2115

Line: **298**
Condition: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 31,76)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.11-389.12,389.14,389.16,389.18
CPT: 69717,69718,69930,92562-92565,92571-92577,92590,92591,92601,92602,92626-92633

Line: **299**
Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS (See Guideline Notes 64,65,76)
Treatment: RETINAL REPAIR, VITRECTOMY
ICD-9: 361.00-361.2,361.31,361.81-361.9,379.25-379.26
CPT: 66990,67005-67113,67145,67208,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **300**
Condition: ARTHROPOD-BORNE VIRAL DISEASES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 060.0-060.9,061,062.0-062.9,063.0-063.9,064,065.0-065.9,066.0-066.3,066.40-066.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **301**
Condition: HYPOPLASIA AND DYSPLASIA OF LUNG (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 31601,31603,31820,31825,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **302**
Condition: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 393,398.0,398.90-398.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 92960-92971,92978-92998,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **303**
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS (See Guideline Notes 64,65,76,77)
Treatment: THROMBECTOMY/LIGATION
ICD-9: 453.0-453.3,453.72-453.9,V12.51
CPT: 34101,34401,34451-34530,35206-35226,35236-35256,35266-35286,35476,35572,35681,35761-35840,35875,35876,35905,35907,37140,37160,37182,37183,37187,37188,37202,37205-37208,37212-37214,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **304**
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 426.82,427.1,427.41-427.5,428.20-428.9,429.4,746.86,V12.53,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31603,31605,32160,33202-33266,33820,33967,92960-92971,92978-92998,93279-93284,93286-93289,93292-93296,93600-93656,93724,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,G0448,S0270-S0274

Line: **305**
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239, 99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **306**
Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE (See Guideline Notes 64,65,112)
Treatment: MEDICAL THERAPY
ICD-9: 491.1,491.20-491.22,492.0-492.8,496,508.1,508.8-508.9,518.2-518.3,518.83
CPT: 31600,32480-32491,32672,94002-94005,94640,94644-94668,96150-96154,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0424-G0427,S0270-S0274,S9346

Line: **307**
Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 441.00-441.1,441.3,441.5-441.6,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 32110-32124,32820,33320-33335,33530,33860-33891,33916,34520,34800-34805,35081-35103,35306,35311, 35331,35500-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35663,35697, 35820,35840,35870-35876,35905,35907,36825,36830,75956-75959,92960-92971,92978-92998,93797,93798, 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **308**
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT (See Coding Specification Below) (See Guideline Notes 6,64,65,76,90)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 199.2,279.50-279.53,323.51-323.52,338.12-338.18,349.1,360.30-360.34,414.12,443.21-443.29,518.7,519.01, 519.09,536.41,539.01,539.81,569.61,674.10-674.14,674.30-674.34,780.66,996.00-996.2,996.39-996.51,996.56, 996.60-996.87,996.89-996.99,997.00-997.5,997.62,997.71-997.79,998.11,998.2,998.30-998.33,998.51-998.6, 999.0-999.1,999.31-999.49,999.80-999.89,V46.14,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 10060,10121-10180,11008,11042-11047,11982,12020,12021,13160-14001,15002-15005,15100,15101,19328, 20600-20610,20670,20680,20693,20694,20975,21120,21501,21627,21750,22849,22850,22852,22855,23331, 23332,23472-23474,23800,23802,24160,24164,24430,24435,24800,24802,24925-24935,25109,25250,25251, 25415,25420,25431-25446,25449,25907-26035,26060-26110,26115-26117,26121-26340,26350-26565,26568-26910,26991,27030,27090,27091,27130-27138,27236,27265,27266,27284,27286,27301,27303,27310,27331, 27486-27488,27580-27596,27786,27870,27884,27886,28715,31613,31614,31750-31781,31800-31830,32120, 33206-33215,33218,33221,33223,33227-33249,33262-33264,33284,33361-33496,33510-33536,33768,33863, 34830,35188-35190,35301-35390,35471,35472,35476-35571,35583-35587,35601-35671,35700,35800-35907, 36147,36261,36514-36516,36818-36821,36825-36870,37182,37183,37192,37193,37197,37205-37208,37607, 43262,43264,43265,43268-43271,43772-43774,43848,43860,43870,44137,44312,44340,44640,47802,49020, 49021,49402,49422,49423,50065,50135,50225,50370,50398-50405,50525,50544,50727,50728,50830,50920-50940,51705,51710,51860-51925,52001,54340-54352,54390,54406-54417,57296,58301,61070,61880-61888, 62160,62194,62225,62230,62256,62258,62350-62365,63661-63664,63688,63707,63709,63744,63746,64569, 64570,64585,64595,65150-65175,65710-65757,65920,67005-67028,67036-67043,69424,69711,75791,75984, 76514,92002-92014,92506-92508,92526,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0448,S0270-S0274,S9152

360.3 (hypotony) is only included on this line when resulting from a complication of a procedure. Non-procedure related cases are included on Line 686.

Line: **309**
Condition: RUPTURE OF PAPILLARY MUSCLE (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 429.5-429.6,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33425,33430,33542,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **310**
Condition: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-9: 202.40-202.48,203.10-203.12,203.82,204.10-204.92,205.10-205.92,206.10-206.92,207.10-207.82,208.10-208.92, 238.4,284.11,V10.69,V10.79
CPT: 32553,49411,77014,77261-77295,77300,77305-77321,77331-77370,77401-77417,77424-77427,77469,79101, 90284,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99195, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **311**
Condition: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.2-183.9,184.0-184.9,233.30-233.39,236.1,236.3,284.11,V10.44,V58.0,V58.11
CPT: 11620-11626,32553,38562,38564,38571,38572,49327,49411,49412,55920,56501,56515,56620-56640,57065, 57106-57112,57156,57520,57530,57550,58150,58180-58260,58275,58285,58290,58541-58544,58548-58554, 58570-58573,58943-58960,77014,77261-77295,77300,77305-77370,77401-77417,77424-77427,77469,77470, 77750-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2270,S9537

Line: **312**
Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX (See Coding Specification Below) (See Guideline Notes 7,11,12,19,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 140.0-140.9,141.0-141.9,142.0-142.9,143.0-143.9,144.0-144.9,145.0-145.9,146.0-146.9,147.0-147.9,148.0-148.9, 149.0-149.9,160.0-160.9,161.0-161.9,210.2,231.0,231.8,235.0-235.1,235.6,235.9,284.11,V10.01-V10.02,V10.21-V10.22,V58.0,V58.11
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, 60220,69110,69150,69155,69502,77014,77261-77295,77300-77370,77401-77432,77469,77470,77750-77790, 78811-78816,79005-79445,92506-92508,92526,92607-92609,92633,96150-96154,96405,96406,96420-96450, 96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5983-D5985,D7440,D7441,D7920,D7981,G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274, S9152,S9537

ICD-9 code 210.2 is only covered on this line for parotid gland pleomorphic adenomas.

Line: **313**
Condition: CONSTITUTIONAL APLASTIC ANEMIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 284.01-284.09
CPT: 38242,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9355

Line: **314**
Condition: OSTEOPETROSIS (See Guideline Notes 7,11,14,76)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 284.11,756.52,996.85,V59.01-V59.09,V59.3
CPT: 36680,38204-38215,38230-38243,86825-86835,96150-96154,96405,96406,96420-96440,96450,96542-96571
HCPCS: S2142,S2150,S9537

Line: **315**
Condition: CRUSH INJURIES OF DIGITS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 903.5,906.4,927.3,928.3
CPT: 11730,11740,11760,20973,25300,25301,29130,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **316**
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 308.0-308.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99224,99231-99239, 99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0023,H0032-H0038,H0045,H2010-H2013,H2021-H2023, H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **317**
Condition: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 772.5-772.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **318**
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Coding Specification Below) (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.2,094.81-094.9,137.1,138,139.0, 139.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83,263.2, 270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0,290.10-290.9,294.10-294.8,299.00-299.81,310.0-310.1,310.9,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.85,333.90-333.93,334.0-334.9, 335.0,335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.20-337.9,340,341.0-341.1,341.20-341.9,342.00-342.92,343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81,348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1,359.21-359.4, 359.71-359.9,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,718.40-718.49,727.81,728.10-728.4,740.0-740.2,741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89,772.0, 772.10-772.9,773.0-773.5,779.7,780.72,781.8,797,850.4,851.03-851.06,851.10-851.39,851.43-851.46,851.50-851.79,851.83-851.86,851.90-851.99,852.00-852.59,853.00-853.19,854.00-854.19,905.0,907.0-907.3,907.5-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9, 982.0-982.8,984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4, 995.50-995.69,995.80-995.89,997.00-997.09,V53.09,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
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, 28220-28234,28240,28300-28305,28307-28312,28705-28725,28737-28760,29425,29895,29904-29907,32501, 61215,61343,62161,62162,62360-62362,62367-62370,63600,63610,63650,63655,63685,64614,64763,92531-92542,92544-92548,95873,95874,95990,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542, 97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G9156,S0270-S0274

Spinal cord stimulation (63655-63688) is not included on this line for coverage when paired with 337.20 (reflex sympathetic dystrophy).

Line: **319**
Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 573.8,751.60-751.69
CPT: 43260-43273,47010,47400-47490,47510-47530,47554-47556,47564,47570,47600-47630,47701-47900,48548, 49324,49325,49421,49422,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **320**
Condition: CANCER OF BRAIN AND NERVOUS SYSTEM (See Guideline Notes 7,11,12,64,65,76)
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 191.0-191.9,192.0-192.9,198.3-198.4,237.5-237.6,237.70-237.9,284.11,V10.85-V10.86,V58.0,V58.11
CPT: 20926,32553,37202,49411,61107,61140,61210,61312-61321,61500-61512,61516-61521,61530,61582,61583,61586,61592,61600-61608,61615,61616,61750,61751,61770-61783,61796-61800,62140-62148,62164,62165,62223,62272,62350-62370,63265,63275-63308,63615-63621,64784-64792,64802-64818,77014,77261-77295,77300-77372,77401-77432,77469,77470,77520-77790,79005-79445,92002-92014,95990,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **321**
Condition: CATARACT, EXCLUDING CONGENITAL (See Guideline Notes 32,64,65,76)
Treatment: EXTRACTION OF CATARACT
ICD-9: 366.00-366.34,366.45-366.46,366.8-366.9,V43.1
CPT: 65770,66250,66682,66825-66984,66986,66990,67010,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **322**
Condition: AFTER CATARACT (See Guideline Note 76)
Treatment: DISCISSION, LENS CAPSULE
ICD-9: 366.50-366.53
CPT: 66820-66830,66985-66990,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: **323**
Condition: FISTULA INVOLVING FEMALE GENITAL TRACT (See Guideline Notes 64,65,76)
Treatment: CLOSURE OF FISTULA
ICD-9: 619.0-619.9
CPT: 44625,44626,44660,46715,50650,50660,50930,51900,51920,57300-57330,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **324**
Condition: VITREOUS DISORDERS (See Guideline Notes 64,65,76)
Treatment: VITRECTOMY
ICD-9: 379.21-379.23
CPT: 67036,67040-67043,67210,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **325**
Condition: CLEFT PALATE AND/OR CLEFT LIP (See Guideline Notes 64,65,76,80)
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
ICD-9: 749.00-749.25,750.25
CPT: 14060,14301,14302,15732,20900,21076,21079,21080,21082,21083,30460,30462,30600,40500-40520,40650-40761,40810-40845,42145,42200-42281,92506-92508,92526,92607-92609,92633,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5932,D5933,D5954-D5960,D5987,D5992,D5993,D7111-D7210,D7250,D7260,D7340,D7350,D7912,D8010-D8693,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **326**
Condition: GOUT AND CRYSTAL ARTHROPATHIES (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 274.00-274.9,712.10-712.99
CPT: 20600-20610,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **327**
Condition: PERTUSSIS AND DIPTHERIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 032.0-032.3,032.81-032.9,033.0-033.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **328**
Condition: THROMBOCYTOPENIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 287.1,287.30-287.5
CPT: 38100,38102,38120,90284,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **329**
Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 270.0,270.2-270.9
CPT: 97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **330**
Condition: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 474.00-474.02,480.1
CPT: 31600-31603,31820,31825,94640,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **331**
Condition: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 445.81-445.89,447.0,447.2-447.6,447.8-447.9,449,593.81,747.82
CPT: 34151,35256,35471,35501-35515,35526,35531,35535-35540,35560,35563,35601-35616,35626-35646,35663,35761,37205,37206,37607,62294,63250-63252,63295,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **332**
Condition: PARALYTIC ILEUS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.1,560.31
CPT: 47562,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **333**
Condition: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE (See Coding Specification Below) (See Guideline Note 76)
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
ICD-9: 277.03,453.0,571.2,571.5-571.6,573.5,751.62,774.4,777.8,996.82,V59.6
CPT: 47133-47147,50300,50323-50365,76776,86825-86835,96150-96154

Liver-kidney transplant only covered for a documented diagnosis of Caroli's disease (751.62).

Line: **334**
Condition: AUTISM SPECTRUM DISORDERS (See Guideline Notes 64,65,75)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 299.00-299.91
CPT: 90785,90832-90840,90846-90849,90882,90887,96101,96118,98966-98969,99051,99060,99201-99215,99224-99226,99366,99441-99444,99487-99496
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0023,H0032,H0034,H0038,H2010,H2011,H2014,H2027,H2032,S0270,S0272-S0274,S9484,T1016

Line: **335**
Condition: CHRONIC INFLAMMATORY DISORDER OF ORBIT (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 376.10-376.13
CPT: 67515,68200,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **336**
Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 736.31-736.32,754.30-754.35,755.61-755.62,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 27001-27006,27036,27140-27165,27179-27185,27256-27259,29305,29325,29861-29863,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **337**
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA (See Guideline Notes 64,65,76)
Treatment: KERATOPLASTY
ICD-9: 370.00-370.07,370.55,371.00-371.16,371.21,371.23,371.40-371.73
CPT: 65286,65400,65450,65710-65757,65772-65782,65920,66250,66825,66985-66990,68371,76514,92002-92060,92072-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **338**
Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 279.00-279.9,287.0,759.0
CPT: 36514-36516,86486,90284,95004,95018-95180,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **339**
Condition: CANCER OF ESOPHAGUS (See Guideline Notes 7,11,12,19,33,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 150.0-150.9,230.1,284.11,V10.03,V53.50,V53.59,V58.0,V58.11
CPT: 15734,31540,31600,32553,38542,38720,38724,38794,43100-43124,43201,43216-43228,43248,43249,43256,43340,43341,43360,43361,43496,44139-44147,44186,44204-44208,44213,44300,49411,49442,77014,77261-77295,77300-77321,77331-77370,77402-77427,77469,77470,77761-77790,78811-78816,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0235,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **340**
Condition: CANCER OF LIVER (See Guideline Notes 7,11,12,33,64,65,76,78)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.0,155.2,197.7,235.3,284.11,V10.07,V58.0,V58.11
CPT: 32553,36260-36262,37204,37617,47120-47130,47370,47371,47380-47382,47562,47600-47620,47711,47712,48150,49411,77014,77261-77295,77300-77327,77331-77370,77402-77417,77424-77432,77469,77470,79005-79440,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **341**
Condition: CANCER OF PANCREAS (See Guideline Notes 7,11,12,33,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 157.0-157.3,157.8-157.9,230.9,284.11,V10.09,V58.0,V58.11
CPT: 32553,43260-43273,44130,47721,47741,47760,47785,48140-48155,49324,49325,49327,49411,49412,49421, 49422,77014,77261-77295,77300,77305-77321,77331-77370,77402-77421,77424-77432,77469,77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **342**
Condition: STROKE (See Guideline Notes 6,64,65,76,90)
Treatment: MEDICAL THERAPY
ICD-9: 338.0,433.01,433.11,433.21,433.31,433.81,433.91,434.00-434.91,436,437.0-437.1,437.6,V57.1,V57.21-V57.3, V57.81-V57.89,V58.61
CPT: 34001,35301,35390,37195,37211,37213-37216,61322,61323,61343,61781,61782,61796-61800,77014,77261-77295,77300,77301,77336,77370-77372,77417-77423,77427-77432,92506-92508,92526,92607-92609,92633, 96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542,97760-97762,98966-98969, 99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **343**
Condition: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 277.6,995.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **344**
Condition: PURULENT ENDOPHTHALMITIS (See Guideline Notes 64,65,76)
Treatment: VITRECTOMY
ICD-9: 360.00-360.04,360.13
CPT: 65101,65800,66020,66030,67005-67036,67041-67043,67515,68200,92002-92060,92081-92226,92230-92313, 92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **345**
Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC (See Guideline Notes 64,65,76)
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
ICD-9: 930.0-930.9,V90.01-V90.9
CPT: 65205-65222,67938,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **346**
Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY (See Guideline Note 76)
Treatment: SURGICAL TREATMENT
ICD-9: 442.0,442.3,442.9
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

Line: **347**
Condition: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.2-527.4
CPT: 40810-40816,42300-42340,42408,42410-42420,42440-42509,42600-42665,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: D7980-D7983,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **348**
Condition: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 123.1-123.9,124
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **349**
Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 441.2,441.4,441.7-441.9,442.0-442.3,442.81-442.9,447.70-447.73,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33320-33335,33530,33860-33891,33916,34800-35081,35091,35102,35111-35152,35188,35301-35372,35500-35515,35526,35531,35535-35540,35560,35563,35572,35601-35671,35682,35683,35697,35820,35840,35875,35876,35905,35907,36002,36825,36830,37565-37606,37618,38100,75561-75565,75956-75959,92960-92971,92978-92998,93797,93798,93982,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **350**
Condition: ARTERIAL ANEURYSM OF NECK (See Guideline Notes 6,76)
Treatment: REPAIR
ICD-9: 442.81-442.82,442.89,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 35301,35321,35516,35518,35572,35691-35695,35800,35820,35875,35876,35901,35905,37205-37208,92960-92971,92978-92998,93797,93798
HCPCS: G0157-G0161,G0422,G0423

Line: **351**
Condition: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below) (See Guideline Notes 64,65,76,103)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 595.1,596.0,596.3-596.4,596.51-596.59,596.7,596.81-596.9,598.00-598.9,599.82-599.89,600.01,600.11,600.21,600.91,607.3,608.1,608.83,608.87,753.6,939.0,939.3-939.9,V53.6
CPT: 50845,51040,51100-51102,51525,51700,51705-51715,51800-51845,51880-51980,52001,52214-52240,52260-52287,52305-52315,52355,52400,52500-52649,53020,53040,53400-53500,53600-53665,53855,54115,54161,54220-54250,54420-54435,54520,54640,54670,54680,54700,54830-54861,54900,54901,55400,55450,55520,55600-55680,55801,55821,55862,55865,57220,57287,74445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

ICD-9-CM codes 600.01, 600.11, 600.21, and 600.91, benign prostatic hypertrophy with urinary obstruction, are only included on this line when post-void residuals are at least 150 cc's.

Line: **352**
Condition: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE (See Guideline Notes 7,64,65,76)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 277.88,580.0,580.81-580.9,583.0-583.7,584.5-584.9,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36800-36821,36831-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9339,S9537

Line: **353**
Condition: VESICULAR FISTULA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 596.1-596.2
CPT: 44320,44625,44626,51800-51845,51880-51980,53080,53085,53660,53661,57330,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **354**
Condition: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 114.0-114.9,115.00-115.91,115.93-115.99,116.0-116.2,117.0-117.4,117.6-117.8,118,518.6
CPT: 32662,33361-33369,33405-33430,35180-35184,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **355**
Condition: DISSEMINATED INTRAVASCULAR COAGULATION (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 286.6
CPT: 15200-15261,25900,25905,25915,25920,25927,26910-26952,27598,27880-27882,27888,27889,28800-28825,30150,54130,54135,69110,69120,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **356**
Condition: CANCER OF PROSTATE GLAND (See Guideline Notes 7,11,12,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 185,233.4,236.5,284.11,V10.46,V58.0,V58.11
CPT: 32553,38562,38564,38571,38572,38780,49327,49411,49412,51700,52234,52240,52281,52400,52601-52649,53600,53601,53855,54520,54530,55810-55866,58960,77014,77261-77295,77300-77370,77402-77421,77424-77427,77469,77776-77790,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0458,S0270-S0274,S9537,S9560

Line: **357**
Condition: SYSTEMIC SCLEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 710.1
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **358**
Condition: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN (See Guideline Note 107)
Treatment: HYPERBARIC OXYGEN
ICD-9: 040.0,526.4,526.89,639.0,639.6,670.02-670.04,673.00-673.04,686.00-686.09,709.3,728.0,730.91-730.99,785.4,958.0,990,996.52,996.70-996.79,999.1
CPT: 99183

Line: **359**
Condition: BENIGN CEREBRAL CYSTS (See Guideline Note 76)
Treatment: DRAINAGE
ICD-9: 348.0,349.2
CPT: 61120,61150,61151,61314-61316,61516,61522,61524,61781,61782,62223

Line: **360**
Condition: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER (See Guideline Notes 64,65,76,77)
Treatment: MEDICAL THERAPY
ICD-9: 571.0-571.3,571.5-571.6,572.2-572.3,572.8,573.8
CPT: 37182,37183,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **361**
Condition: SCLERITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 379.00,379.03-379.19
CPT: 66130,66220-66250,67250,67255,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **362**
Condition: RUBEOSIS IRIDIS (See Guideline Notes 64,65,76)
Treatment: LASER SURGERY
ICD-9: 364.42,364.70-364.77
CPT: 65875,66170,66680,66720,67228,67500,76514,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **363**
Condition: DISEASES OF ENDOCARDIUM (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 424.0-424.3,424.90-424.99,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 33310,33315,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **364**
Condition: WOUND OF EYE GLOBE (See Guideline Notes 64,65,76)
Treatment: SURGICAL REPAIR
ICD-9: 871.0-871.9,V58.30
CPT: 65105,65235-65273,65280,65285,65290,66680,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **365**
Condition: ACUTE NECROSIS OF LIVER (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 570,573.3,573.8
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **366**
Condition: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS (See Guideline Notes 7,64,65,76)
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 403.00-403.90,581.0-581.3,581.81-581.9,582.0-582.4,582.81-582.9,587,588.0-588.1,588.89,589.0-589.9,593.9,V56.0-V56.2,V56.31-V56.8
CPT: 36147,36148,36514-36516,36800-36821,36825-36838,36870,49324-49326,49421,49422,49435,49436,75791,90935-90947,90989-90997,96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9339,S9355,S9537

Line: **367**
Condition: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 420.91,422.91,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 31750,31760,32659,32661,33010-33050,33975-33993,92960-92971,92978-92998,93750,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274,S9348

Line: **368**
Condition: HEREDITARY HEMORRHAGIC TELANGIECTASIA (See Guideline Note 76)
Treatment: EXCISION
ICD-9: 448.0
CPT: 11400-11426,45382,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496
HCPCS: G0396,G0397

Line: **369**
Condition: RHEUMATIC FEVER (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 390,392.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **370**
Condition: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 271.2-271.9
CPT: 96150-96154,97802-97804,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **371**
Condition: ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 226,227.0,227.4-227.9,253.0-253.1,253.6,253.9
CPT: 32553,49411,60200-60240,60270,60271,60512,60600-60650,61548,62100,77338,79005-79445,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **372**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH)
ICD-9: 521.00-521.09,521.30-521.35
HCPCS: D2140-D2391,D2930-D2933,D2950,D2951,D2954,D2957,D2980,D6980

Line: **373**
Condition: DENTAL CONDITIONS (EG. SEVERE CARIES, INFECTION) (See Guideline Notes 34,48,91)
Treatment: ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)
CPT: 41870,41872
HCPCS: D7220-D7251,D7310-D7321,D7450,D7451,D7465,D7471,D7540,D7550,D7960-D7971,D9930

Line: **374**
Condition: RETROLENTAL FIBROPLASIA (See Guideline Note 76)
Treatment: CRYOSURGERY
ICD-9: 362.21
CPT: 67101-67121,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: **375**
Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS (See Guideline Notes 6,64,65,76,90)
Treatment: MEDICAL THERAPY
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.3,094.81-094.9,137.1,138,139.0, 139.8,161.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83, 263.2,270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0, 290.10-290.9,294.10-294.8,299.00-299.81,307.0,310.0-310.1,310.9,315.31-315.39,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.90-333.93,334.0-334.9,335.0,335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.3,340,341.0-341.1,341.20-341.9,342.00-342.92,343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81,348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1, 359.21-359.4,359.71-359.9,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,728.10-728.3,740.0-740.2, 741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.5, 759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89,772.0, 772.10-772.9,773.0-773.5,779.7,780.72,781.8,797,850.4,851.03-851.06,851.10-851.39,851.43-851.46,851.50-851.79,851.83-851.86,851.90-851.99,852.00-852.59,853.00-853.19,854.00-854.19,905.0,907.0-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9,982.0-982.8, 984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4,995.50-995.69, 995.80-995.89,997.00-997.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 21084,31611,61215,92506-92508,92607-92609,92633,97001-97004,97012,97022,97110-97124,97140-97532, 97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9152

Line: **376**
Condition: CARDIAC ARRHYTHMIAS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL THERAPY, PACEMAKER
ICD-9: 426.0,426.10-426.81,426.89-426.9,427.0,427.2,427.31-427.32,427.60-427.9,429.4,V53.31-V53.39,V57.1,V57.21-V57.3,V57.81-V57.89,V58.61
CPT: 33202-33229,33233-33238,33250-33261,33265,33266,92960-92971,92978-92998,93279-93284,93286-93289, 93292-93296,93600-93657,93724,93797,93798,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **377**
Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 767.19-767.3,767.5-767.9,768.9
CPT: 96154,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **378**
Condition: ATHEROSCLEROSIS, PERIPHERAL (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 440.20-440.9,444.21-444.22,445.01-445.02,447.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 27590,27880-27886,34101,34111,34201,34203,35081,35256,35302-35321,35351-35372,35450-35500,35510, 35512,35516-35525,35533,35539-35558,35565-35587,35606,35621,35623,35646-35661,35665-35671,35682-35686,35701-35761,35860,35875-35881,35903,36002,37184-37186,37202,37205-37208,37211,37213,37214, 37220-37235,37609,64802-64818,64821-64823,93668,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **379**
Condition: URINARY SYSTEM CALCULUS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 592.0-592.9,594.0-594.9,V13.01
CPT: 50060-50081,50130,50382-50389,50392,50393,50395,50553,50557,50561,50572,50580,50590,50600-50630, 50700,50715,50900,50945,50947,50961-50972,50976,50980,52310-52325,52330-52334,52352,52353,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444, 99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **380**
Condition: CONGENITAL ABSENCE OF VAGINA (See Guideline Note 76)
Treatment: ARTIFICIAL VAGINA
ICD-9: 752.45,752.49,V55.7
CPT: 56441,56800,57291-57295,57426,57800,99201-99215,99487-99496

Line: **381**
Condition: PENETRATING WOUND OF ORBIT (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 376.6,870.3-870.9,950.0-950.9,V58.30
CPT: 12011,12013,12051,12052,13132,13150-13152,67405-67414,67420-67445,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **382**
Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES) (See Guideline Notes 6,64,65,76)
Treatment: OPEN OR CLOSED REDUCTION
ICD-9: 732.1-732.2,733.10-733.19,733.93-733.95,733.97,810.00-810.03,811.00-811.09,812.00-812.09,812.20-812.21,812.40-812.49,813.00-813.08,813.20-813.23,813.40-813.47,813.80-813.83,814.00-814.09,815.00-815.09,816.00-816.03,817.0,818.0,819.0,820.00-820.09,821.00-821.01,821.20-821.29,822.0,823.00-823.02,823.20-823.22,823.40-823.82,824.0,824.2,824.4,824.6,824.8,825.0,825.20-825.29,827.0,828.0,905.2-905.5,V54.01-V54.12,V54.14-V54.16,V54.20-V54.27,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20650,20670-20694,20900,23470,23500-23515,23570-23630,24130,24500-24587,24620,24650-24685,25119,25210-25240,25259,25320,25337-25393,25440-25447,25450-25652,25671,25800-25830,26520,26600-26615,26645-26665,26676,26720-26770,27130,27175-27181,27230-27236,27244,27267,27268,27350,27409,27424,27430,27435,27465-27468,27500-27540,27610,27656,27664,27712,27750-27829,27846,27848,28400-28531,28730,29049-29105,29126-29131,29240,29305-29445,29505,29515,29700-29710,29720,29850-29856,29874-29879,29897,29898,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **383**
Condition: HEARING LOSS - AGE 5 OR UNDER (See Guideline Notes 51,64,65,76)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00,388.02-388.2,388.40-388.5,388.8,389.00-389.9,V53.2
CPT: 69210,69424-69436,69714,69715,92590-92595,92597,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **384**
Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE (See Coding Specification Below) (See Guideline Notes 6,15,64,65,71,76,83,104)
Treatment: ARTHROPLASTY/RECONSTRUCTION
ICD-9: 714.0,714.30-714.33,715.10-715.38,715.90-715.98,716.10-716.19,719.10-719.19,732.7,733.40-733.49,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20610,20690-20694,23120,23470-23474,23800,23802,24000,24006,24101,24102,24130,24160,24164,24360-24371,24800,24802,25000,25101-25109,25115-25119,25210,25215,25240,25270,25320,25337,25390-25393,25441-25492,25800,25810-25830,26320,26516-26536,26820-26863,26990-26992,27036,27090,27091,27122-27132,27187,27284,27286,27358,27437-27454,27457,27580,27620-27626,27641,27700-27704,27870,27871,28090,28104,28114,28116,28122,28725,28740,28750,29819-29826,29834-29838,29843-29848,29861-29863,29871-29876,29884-29887,29891,29892,29894-29899,29904-29907,77014,77261-77295,77300,77305-77315,77331-77336,77401-77423,77427,77470,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2118,S2325

Knee arthroscopy (29871, 29873- 29876, 29884-29887) is not included on this line for coverage when paired with osteoarthritis/osteoarthrosis of the knee (715.16, 715.26, 715.36, and 715.96).

Line: **385**
Condition: ANEURYSM OF PULMONARY ARTERY (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 417.0-417.9,901.41,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 32480-32488,32501,32505-32540,32666-32670,33726,33917-33922,92960-92971,92978-92998,93797,93798,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0422,G0423,G0425-G0427,S0270-S0274

Line: **386**
Condition: BODY INFESTATIONS (EG. LICE, SCABIES) (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 132.0-132.9,133.0-133.9,134.0-134.9
CPT: 96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **387**
Condition: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 088.0,088.81-088.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **388**
Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS (See Coding Specification Below) (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 333.0-333.6,333.71-333.81,333.83,333.89-333.90,333.92,478.74-478.75,V53.09
CPT: 31513,31528,31529,31570,31571,31582,31641,64612-64614,95873,95874,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Chemodenervation with botulinum toxin injection (CPT 64612-64614) is included on this line only for treatment of blepharospasm (ICD-9 333.81), spasmodic torticollis (ICD-9 333.83), and other fragments of torsion dystonia (ICD-9 333.89).

Line: **389**
Condition: CYST AND PSEUDOCYST OF PANCREAS (See Guideline Notes 64,65,76)
Treatment: DRAINAGE OF PANCREATIC CYST
ICD-9: 577.2
CPT: 43240,48000-48020,48105-48148,48152-48154,48500-48540,48548,49322,49324,49325,49421-49424,64680,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **390**
Condition: CONVERSION DISORDER, CHILD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S9484,T1016

Line: **391**
Condition: ACUTE SINUSITIS (See Guideline Notes 35,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 461.0-461.9
CPT: 31000-31090,31256,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2342

Line: **392**
Condition: HYPHEMA (See Guideline Note 76)
Treatment: REMOVAL OF BLOOD CLOT
ICD-9: 364.41
CPT: 65810,65815,65930,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: **393**
Condition: ENTROPION (See Guideline Note 76)
Treatment: REPAIR
ICD-9: 374.00-374.05
CPT: 67820-67850,67880,67882,67921-67924,67950-67975,92002-92060,92081-92226,92230-92313,92325-92353, 92358-92371

Line: **394**
Condition: SPONTANEOUS ABORTION (See Guideline Notes 64,65,76,99)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 631.0-631.8,634.20-634.92
CPT: 59812-59821,76801-76810,76815-76817,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **395**
Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL (See Guideline Notes 36,64,65,76)
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
ICD-9: 034.0-034.1,101,474.00-474.02,474.11,474.8
CPT: 42820-42826,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **396**
Condition: GIARDIASIS, INTESTINAL HELMINTHIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 007.1,120.0-120.9,121.0-121.9,122.0-122.9,123.0,125.0-125.9,126.0-126.9,127.0-127.9,128.0-128.9,129
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **397**
Condition: AMBLYOPIA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 368.00-368.03
CPT: 65778-65782,66820-66986,67311-67345,67901-67909,68135,68320-68328,68335,68340,68371,92002-92065, 92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **398**
Condition: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER (See Guideline Notes 64,65)
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
ICD-9: 300.7,300.81-300.82,300.9,306.0-306.4,306.50-306.9,307.80,307.89
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224, 99366,99441-99444,99487-99496,99605-99607
HCPCS: G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0037,H0038,H2010,H2021-H2023, H2027,H2033,S0270-S0274,S9484,T1016

Line: **399**
Condition: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN (See Guideline Note 107)
Treatment: HYPERBARIC OXYGEN
ICD-9: 986,987.0-987.9,993.3
CPT: 99183

Line: **400**
Condition: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,37,64,65,72,76,92,94,100,101,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 336.0,344.60-344.61,349.2,722.0,722.10-722.2,722.70-722.73,723.4,724.4,742.59,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20660-20662,20665,20930-20938,22532-22819,22840-22865,62287,62311,62355,62365-63091,63170-63200,63270-63273,63295-63610,63650,63655,63685,64483,64484,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2350,S2351

Line: **401**
Condition: ENCEPHALOCELE (See Guideline Note 76)
Treatment: SURGICAL TREATMENT
ICD-9: 742.0
CPT: 20664,61020,61070,61107,61210,61215,61322,61323,62100,62120,62121,62160-62163,62180-62258,62272,63740-63746

Line: **402**
Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (See Guideline Notes 64,65,76)
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 209.61-209.62,212.0-212.9
CPT: 19260-19272,21627,21630,31512,31541-31546,31630,31631,31636-31641,31770,31775,32320,32480-32488,32505-32540,32553,32661,32662,32666-32670,32673,33120,33130,39000,39010,39220,49411,60520-60522,77014,77261-77295,77315,77326-77370,77402-77432,77469,77470,77520-77790,79005-79445,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **403**
Condition: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM (See Guideline Note 76)
Treatment: SURGICAL TREATMENT
ICD-9: 621.4,623.2-623.3,626.8,752.40,752.42,752.44,752.46-752.47
CPT: 56442,56700,57130,57400,58120,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496
HCPCS: G0396,G0397

Line: **404**
Condition: RETINAL TEAR (See Guideline Notes 64,65,76)
Treatment: LASER PROPHYLAXIS
ICD-9: 361.30,361.32-361.33
CPT: 67141,67145,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **405**
Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 380.00-380.03,380.11,380.21,383.30-383.89,384.1,384.81-384.82,385.00-385.9
CPT: 21235,69220,69420-69535,69601-69646,69662,69670,69700,69905,69910,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **406**
Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, POTENTIALLY RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,76,98)
Treatment: REPAIR
ICD-9: 726.5,727.59,727.62-727.65,727.67-727.69,728.83,728.89,736.1,841.0-841.9,842.00-842.19,843.0-843.9,845.00-845.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550,20610,24340-24342,24344,25310,26356-26392,26418-26437,26474,26497,26530,26540,26775,26776,27380-27386,27650-27654,27658-27675,27695-27698,27829,28200-28210,29065-29105,29126-29280,29345-29425,29440,29445,29505-29540,29700,29705,29828,29861-29863,29901,29902,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **407**
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 6,38,64,65,76,90)
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
ICD-9: 046.0,046.11-046.9,049.0-049.9,062.0-062.9,063.0-063.9,090.40,094.0-094.3,094.81-094.9,137.1,138,139.0, 139.8,191.0-191.9,192.0-192.9,225.0-225.9,237.5-237.6,237.70-237.79,243,250.60-250.63,250.80-250.83,263.2, 270.0-270.9,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.81-277.87,277.89-277.9,290.0,290.10-290.9,294.10-294.8,299.00-299.81,310.0-310.1,310.9,317,318.0-318.2,319,323.81-323.9,326,330.0-330.1,330.8-330.9,331.0,331.11-331.9,332.0-332.1,333.0,333.4-333.6,333.71-333.79,333.90-333.93,334.0-334.9,335.0, 335.10-335.9,336.0-336.1,336.8-336.9,337.00-337.09,337.20-337.3,340,341.0-341.1,341.20-341.9,342.00-342.92, 343.0-343.9,344.00-344.9,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.30-348.81, 348.89-348.9,349.82-349.89,356.0-356.9,357.0,357.5-357.7,357.81-357.9,359.0-359.1,359.21-359.4,359.71-359.9,369.00-369.8,431,432.0-432.9,434.00-434.91,436,438.0,438.10-438.9,728.10-728.3,736.00-736.09,736.20-736.9,740.0-740.2,741.00-741.93,742.0-742.4,742.51-742.9,747.82,754.89,756.50-756.59,758.0-758.2,758.31-758.9,759.4-759.5,759.7,759.81-759.9,767.0,767.4,768.2-768.6,768.70-768.9,770.10-770.18,771.0-771.7,771.81-771.89,772.0,772.10-772.9,773.0-773.5,779.7,780.72,781.8,797,850.4,851.03-851.06,851.10-851.39,851.43-851.46,851.50-851.79,851.83-851.86,851.90-851.99,852.00-852.59,853.00-853.19,854.00-854.19,905.0,907.0-907.9,909.0-909.9,952.00-952.9,953.0-953.9,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.00-965.09,966.0-966.4,967.0-967.9,968.0-968.9,969.00-969.9,970.0-970.1,970.81-970.9,971.0-971.9,974.0-974.7,980.0-980.9, 982.0-982.8,984.0-984.9,985.0-985.9,989.0-989.7,989.81-989.9,994.0-994.1,994.7-994.8,995.0-995.1,995.4, 995.50-995.69,995.80-995.89,997.00-997.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 61215,92002-92014,92083,96150-96154,97001-97004,97012,97022,97110-97124,97140-97532,97535,97542, 97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2117

Line: **408**
Condition: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 284.12,284.81-284.9,285.21-285.3,285.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **409**
Condition: ESOPHAGEAL STRICTURE (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 530.3,V53.50,V53.59
CPT: 32110-32124,32820,43201,43219-43226,43248,43249,43256,43279,43330,43410-43456,44300,44372,44373, 49442,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **410**
Condition: CHRONIC ULCER OF SKIN (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 454.0,454.2,459.11,459.13,459.31,459.33,707.00-707.9,V58.30
CPT: 10060,10061,11000-11047,14000-15136,15200-15221,15241-15770,15920-15958,27598,28122,28810,29445, 29580-29584,37700-37785,96150-96154,97036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7920,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: **411**
Condition: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS (See Guideline Note 76)
Treatment: SURGICAL TREATMENT
ICD-9: 530.10-530.11,530.13-530.19,530.6,530.81-530.83,530.89,551.3,552.3,553.3
CPT: 39503-39541,39560,39561,43030,43130,43135,43201,43227,43228,43279-43282,43327-43337

Line: **412**
Condition: BULIMIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.51,307.54
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239, 99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **413**
Condition: CENTRAL SEROUS RETINOPATHY (See Guideline Note 10)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 360.30-360.34,362.40-362.41,362.60-362.77,363.21
CPT: 66020,67005-67028,67036-67043,67210,67515,68200,92002-92060,92081-92100,92134-92226,92230-92313, 92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99223,99231-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **414**
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3310,D3332

Line: **415**
Condition: SUPERFICIAL INJURIES WITH INFECTION (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 910.1,910.3,910.5,910.7,910.9,911.1,911.3,911.5,911.7,911.9,912.1,912.3,912.5,912.7,912.9,913.1,913.3,913.5, 913.7,913.9,914.1,914.3,914.5,914.7,914.9,915.1,915.3,915.5,915.7,915.9,916.1,916.3,916.5,916.7,916.9,917.1, 917.3,917.5,917.7,917.9,919.1,919.3,919.5,919.7,919.9,958.3
CPT: 10120-10160,11000,11001,12001-12014,28190,29515,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **416**
Condition: PITUITARY DWARFISM (See Guideline Notes 64,65,74)
Treatment: MEDICAL THERAPY
ICD-9: 253.3
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9558

Line: **417**
Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.21
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022, H2027,H2032,H2033,S0270-S0274,S9484,T1005,T1016

Line: **418**
Condition: ACUTE OTITIS MEDIA (See Guideline Notes 29,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 381.00-381.06,381.51,381.81-381.9,382.00-382.02,382.4-382.9,384.00-384.09,993.0
CPT: 69210,69420-69436,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **419**
Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.01,300.21-300.22
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **420**
Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-9: 464.01-464.4,464.51
CPT: 31600-31605,31820-31830,94640,94664,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **421**
Condition: ACHALASIA, NON-NEONATAL (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 513.1,519.2,530.0,530.5
CPT: 39000,39010,43201,43219-43226,43248,43249,43256,43279,43280,43325-43331,43450,43456-43460,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2079

Line: **422**
Condition: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Notes 39,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 617.0-617.9
CPT: 49203-49205,49322,58145-58150,58260-58263,58290-58292,58550-58554,58570-58573,58660-58662,58740,58940,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9560

Line: **423**
Condition: ESOPHAGITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 530.10-530.21,530.6,530.81,530.83,530.85,530.89-530.9,551.3,552.3,553.3
CPT: 43228,43248,43249,43255,43256,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **424**
Condition: INFLUENZA (See Guideline Note 87)
Treatment: MEDICAL THERAPY
ICD-9: 487.0-487.8,488.01-488.89
CPT: 94640,98966-98969,99051,99060,99070,99078,99201-99223,99231-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **425**
Condition: EATING DISORDER NOS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50,307.54-307.59
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **426**
Condition: ANOGENITAL VIRAL WARTS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 078.11
CPT: 11420-11426,17000-17004,46900-46924,54050-54065,56501,56515,57061,57065,57150,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **427**
Condition: LYMPHADENITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 289.1,289.3,683
CPT: 10060,10061,38300-38308,38542,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **428**
Condition: UTERINE LEIOMYOMA (See Guideline Notes 40,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 218.0-218.9,219.0-219.9,621.0-621.2
CPT: 37210,58120-58180,58260-58263,58290-58292,58541-58554,58559,58561,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9560

Line: **429**
Condition: APHAKIA AND OTHER DISORDERS OF LENS (See Guideline Notes 64,65,76)
Treatment: INTRAOCULAR LENS
ICD-9: 379.31-379.39
CPT: 65750,65765,65767,66825,66985-66990,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **430**
Condition: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING (See Guideline Notes 64,65,76)
Treatment: RECONSTRUCT OF EAR CANAL
ICD-9: 380.50-380.53,744.00-744.09
CPT: 15040,15110-15120,15130-15157,69310,69320,69631-69637,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274

Line: **431**
Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.12-300.15,300.6
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **432**
Condition: EPIDERMOLYSIS BULLOSA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 757.39
CPT: 11000,11001,96150-96154,96900-96913,97001-97004,97012,97022,97110-97124,97140,97150,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **433**
Condition: DELIRIUM DUE TO MEDICAL CAUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 293.0-293.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **434**
Condition: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Notes 6,41,64,65,76,100,105)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 721.1,721.41-721.6,721.91,723.0,724.00-724.09,732.0,737.0,737.10-737.39,737.8-737.9,754.2,756.13-756.19,756.3,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,29000-29046,29710-29720,62287,63001-63091,63170,63180-63200,63295-63610,63650,63655,63685,77014,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **435**
Condition: MIGRAINE HEADACHES (See Guideline Notes 64,65,92)
Treatment: MEDICAL THERAPY
ICD-9: 339.00-339.09,346.00-346.93
CPT: 92002-92014,92081-92083,96150-96154,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **436**
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3320,D3332

Line: **437**
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 295.00-295.05,301.22
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0039,H0045, H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **438**
Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 607.1,607.81-607.83,607.85-607.89
CPT: 53431,54000-54015,54110-54112,54200,54205,54230-54250,54450,74445,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **439**
Condition: SICCA SYNDROME; POLYMYALGIA RHEUMATICA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 710.2,725
CPT: 68760,68761,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **440**
Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
ICD-9: 362.34,388.02,433.00,433.10,433.20,433.30,433.80,433.90,435.0-435.9,V12.54
CPT: 34001,35301,35390,37202,37215,37216,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **441**
Condition: PERIPHERAL NERVE ENTRAPMENT (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 354.0,354.2,355.3,355.5,728.6,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20526,25109,25111,25118,25447,26035,26060,26121-26180,26320,26440-26498,28035,29105,29515,29848, 64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,97001-97004,97012,97022, 97110-97124,97140-97530,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **442**
Condition: MENIERE'S DISEASE (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 386.00-386.04
CPT: 69666,69667,69801-69806,69915,69950,92531-92542,92544-92548,96150-96154,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **443**
Condition: DISORDERS OF SHOULDER,POTENTIALLY RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,76,97)
Treatment: REPAIR, MEDICAL THERAPY
ICD-9: 718.01,718.11,718.21,718.31,718.51,718.81,726.0,726.10-726.11,726.13-726.2,727.61,840.0-840.9,V57.1, V57.21-V57.3,V57.81-V57.89
CPT: 20550,20600-20610,20615,23000,23020,23105-23130,23190,23195,23395,23410-23466,23490,23491,23650-23700,29806-29828,97001-97004,97012,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942, 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **444**
Condition: INCONTINENCE OF FECES (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 787.60-787.61,787.63
CPT: 46750-46762,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **445**
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 42,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.9,313.81
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045, H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005, T1016

Line: **446**
Condition: MENSTRUAL BLEEDING DISORDERS (See Guideline Notes 44,64,65,76,88)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 621.7,626.2-626.6,626.8-626.9,627.0,752.43
CPT: 57800,58120,58150,58180,58260,58262,58290,58291,58300,58301,58353,58356,58541-58544,58550-58554, 58561-58563,58570-58573,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **447**
Condition: SARCOIDOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 135
CPT: 96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **448**
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT (See Guideline Notes 6,43,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 338.22,349.0,349.31-349.39,457.0-457.1,519.00,519.02,530.86-530.87,536.40,536.42-536.49,539.09,539.89, 569.60,569.62-569.79,629.31-629.32,990,996.30-996.32,996.52-996.55,996.57-996.59,997.60-997.61,997.69, 997.91-997.99,998.12-998.13,998.4,998.7,998.82-998.89,999.2,999.51-999.79,V53.02,V57.1,V57.21-V57.3, V57.81-V57.89
CPT: 10140,10160,11042-11047,11976,11982,11983,13160-14001,15002-15040,15100-15116,15130-15157,19328, 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, 35875,35876,35901-35905,36860,36861,37224,37228,43269,43772-43774,43848,43870,44227,44312,44314, 44340-44346,44620-44626,47525,47530,49422,49429,53442,53446-53449,57295,57296,58301,58562,62273, 63661-63664,63688,63707,63709,64595,64788,65150-65175,65920,66985,66986,67036,67121,67560,69710, 69711,75984,92002-92014,92506-92508,92526,92607-92609,92633,97001-97004,97012,97022,97036,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0440,G0441,S0270-S0274,S9152

Line: **449**
Condition: ADRENOGENITAL DISORDERS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 255.2,752.7
CPT: 50700,54690,56800-56810,57335,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **450**
Condition: NON-MALIGNANT OTITIS EXTERNA (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 112.82,380.10,380.12-380.13,380.15-380.16,380.22-380.23
CPT: 69020,69210,92633,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **451**
Condition: VAGINITIS, TRICHOMONIASIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.1,131.00-131.9,616.10-616.11,623.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **452**
Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 378.00-378.9,743.00-743.9
CPT: 65778-65782,66820-66986,67311-67345,67901-67909,68135,68320-68328,68335,68340,68371,92002-92065, 92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **453**
Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; STREAK OVARIES (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 220,221.0,620.0-620.2,620.4,620.7,752.0
CPT: 49322,58559,58561,58562,58660-58662,58700-58740,58800,58805,58900-58943,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **454**
Condition: URETHRAL FISTULA (See Guideline Notes 64,65,76)
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 599.1-599.2,599.4
CPT: 45820,53230-53250,53520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **455**
Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, POTENTIALLY RESULTING IN SIGNIFICANT INJURY/IMPAIRMENT (See Guideline Notes 6,64,65,76,98,104)
Treatment: REPAIR, MEDICAL THERAPY
ICD-9: 717.0-717.3,717.40-717.49,717.6,717.81-717.89,718.56,727.66,836.0-836.2,844.0-844.9,V57.1,V57.21-V57.3, V57.81-V57.89
CPT: 20610,27332-27335,27340,27350,27380,27381,27403-27416,27420-27430,29345-29445,29505,29530,29705, 29871-29889,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969, 99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **456**
Condition: OPEN WOUND OF EAR DRUM (See Guideline Note 76)
Treatment: TYMPANOPLASTY
ICD-9: 872.61
CPT: 69450,69610-69643

Line: **457**
Condition: CHRONIC DEPRESSION (DYSTHYMIA) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.4-300.5
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S9480,S9484,T1016

Line: **458**
Condition: HYPOSPADIAS AND EPISPADIAS (See Guideline Notes 64,65,73,76,89)
Treatment: REPAIR
ICD-9: 752.61-752.63,752.65-752.69,959.13
CPT: 51715,53431,54230-54390,54420,54430,54440,55175,55180,74445,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **459**
Condition: CANCER OF GALLBLADDER AND OTHER BILIARY (See Guideline Notes 7,11,12,33,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.1,156.0-156.9,230.8,284.11,V10.09,V58.0,V58.11
CPT: 32553,43260-43273,47510-47525,47562-47570,47600-47620,47711,47712,47741,47785,48145-48155,49327, 49411,49412,60540,77014,77261-77295,77300,77305-77327,77331-77370,77402-77417,77424-77432,77469, 77470,79005-79445,96150-96154,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **460**
Condition: DYSTROPHY OF VULVA (See Coding Specification Below) (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 624.01-624.1,701.0
CPT: 56501,56515,56620,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

ICD-9 701.0 is included on this line only for the diagnosis of lichen sclerosus.

Line: **461**
Condition: RECURRENT EROSION OF THE CORNEA (See Guideline Notes 64,65,76)
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
ICD-9: 371.42
CPT: 65435,65436,65600,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **462**
Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-9: 307.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0410,G0411,G0425-G0427,H0004,H0023,H0032,H0034-H0039,H2010-H2014,H2021-H2023, H2027,H2032,S0270-S0274,S9125,S9480,S9484,T1016

Line: **463**
Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 939.1-939.2,V90.01-V90.9
CPT: 57415,58120,58562,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375, 99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **464**
Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE (See Guideline Note 76)
Treatment: REMOVAL
ICD-9: 374.86,729.6,V90.01-V90.9
CPT: 10120,10121,20520,20525,23330,24200,24201,25248,27086,27087,27372,28190-28193,40804,41805,55120

Line: **465**
Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION (See Guideline Notes 64,65,76)
Treatment: LASER SURGERY
ICD-9: 362.30,362.35-362.36
CPT: 67228,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **466**
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 350.1-350.9,352.0-352.9,V53.02
CPT: 32553,49411,61450,61458,61790-61800,64568-64570,64600-64610,64716,77014,77261-77295,77300,77301, 77336-77372,77417-77432,77469,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **467**
Condition: MALUNION AND NONUNION OF FRACTURE (See Guideline Notes 6,64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 733.81-733.82,V54.81-V54.82,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20680-20694,20900,20902,20955-20975,21244,21462,21750,21825,23472-23485,24130,24140,24400,24410, 24430,24435,25259,25400-25440,25628,26185,26546,26565,26841,27125,27130,27165,27170,27217,27465-27472,27656,27707,27720-27726,27824-27829,27880-27888,28315-28322,28485,28725,29075,29345,29425, 29825,29826,29904-29907,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762, 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **468**
Condition: DENTAL CONDITIONS (EG. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY)
HCPCS: D3330,D3332

Line: **469**
Condition: ADJUSTMENT DISORDERS (See Coding Specification Below) (See Guideline Notes 45,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.0-309.1,309.23-309.4,309.82-309.9,V61.20,V62.82
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,H0004,H0023,H0032-H0038,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033, S0270-S0274,S5151,S9125,S9484,T1005,T1016

ICD-9-CM codes V61.20, Counseling for Parent-Child Problem, Unspecified, and V62.82, Bereavement, Uncomplicated, are only included in this line when identified as secondary diagnoses with a primary diagnosis of 309.89, Other Specified Adjustment Reactions.

Line: **470**
Condition: HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00-388.01,388.10-388.5,389.00-389.9,V53.2
CPT: 69210,69714,69715,92562-92565,92571-92577,92590-92595,92597,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **471**
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.20-307.23
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96154,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0038,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S9484,T1016

Line: **472**
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 440.0-440.1
CPT: 35450,35471,35501-35515,35526,35531,35535-35540,35560,35563,35572,35601-35616,35626-35647,35654,35663,35697,35820,35840,35875,35876,35905,35907,37184-37186,37205-37208,37211,37213,37214,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **473**
Condition: DEGENERATION OF MACULA AND POSTERIOR POLE (See Guideline Notes 46,64,65,76)
Treatment: VITRECTOMY, LASER SURGERY
ICD-9: 362.50-362.57,362.83
CPT: 66990,67028,67041-67043,67210,67221,67225,67515,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **474**
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **475**
Condition: DISORDERS OF REFRACTION AND ACCOMMODATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 360.21,360.34,367.0-367.1,367.20-367.9,368.10-368.11,368.13-368.34,368.51-368.9,V53.1
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **476**
Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 364.61-364.64,364.81-364.89,376.30-376.40,376.42-376.47,376.81
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **477**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH, PROSTHESIS FAILURE) (See Guideline Note 62)
Treatment: REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES)
HCPCS: D5110-D5212,D5520-D5761,D5820,D5821

Line: **478**
Condition: URINARY INCONTINENCE (See Guideline Notes 6,47,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 599.81,625.6,788.31-788.33,788.38,788.91
CPT: 20922,51840-51845,51990,51992,53446,53448,57160,57220,57260,57267,57280-57289,57423,57425,90911, 96150-96154,97001,97002,97110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **479**
Condition: DISORDERS OF PLASMA PROTEIN METABOLISM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 273.0-273.3,273.8-273.9
CPT: 36514-36516,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **480**
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: **481**
Condition: FACTITIOUS DISORDERS (See Guideline Notes 64,65)
Treatment: CONSULTATION
ICD-9: 300.16-300.19,301.51
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224, 99366,99441-99444,99487-99496,99605-99607
HCPCS: G0410,G0411,G0425-G0427,H0004,H0023,H0032-H0037,H2010,H2011,H2013,H2021,H2022,H2033,S0270-S0274,S9484,T1016

Line: **482**
Condition: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 771.6-771.7
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **483**
Condition: SIMPLE AND SOCIAL PHOBIAS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.23-300.29
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021-H2023,H2027,H2032, H2033,S0270-S0274,S9484,T1016

Line: **484**
Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 466.0,466.11-466.19,519.11
CPT: 31600-31603,31820,31825,94640,94664,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **485**
Condition: CENTRAL PTERYGIUM (See Guideline Notes 64,65,76)
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
ICD-9: 372.43
CPT: 32553,49411,65420,65426,77326,77336-77370,77424-77427,77469,77789,79005-79445,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **486**
Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX (See Guideline Notes 64,65,76)
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 478.25-478.26,744.41-744.46,744.49,759.2
CPT: 38550,38555,42808,42810,42815,60000,60280,60281,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **487**
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9480,S9484,T1005,T1016

Line: **488**
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.00,300.02-300.09,307.46,313.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0018,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **489**
Condition: OSTEOARTHRITIS AND ALLIED DISORDERS (See Guideline Notes 6,64,65,76,92,104)
Treatment: MEDICAL THERAPY, INJECTIONS
ICD-9: 713.5,715.00-715.98,716.00-716.19,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11042,11045,20600-20610,25000,96150-96154,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **490**
Condition: ATELECTASIS (COLLAPSE OF LUNG) (See Guideline Notes 64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 518.0-518.1
CPT: 31645,31646,94002-94005,94640,94660-94668,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **491**
Condition: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE (See Guideline Notes 49,76)
Treatment: COCHLEAR IMPLANT
ICD-9: 389.11-389.12,389.14,389.16,389.18
CPT: 69717,69718,69930,92562-92565,92571-92577,92590,92591,92601-92604,92626-92630,96150-96154

Line: **492**
Condition: UTERINE PROLAPSE; CYSTOCELE (See Guideline Notes 50,64,65,76)
Treatment: SURGICAL REPAIR
ICD-9: 618.00-618.9
CPT: 45560,51840,52270,52285,53000,53010,56810,57106,57120,57160,57220-57289,57423,57425,57545,57555, 57556,58150,58152,58260-58280,58290-58294,58550-58554,58570-58573,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **493**
Condition: BRACHIAL PLEXUS LESIONS (See Guideline Notes 6,64,65,76)
Treatment: MEDICAL THERAPY
ICD-9: 353.0
CPT: 21615,21616,21700,21705,97001-97004,97022,97024,97110,97112,97116,97124,97140,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444, 99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **494**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: ADVANCED RESTORATIVE (I.E. BASIC CROWNS)
HCPCS: D2710,D2712,D2751,D2752

Line: **495**
Condition: OVARIAN DYSFUNCTION, GONADAL DYSGENISIS, MENOPAUSAL MANAGEMENT (See Guideline Notes 64,65,74,76,88)
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
ICD-9: 256.1-256.2,256.31-256.9,257.0-257.9,259.0,259.50-259.52,608.3,620.3,627.1-627.9,716.30-716.39,752.0,758.6-758.7
CPT: 54520,54690,58300,58301,58660-58662,58740,58940,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9558

Line: **496**
Condition: FUNCTIONAL ENCOPRESIS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0038,H0045, H2010-H2014,H2021,H2022,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **497**
Condition: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT (See Guideline Notes 64,65,76)
Treatment: PTOSIS REPAIR
ICD-9: 374.20-374.43,374.46
CPT: 15822,15823,67710,67875,67880,67900-67912,67917,67961,67971,92002-92060,92081-92226,92230-92313, 92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **498**
Condition: CHRONIC SINUSITIS (See Guideline Notes 35,64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 473.0-473.9
CPT: 30000,30020,30110-30140,30200-30930,31000-31230,31237-31297,42830,42835,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Funding Level as of January 1, 2012

Line: **499**
Condition: KERATOCONJUNCTIVITS AND CORNEAL NEOVASCULARIZATION (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 370.20-370.54,370.59-370.9,371.43-371.44,371.48
CPT: 67515,67880,67882,68200,68760,68761,68801-68840,92002-92060,92081-92226,92230-92313,92325-92353, 92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **500**
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.23
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032, H2033,S0270-S0274,S9484,T1016

Line: **501**
Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Notes 64,65,76)
Treatment: HEMORRHOIDECTOMY, INCISION
ICD-9: 455.1-455.2,455.4-455.5,455.7-455.8
CPT: 44391,45317,45320,45334,45335,45339,45381,45382,46083,46220,46221,46250-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **502**
Condition: CHRONIC OTITIS MEDIA (See Guideline Notes 51,64,65,76)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
ICD-9: 380.50-380.53,381.10-381.89,382.1-382.3,382.9,383.1,383.20-383.31,383.9,384.20-384.9
CPT: 42830-42836,69210-69222,69310,69400-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565, 92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **503**
Condition: RECTAL PROLAPSE (See Guideline Notes 64,65,76)
Treatment: SURGICAL TREATMENT
ICD-9: 569.1-569.2,569.89
CPT: 44139-44144,44204-44208,44213,44701,45130,45135,45303,45400,45402,45505-45541,45900,46500,46604, 46700,46705,46750,46751,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **504**
Condition: OTOSCLEROSIS (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 387.0-387.9
CPT: 69650-69662,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **505**
Condition: FOREIGN BODY IN EAR AND NOSE (See Guideline Notes 64,65,76)
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 931-932,V90.01-V90.9
CPT: 30300-30320,69200,69205,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **506**
Condition: ANAL FISTULA; CHRONIC ANAL FISSURE (See Guideline Notes 52,64,65,76)
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
ICD-9: 565.0-565.1
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46700,46706,46707,46940,46942,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **507**
Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY (See Guideline Notes 6,64,65,76,100,109)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 733.13,805.2,805.4,805.6,805.8,809.0,839.42-839.49,905.1,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20930-20938,22305,22310,22325-22328,22520-22819,22840-22855,27216,27218,29035-29046,29700,29710,29720,63001-63011,72291,72292,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **508**
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.00-312.23,312.4,312.81-312.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **509**
Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 610.0-610.9,611.2,611.5,611.89
CPT: 10160,19000,19001,19110-19126,19295,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **510**
Condition: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA (See Guideline Notes 64,65,76)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 616.0,623.6,623.8-623.9,624.5
CPT: 56405,56501,56515,57135,57200,57210,57511-57520,57530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **511**
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Notes 64,65,76)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 616.2,616.50-616.9
CPT: 10060,10061,11004,56440,56501,56515,56740,57135,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **512**
Condition: LICHEN PLANUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 697.0-697.9
CPT: 11900,11901,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **513**
Condition: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
ICD-9: 727.51
CPT: 27345

Line: **514**
Condition: ENOPHTHALMOS (See Guideline Notes 64,65)
Treatment: ORBITAL IMPLANT
ICD-9: 372.64,376.50-376.52
CPT: 20902,21076,21077,67550,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D5915,D5928,D5992,D5993,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **515**
Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: TARSORRHAPHY
ICD-9: 351.0-351.9,370.34,374.44-374.45,374.89
CPT: 15840-15842,64864-64870,67875-67882,67911,67917,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **516**
Condition: PERIPHERAL ENTHESOPATHIES (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 720.1,726.12,726.30-726.4,726.60-726.91,728.81,V53.02,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **517**
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 110.0-110.9,111.0-111.9
CPT: 11720-11732,11750,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **518**
Condition: CONVERSION DISORDER, ADULT (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10-300.11
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0039,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S9484,T1016

Line: **519**
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 805.6,807.00-807.09,807.2,839.41
CPT: 21800,21820,27200,29200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **520**
Condition: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
ICD-9: 343.0
CPT: 21720,21725,62350-62370,63185,63190,63295,95990

Line: **521**
Condition: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4,302.50,302.6,302.85,302.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S0270-S0274,S9484,T1016

Line: **522**
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: **523**
Condition: HEPATORENAL SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 572.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **524**
Condition: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID
Treatment: ECTROPION REPAIR
ICD-9: 216.1,224.0-224.9,372.63,374.10-374.14,374.85
CPT: 21280,21282,67343,67700-67808,67820-67850,67880,67882,67914-67924,67950-67975,68110-68135,68320-68340,68362,68705,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: **525**
Condition: PHIMOSIS
Treatment: SURGICAL TREATMENT
ICD-9: 605
CPT: 54150-54161

Line: **526**
Condition: CERUMEN IMPACTION (See Guideline Notes 64,65)
Treatment: REMOVAL OF EAR WAX
ICD-9: 380.4
CPT: 69210,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **527**
Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.5-527.9
CPT: 40810-40816,42300,42305,42330-42340,42408-42425,42440-42510,42600-42665,64611,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7980-D7982,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **528**
Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 372.10-372.13,372.20-372.39,372.53,372.73,374.55
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **529**
Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4
CPT: 20550-20553,20600,20610,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **530**
Condition: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.34,695.0,695.2-695.4,695.50-695.9
CPT: 17340,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **531**
Condition: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
ICD-9: 720.1,726.12,726.30-726.4,726.60-726.91,728.81
CPT: 20550-20553,20600-20610,21032,23931,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26596,26820-26863,27060,27062,27096,27097,27100-27122,27140-27185,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907

Line: **532**
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 471.0-471.9,478.11-478.19,993.1
CPT: 30000,30020,30110-30140,30200-30930,31000-31230,31237-31297,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **533**
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-D3450

Line: **534**
Condition: CIRCUMSCRIBED SCLERODERMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 701.0
CPT: 11900,11901,17000-17004,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **535**
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 353.0-353.9,354.1,354.3-354.9,355.0,355.71-355.8,357.2,357.5-357.7,357.81-357.9,723.2
CPT: 90284,97001-97004,97022,97024,97110,97112,97116,97124,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **536**
Condition: CLOSED FRACTURE OF GREAT TOE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0,V54.19,V54.29
CPT: 11740,28470,28490-28496,29425,29550,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **537**
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 375.00-375.9,710.2,743.65,870.2
CPT: 67880,67882,68530,68760,68761,68801-68840,92002-92060,92071,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **538**
Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 64,65,96)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 209.64,223.0-223.3,223.81-223.9
CPT: 50542,50543,50545,50546,50562,52224,52282,53260,53265,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **539**
Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 379.54,386.10-386.2,386.40-386.9,994.6
CPT: 69666,69667,69805,69806,69915,69950,92531-92542,92544-92548,95992,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **540**
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0
CPT: 28510,28515

Line: **541**
Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 451.0,451.2,451.82,451.84-451.9,453.6,453.71,V58.61
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **542**
Condition: DISORDERS OF SWEAT GLANDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 705.0-705.1,705.21-705.9,780.8
CPT: 11450-11471,64650,64653,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **543**
Condition: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,65)
Treatment: INCISION/EXCISION/ENDOSCOPY
ICD-9: 478.30-478.34,478.70
CPT: 31582,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **544**
Condition: DELUSIONAL DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 297.0-297.2,297.8-297.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99304-99318,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9480,S9484,T1005,T1016

Line: **545**
Condition: CYSTIC ACNE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 705.83,706.0-706.1
CPT: 10040-10061,11450-11471,11900,11901,17000,17340,17360,96900-96913,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **546**
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-9: 302.70-302.79,607.84
CPT: 54400-54417,90785,90832-90840,90846-90853,90882,90887,93980,93981,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,H0004,H0023,H0032-H0035,H0038,H2011,H2014, H2027,H2032,S0270-S0274,S9484,T1016

Line: **547**
Condition: UNCOMPLICATED HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA) (See Guideline Notes 64,65)
Treatment: REPAIR
ICD-9: 550.90-550.93,553.00-553.29,553.8-553.9
CPT: 44050,49250,49505,49520,49525-49550,49555,49560,49565,49568,49570,49580,49585,49590,49650-49659, 55540,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **548**
Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
ICD-9: 212.0
CPT: 30117-30150,30520,31020,31032,31201,69145,69501-69554,69960

Line: **549**
Condition: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,64,65,100)
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
ICD-9: 213.0-213.9,215.0-215.9,526.0-526.3,526.89,719.20-719.29,733.20-733.29,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20610,20615,20900,20930-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600,21930-21936,22532-22819, 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, 64792,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,96405,96406, 96420-96440,96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **550**
Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,65)
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
ICD-9: 718.02-718.05,718.09,718.13-718.15,718.19,718.52-718.55,718.59-718.65,718.82-718.86,718.89,719.81-719.89, 728.79,732.3,732.6,732.8-732.9,733.90-733.91,736.00-736.04,736.07-736.09,736.20,736.29-736.30,736.39-736.42,736.6,736.76-736.79,736.89-736.9,738.6,738.8,754.42-754.44,754.61,754.81-754.89,755.50-755.53, 755.56-755.57,755.59-755.60,755.63-755.64,755.69-755.8,756.82-756.89,V49.60-V49.77
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, 25810-25830,26035,26055,26060,26121-26180,26320,26390,26432,26440-26596,26820-26863,27096,27097, 27100-27122,27140,27185,27306,27307,27435,27448-27455,27465-27468,27475-27485,27590,27656,27676, 27685-27690,27705,27715,27727-27742,28300,29075,29130,29345,29861-29863,64702,64704,64718-64727, 64774-64783,64788-64792,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **551**
Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 536.0-536.3,536.8-536.9,537.1-537.2,537.5-537.6,537.89-537.9,564.00-564.6,564.89-564.9,839.40
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **552**
Condition: CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Notes 55,64,65,110)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 300.81,614.1-614.2,614.4-614.9,615.1-615.9,620.6,625.0-625.2,625.5,625.70-625.9
CPT: 49322,58150,58180,58260,58262,58290,58291,58400,58410,58541-58544,58550-58554,58562,58570-58573,58660-58662,58700-58740,58805,58925,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **553**
Condition: ATOPIC DERMATITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 691.8
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **554**
Condition: CONTACT DERMATITIS AND OTHER ECZEMA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 692.0-692.6,692.70,692.72-692.74,692.79-692.9
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **555**
Condition: HYPOTENSION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 337.01,458.0-458.1,458.21-458.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **556**
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 056.00-056.71,323.81-323.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **557**
Condition: PERIPHERAL NERVE DISORDERS
Treatment: SURGICAL TREATMENT
ICD-9: 353.0-353.9,354.1,354.3-354.9,355.0,355.4,355.71-355.8,723.2
CPT: 23397,64702-64719,64722-64727,64774-64792,64820,64856,64857,64872-64907

Line: **558**
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-D3450

Line: **559**
Condition: ICHTHYOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 757.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **560**
Condition: RAYNAUD'S SYNDROME (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 443.0,443.82-443.9
CPT: 64821-64823,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **561**
Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 355.6,728.71
CPT: 20550,20605,28008,28060,28080,29893,64455,64632,64726,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **562**
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-9: 336.0,349.2,720.2,721.0,721.2-721.3,721.7-721.8,721.90,722.0,722.10-722.93,723.1,723.3-723.9,724.1-724.2,724.4-724.6,724.70-724.9,739.0-739.9,742.59,754.1,839.20-839.21,847.0-847.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550,20660,20661,20665,22856-22865,27035,62367-62370,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **563**
Condition: TENSION HEADACHES (See Guideline Notes 64,65,92)
Treatment: MEDICAL THERAPY
ICD-9: 307.81,339.10-339.89,784.0
CPT: 97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **564**
Condition: MILD PSORIASIS ; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED (See Guideline Notes 57,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 110.0,110.2,110.5-110.6,696.1-696.2,696.8
CPT: 11900,11901,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **565**
Condition: DEFORMITIES OF FOOT (See Guideline Notes 64,65)
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
ICD-9: 718.07,718.57,718.87,727.1,732.5,735.0-735.9,736.70-736.72,754.50,754.59-754.60,754.69-754.70,754.79,755.65-755.67
CPT: 20920-20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160,28220-28341,28360,28705-28760,29405,29425,29450,29750,29904-29907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **566**
Condition: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE (See Guideline Notes 64,65,76)
Treatment: REMOVAL OF GRANULOMA
ICD-9: 709.4,728.82
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, 99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480, 99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **567**
Condition: HYDROCELE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 608.84,629.1,778.6
CPT: 54840,55000-55060,55500,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **568**
Condition: SYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 708.0-708.1,708.5-708.8,995.7
CPT: 96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **569**
Condition: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING (See Guideline Notes 58,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 312.32-312.39
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045, H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S0270-S0274,S5151,S9125,S9484,T1005,T1016

Line: **570**
Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,65)
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-9: 456.3-456.5
CPT: 36470,55530,55535,55550,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **571**
Condition: ASEPTIC MENINGITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 047.0-047.9,048,049.0-049.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **572**
Condition: TMJ DISORDER (See Guideline Notes 64,65)
Treatment: TMJ SPLINTS
ICD-9: 524.60-524.69,848.1
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7880,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **573**
Condition: XEROSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 706.8
CPT: 11010-11047,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **574**
Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 36,64,65)
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-9: 474.00-474.2,474.9
CPT: 42820-42836,42860,42870,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **575**
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 558.1-558.3,558.41-558.9
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **576**
Condition: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.21-313.22
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032, H2033,S0270-S0274,S9484,T1016

Line: **577**
Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR (See Guideline Notes 64,65)
Treatment: DRAINAGE
ICD-9: 380.30-380.39,380.81-380.89,738.7
CPT: 10140,69000-69020,69140,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374, 99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **578**
Condition: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.31-373.33,690.10-690.8,698.0-698.9,701.1-701.3,701.8-701.9
CPT: 11000-11057,11200,11201,11401-11406,11900,11950-11954,17000-17004,98966-98969,99051,99060,99070, 99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496, 99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **579**
Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 601.1,601.3,601.9,602.0-602.9
CPT: 55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **580**
Condition: CHONDROMALACIA (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 733.92,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **581**
Condition: DYSMENORRHEA (See Guideline Notes 59,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 625.3-625.4
CPT: 58150,58180,58260,58290,58541-58544,58550-58554,58570-58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **582**
Condition: OPEN WOUND OF EAR DRUM (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 872.61
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **583**
Condition: SPASTIC DYSPHONIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 478.79
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S2340,S2341

Line: **584**
Condition: MACROMASTIA
Treatment: BREAST REDUCTION
ICD-9: 611.1
CPT: 19318

Line: **585**
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 372.01-372.06,372.14,372.54,372.56,472.0-472.2,477.0-477.9,995.3,V07.1
CPT: 30420,86486,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **586**
Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS (See Guideline Note 12)
Treatment: LIVER TRANSPLANT
ICD-9: 155.0-155.1,996.82,V58.0,V58.11,V59.6
CPT: 47133-47147,86825-86835

Line: **587**
Condition: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-9: 221.1-221.9
CPT: 56440,56441,56501,57130,57135

Line: **588**
Condition: RUMINATION DISORDER OF INFANCY (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.53
CPT: 90785,90832-90840,90846,90849,90887,99051,99060,99217-99239
HCPCS: G0406-G0408,G0410,G0411,H0023,H0035,H0038,H2011,H2027,S9125,S9484

Line: **589**
Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 373.11-373.12,373.2,374.50,374.54,374.56,374.84
CPT: 67700,67800-67808,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **590**
Condition: CONDUCTIVE HEARING LOSS
Treatment: AUDIANT BONE CONDUCTORS
ICD-9: 389.00-389.08,389.20-389.22
CPT: 69710,69711,92562-92565,92571-92577,92590,92591

Line: **591**
Condition: ACUTE ANAL FISSURE (See Guideline Notes 64,65)
Treatment: FISSURECTOMY, MEDICAL THERAPY
ICD-9: 565.0
CPT: 46200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **592**
Condition: PLEURISY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 511.0
CPT: 32200,32215-32310,32550,32552,32560-32562,32650-32652,32655,32664,32665,32940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **593**
Condition: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
ICD-9: 568.0,568.82-568.9
CPT: 44005,44180,44603,44604,49423,49424,58660-58662,58740,58940

Line: **594**
Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 693.0-693.9
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **595**
Condition: BLEPHARITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 373.00-373.02,373.8-373.9,374.87
CPT: 92002-92060,92071,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **596**
Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 599.60-599.69,600.00-600.91
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **597**
Condition: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,43,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 371.82,457.0,998.81,998.9,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **598**
Condition: LYMPHEDEMA (See Guideline Notes 43,64,65)
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-9: 457.2-457.9,757.0,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 29581-29584,38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97110,97124,97140,97530,97760,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **599**
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 386.30-386.32,386.34-386.35
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **600**
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-9: 470,478.0,738.0,754.0,802.0
CPT: 14060,14301,14302,20912,21325-21335,30115,30117,30124-30430,30465,30520,30580,30620,30630,31020-31200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7260,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **601**
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
ICD-9: 528.00-528.09,528.9
CPT: 40650,40805,40810-40816,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **602**
Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, ORTHOTIC
ICD-9: 734,736.73,755.00,755.02-755.10,755.13-755.14
CPT: 11200,26951,28344,28345,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **603**
Condition: ERYTHEMA MULTIFORME MINOR (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 695.10-695.11,695.19
CPT: 65778-65782,68371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **604**
Condition: INFECTIOUS MONONUCLEOSIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 075
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **605**
Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 597.80-597.89,599.3-599.5,599.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **606**
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 752.0,752.10-752.39,752.41
CPT: 57135,57720,58400,58540,58559-58562,58660-58662,58700-58740,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **607**
Condition: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Notes 60,64,65,100,105)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-9: 349.2,721.5-721.6,723.0,724.00-724.02,724.09,731.0,737.0,737.10-737.39,737.8-737.9,738.4-738.5,754.2,756.10-756.19,756.3
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,63050,63051,97001-97004,97010,97012,97022,97110-97124,97140-97530,97535,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **608**
Condition: ANTI-SOCIAL PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032,H0034,H2010,H2011,H2014,H2027,H2032,S0270-S0274,S9484,T1016

Line: **609**
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59-301.6,301.81-301.82,301.84-301.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0176,G0177,G0425-G0427,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2014,H2021-H2023,H2027,H2032,H2033,S0270-S0274,S5151,S9484,T1005,T1016

Line: **610**
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 112.0,112.3,112.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **611**
Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 222.0,222.2-222.3,222.8-222.9
CPT: 54231,54512,54522,54900,54901,55200,55600-55680,55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **612**
Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
ICD-9: 525.20-525.26
CPT: 15574,20902,21210,21215,21244-21249,40840,40842,40845
HCPCS: D7340,D7350

Line: **613**
Condition: OLD LACERATION OF CERVIX AND VAGINA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 621.5,622.3,624.4
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **614**
Condition: VULVAL VARICES (See Guideline Notes 64,65)
Treatment: VASCULAR SURGERY
ICD-9: 456.6
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **615**
Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 703.8-703.9,704.00-704.3,704.8-704.9,706.3,706.9,757.4-757.5,V50.0
CPT: 11000,11001,11720-11765,11900,11901,17380,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **616**
Condition: OBESITY (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-9: 278.00-278.01
CPT: 43644,43645,43770-43775,43846-43848,98966-98969,99051,99078,99201-99239,99281-99360,99366,99374,99375,99381-99412,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0447,S0270-S0274

Line: **617**
Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 463
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **618**
Condition: CORNS AND CALLUSES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 700
CPT: 11055-11057,17000-17004,17110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S0390

Line: **619**
Condition: SYNOVITIS AND TENOSYNOVITIS (See Guideline Notes 6,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 726.12,727.00,727.03-727.09,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542, 97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **620**
Condition: PROLAPSED URETHRAL MUCOSA (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 599.3,599.5
CPT: 51840,51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,77321,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **621**
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH) (See Guideline Note 91)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS,ONLAYS,GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
HCPCS: D2410-D2544,D2720-D2750,D2780-D2794,D2929,D2952,D2953,D2971,D2981,D2982,D4249,D5213,D5214, D5281,D5810,D5811,D5862-D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790, D6793-D6920,D6940,D6950,D9950

Line: **622**
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,12,64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 159.0-159.9,195.0-195.8,196.0-196.9,197.0-197.6,197.8,198.81-198.89,199.0-199.2,209.30,209.70-209.79, 284.11,V10.91
CPT: 11600-11646,32553,36260-36262,36522,38720,38724,38745,41110-41114,41130,42120,42842-42845,43216-43228,43248-43250,47420,47425,47610,47741,47785,49411,58951,60600-60650,61500,61510,61517-61521, 61546,61548,61586,77014,77261-77295,77300-77370,77401-77432,77469,77470,77761-77790,79005-79445, 96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274,S9537

Line: **623**
Condition: GANGLION (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-9: 727.02,727.40-727.49
CPT: 10140,10160,20551-20553,20600-20612,25111,25112,26160,28090,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **624**
Condition: EPISCLERITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 379.01-379.02
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **625**
Condition: DIAPER RASH (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 691.0
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **626**
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE
ICD-9: 529.5,750.0,750.10-750.19
CPT: 40806,40819,41010,41115

Line: **627**
Condition: CYSTS OF ORAL SOFT TISSUES (See Guideline Notes 64,65)
Treatment: INCISION AND DRAINAGE
ICD-9: 527.1,528.4,528.8
CPT: 40800,41005-41009,41015-41018,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7460,D7461,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **628**
Condition: CONGENITAL DEFORMITIES OF KNEE (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 727.83,755.64
CPT: 27403-27416,27420-27429,27435,27465-27468,27656,29871-29889,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **629**
Condition: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
ICD-9: 577.1
CPT: 48020,48120,48548

Line: **630**
Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 054.2,054.6,054.73,054.9,058.81-058.89
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **631**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)
HCPCS: D5860,D5861,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6975

Line: **632**
Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
ICD-9: 744.00-744.04,744.09-744.3
CPT: 21086,21089,69110,69300
HCPCS: D5914,D5927,D5992,D5993

Line: **633**
Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-9: 701.4-701.5
CPT: 11200-11446,11900,11901,12032,17000-17004,32553,49411,77014,77261-77295,77300-77315,77331-77338, 77401-77427,77469,77470,79005-79445

Line: **634**
Condition: DISORDERS OF SOFT TISSUE (See Guideline Notes 64,65,72)
Treatment: MEDICAL THERAPY
ICD-9: 374.86,729.0-729.2,729.31-729.99,V53.02
CPT: 11042,11045,14040,14041,14301,14302,20550,20600-20610,62367-62370,95990,98966-98969,99051,99060, 99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **635**
Condition: MINOR BURNS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 692.71,692.76,941.00-941.29,942.00-942.29,943.00-943.29,944.00-944.28,945.00-945.29,946.0-946.2,949.0-949.1
CPT: 11000,11001,11042-11047,11960-11971,16000-16030,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **636**
Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 291.82,292.85,307.41-307.45,307.47-307.49,327.00,327.09-327.13,327.19,327.22,327.30-327.8,333.94-333.99,780.50,780.52,780.55-780.56,780.58-780.59
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **637**
Condition: ORAL APHTHAE (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 528.2
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **638**
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes 6,64,65,97,98,105)
Treatment: MEDICAL THERAPY
ICD-9: 355.1-355.2,355.9,717.0-717.3,717.40-717.9,718.26,718.36,718.56,836.0-836.2,840.0-840.9,841.0-841.9,842.00-842.19,843.0-843.9,844.0-844.9,845.00-845.03,845.10-845.19,846.0-846.9,848.3,848.40-848.9,905.7,V57.1,V57.21-V57.3,V57.81-V57.89
CPT: 24341,27347,27590,29240-29280,29520-29550,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **639**
Condition: ASYMPTOMATIC URTICARIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 708.2-708.4,708.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **640**
Condition: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-9: 883.0
CPT: 12001,12002,14040,14041,14301-14350

Line: **641**
Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 800.00-800.01,801.00-801.01,803.00-803.01,850.0,850.9,851.00-851.01,851.09,851.20-851.21,851.29,851.40-851.41,851.49,851.60-851.61,851.69,851.80-851.81,851.89
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **642**
Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
ICD-9: 078.0,078.10,078.12-078.19
CPT: 11055-11057,11420-11424,11900,11901,17000-17004,17110,17111,28039-28043,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **643**
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 460,465.0-465.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **644**
Condition: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Guideline Notes 61,64,65)
Treatment: MEDICAL THERAPY
ICD-9: 051.01-051.02,052.0-052.9,055.0-055.2,055.71-055.9,056.79-056.9,057.0-057.9,058.10-058.12,059.00-059.9,072.0-072.3,072.71-072.9,074.0-074.1,074.20-074.8,078.0,078.2,078.4-078.7,078.81-078.89,079.0-079.4,079.50-079.6,079.83-079.99,480.0-480.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **645**
Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 462,464.00,464.50,476.0-476.1,478.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **646**
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-9: 524.00-524.29,524.50-524.59,524.70-524.9
CPT: 21120-21127,21145-21160,21193-21198,21206-21209,21255,21295,21296,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7940-D7949,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **647**
Condition: DENTAL CONDITIONS (EG. MALOCCLUSION)
Treatment: ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)
ICD-9: 524.23,524.31,524.33-524.37,524.4,V53.4,V58.5
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D8010-D8693

Line: **648**
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)
ICD-9: 525.71-525.79
HCPCS: D6010-D6194,D6210,D6240,D6245,D6250,D7951,D7952

Line: **649**
Condition: UNCOMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
ICD-9: 455.0,455.3,455.6,455.9
CPT: 44391,45317,45334,45335,45339,45381,45382,46083,46220-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **650**
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Notes 64,65)
Treatment: REPAIR SOFT TISSUES
ICD-9: 525.40-525.54,526.81,873.60-873.69
CPT: 12001-12020,12031-12057,13131-13133,13151-13153,40831,41250,41251,42180,42182,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **651**
Condition: SEBACEOUS CYST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 685.1,704.41-704.42,706.2,744.47
CPT: 10060,10061,11400-11446,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **652**
Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 278.1,702.11-702.8,709.1-709.3,709.8-709.9
CPT: 11000,11042,11045,11055-11057,11300-11446,13100-14302,15040,15110-15120,15130-15261,15780-15793,15830-15839,15876-15879,17000-17108,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **653**
Condition: REDUNDANT PREPUCE (See Guideline Notes 64,65)
Treatment: ELECTIVE CIRCUMCISION
ICD-9: 605,V50.2
CPT: 54000,54001,54150-54164,54450,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **654**
Condition: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
Treatment: DACRYOCYSTORHINOSTOMY
ICD-9: 375.02,375.30,375.32,375.41-375.43,375.56-375.61,771.6
CPT: 31239,68420,68520,68720-68750,68770,68801,68816,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371

Line: **655**
Condition: CONJUNCTIVAL CYST (See Guideline Notes 64,65)
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75
CPT: 68020,68040,68110,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **656**
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 209.60,209.69,210.0-210.9,214.0-214.9,216.0-216.9,221.0-221.9,222.1,222.4,228.00-228.01,228.1,229.0-229.9,686.1,686.9,702.0
CPT: 11300-11471,12031,12032,13100-13151,17000-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7450-D7460,D7981,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **657**
Condition: DISEASE OF CAPILLARIES
Treatment: EXCISION
ICD-9: 448.1-448.9
CPT: 11400-11426

Line: **658**
Condition: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9
CPT: 56441,56805,57061,57065,57200,57800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360, 99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **659**
Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 246.2-246.3,246.9
CPT: 60200-60225,60270,60271,60300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366, 99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **660**
Condition: PICA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99366, 99441-99444,99487-99496,99605-99607
HCPCS: G0177,G0406-G0408,G0425-G0427,H0004,H0023,H0032,H0034,H0035,H2010,S0270-S0274,T1016

Line: **661**
Condition: ACUTE VIRAL CONJUNCTIVITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 077.0-077.8,077.99,372.00
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078, 99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **662**
Condition: MUSCULAR CALCIFICATION AND OSSIFICATION (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 728.10-728.19
CPT: 27036,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412, 99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **663**
Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 910.0,910.2,910.4,910.6,910.8,911.0,911.2,911.4,911.6,911.8,912.0,912.2,912.4,912.6,912.8,913.0,913.2,913.4, 913.6,913.8,914.0,914.2,914.4,914.6,914.8,915.0,915.2,915.4,915.6,915.8,916.0,916.2,916.4,916.6,916.8,917.0, 917.2,917.4,917.6,917.8,919.0,919.2,919.4,919.6,919.8,920,921.0-921.9,922.0-922.2,922.31-922.9,923.00-923.9, 924.00-924.9,959.01-959.12,959.14-959.8,V58.30
CPT: 10120,10140,11740,11760,11762,12001-12014,28190,98966-98969,99051,99060,99070,99078,99201-99239, 99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **664**
Condition: CHRONIC BRONCHITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 490,491.0,491.8-491.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **665**
Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 217,611.3-611.4,611.6,611.71,611.81-611.82,611.9,757.6
CPT: 19110,19120-19126,19290-19295,19324-19396,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **666**
Condition: BENIGN POLYPS OF VOCAL CORDS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, STRIPPING
ICD-9: 478.4
CPT: 31540,31541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **667**
Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM (See Guideline Notes 64,65)
Treatment: SURGICAL TREATMENT
ICD-9: 209.40-209.43,209.63,209.65-209.67,211.0-211.2,211.5-211.6,211.8-211.9
CPT: 43216-43228,43245,43248-43250,43256,43450,44110-44120,44139-44145,44204-44208,44213,44369,44392-44397,44701,45160,45308,45309,45317-45327,45333-45335,45338,45345,45381-45385,45387,46610,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **668**
Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION (See Guideline Notes 64,65)
Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY
ICD-9: 454.8-454.9,459.0,459.10,459.19-459.30,459.39-459.9,607.82
CPT: 29582-29584,36468-36479,37700-37761,37766-37790,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **669**
Condition: CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,65)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 593.2
CPT: 50390,50541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **670**
Condition: HYPERTELORISM OF ORBIT (See Guideline Notes 64,65)
Treatment: ORBITOTOMY
ICD-9: 376.41
CPT: 67405,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **671**
Condition: GALLSTONES WITHOUT CHOLECYSTITIS (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
ICD-9: 574.20-574.21,575.6-575.9
CPT: 43260-43273,47490,47564,47570,47600-47620,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **672**
Condition: GYNECOMASTIA
Treatment: MASTECTOMY
ICD-9: 611.1
CPT: 19300

Line: **673**
Condition: TMJ DISORDERS (See Guideline Notes 64,65)
Treatment: TMJ SURGERY
ICD-9: 524.50-524.69,718.08,718.18,718.28,718.38,718.58
CPT: 20910,20926,21010,21050-21073,21210-21243,21480-21490,29800,29804,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: D7852-D7877,D7899,D7955,D7991,G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **674**
Condition: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 778.5,778.7-778.9
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **675**
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS
Treatment: COSMETIC DENTAL SERVICES
ICD-9: 520.0-520.3,520.5,520.8-520.9,521.10-521.25,521.7,521.9,524.30,524.39
CPT: 98966-98969,99051,99060,99201-99215,99366,99441-99444,99487-99496,99605-99607
HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548-D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975

Line: **676**
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
Treatment: ELECTIVE DENTAL SERVICES
ICD-9: 520.7
CPT: 41822,98966-98969,99051,99060,99201-99215,99366,99441-99444,99487-99496,99605-99607
HCPCS: D2391-D2394,D2799,D2955,D2990,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9940-D9942,D9952

Line: **677**
Condition: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION
ICD-9: 748.4
CPT: 32140,32141,32663

Line: **678**
Condition: AGENESIS OF LUNG (See Guideline Notes 64,65)
Treatment: MEDICAL THERAPY
ICD-9: 748.5
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **679**
Condition: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
ICD-9: 362.31-362.33
CPT: 67015,67500,67505

Line: **680**
Condition: BENIGN LESIONS OF TONGUE (See Guideline Notes 64,65)
Treatment: EXCISION
ICD-9: 529.1-529.9
CPT: 41110-41114,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99444,99468-99480,99487-99496,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,S0270-S0274

Line: **681**
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 313.1,313.3,313.82-313.83
CPT: 98966-98969,99201-99215,99224,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0425-G0427,S0270-S0274

Line: **682**
Condition: INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 377.01-377.02,377.21-377.39,377.51-377.54,377.71-377.75,437.7-437.8
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **683**
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 071,136.0,136.9
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **684**
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,67)
Treatment: EVALUATION
ICD-9: 240.0-240.9,241.0-241.9,251.1-251.2,254.0,254.8-254.9,259.4,259.8-259.9,271.0,272.7,277.31,277.5,278.3,759.1
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274,S9357

Line: **685**
Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 282.46,429.3,429.81-429.82,429.89-429.9,747.9
CPT: 33620,33621,75557,75565,75573,98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **686**
Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 362.37,362.42-362.43,362.81-362.82,362.84-362.9,363.31,364.51-364.60,364.9,371.20,371.22,371.24-371.33, 371.81,371.89-371.9,372.40-372.42,372.44-372.52,372.55,372.81-372.9,374.52-374.53,374.81-374.83,374.9, 376.82-376.9,377.03,377.10-377.16,377.41-377.49,377.61-377.63,379.24,379.27-379.29,379.40-379.53,379.55-379.8,380.9
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **687**
Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 310.81,333.82,333.84,333.91,333.93
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **688**
Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,113)
Treatment: EVALUATION
ICD-9: 272.6,287.2,287.8-287.9,528.5,696.3-696.5,709.00-709.09,757.2,757.31-757.39,757.8-757.9,906.2-906.3,992.9
CPT: 29581,98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0429,S0270-S0274

Line: **689**
Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 519.3,519.8-519.9,748.60,748.69,748.9,770.13,770.15,770.85
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **690**
Condition: GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,73)
Treatment: EVALUATION
ICD-9: 256.0,593.0-593.1,593.6,607.9,608.3,608.9,620.8-620.9,621.6,621.8-621.9,626.9,629.20-629.29,629.81-629.89, 752.63-752.64,752.9
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **691**
Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 272.8,716.40-716.99,718.00,718.10,718.20,718.50,718.80,718.90-718.99,719.61-719.69,728.5,728.84,728.87, 728.9,731.2,738.2-738.3,738.9,744.5,744.81-744.9,748.1,754.0,755.9,756.2,756.9,994.5
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

Line: **692**
Condition: GASTROINTESTINAL CONDITIONS AND OTHER MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-9: 527.0,569.43,569.9,573.9,576.5-576.9
CPT: 98966-98969,99201-99239,99366,99441-99444,99487-99496,99605-99607
HCPCS: G0406-G0408,G0425-G0427,S0270-S0274

STATEMENTS OF INTENT

STATEMENTS OF INTENT FOR THE
OCTOBER 1, 2013 PRIORITIZED LIST
OF HEALTH SERVICES

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:
   1) Inpatient palliative care consultation; and,
   2) 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:
   1) 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:
   1) 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.

STATEMENT OF INTENT 3: INTEGRATED CARE

Recognizing that many individuals with mental health disorders receive care predominantly from mental health care providers, and recognizing that integrating mental and physical health services for such individuals promotes patient-centered care, the Health Evidence Review Commission endorses the incorporation of chronic disease health management support within mental health service systems. Although such supports are not part of the mental health benefit package, mental health organizations (MHOs) that elect to provide these services may report them using psychiatric rehabilitation codes which pair with mental health diagnoses. If MHOs choose to provide tobacco cessation supports, they should report these services using 99407 for individual counseling and S9453 for classes.

PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE OCTOBER 1, 2013 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE OCTOBER 1, 2013 PRIORITIZED LIST
OF HEALTH SERVICES

PREVENTION TABLES

ANCILLARY GUIDELINE A1, NEGATIVE PRESSURE WOUND THERAPY

Negative pressure wound therapy (97605, 97606) is a covered benefit 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.

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure D1 unless otherwise specified below.

A) Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer suspected to be hereditary, or patients at increased risk to due to family history.
   1) Services are provided according to the Comprehensive Cancer Network Guidelines.
      a) Lynch syndrome (hereditary colorectal and endometrial cancer) services (CPT 81292-81300, 81317-81319) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2013 (4/13/13). ***www.nccn.org***
      b) BRCA1/BRCA2 testing services (CPT 81211-81217) for women without a personal history of breast and/or ovarian cancer should be provided to high risk women as defined in Guideline Note 3 or as otherwise defined by the US Preventive Services Task Force.
      c) BRCA1/BRCA2 testing services (CPT 81211-81217) for women with a personal history of breast and/or ovarian cancer and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2011 (4/7/11). ***www.nccn.org***
      d) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Screening. V.1.2013 (5/13/13). ***www.nccn.org.***
   2) Genetic counseling should precede genetic testing for hereditary cancer. Very rarely, it may be appropriate for a genetic test to be performed prior to genetic counseling for a patient with cancer. If this is done, genetic counseling should be provided as soon as practical.
      a) Pre and post-test genetic counseling by the following providers should be covered.
         i) Medical Geneticist (M.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics
         ii) Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medical Genetics.
         iii) Genetic Counselor - Board Certified or Active Candidate Status from the American Board of Genetic Counseling, or Board Certified by the American Board of Medical Genetics.
         iv) Advance Practice Nurse in Genetics - Credential from the Genetic Nursing Credentialing Commission.
   3) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 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.

B) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:
   1) CPT 81228, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
   2) CPT 81229, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities; plus cytogenetic constitutional microarray analysis for single nucleotide polymorphism (SNP) variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder; only if (a) consanguinity and recessive disease is suspected, or (b) uniparental disomy is suspected, or (c) another mechanism is suspected that is not detected by the copy number variant test alone. In 2012, this test may also be billed using one of CPT 88384-88386, or stacking CPTs 83890-83915.
   3) CPT 81243, 81244, Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield of Fragile X is 3.5-10%, this is included because of additional reproductive implications.
   4) A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.

C) Related to other tests with specific CPT codes:
   1) The following tests are not covered:
      a) CPT 81225, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
      b) CPT 81226, CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN).
      c) CPT 81227, CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
      d) CPT 81291, MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)

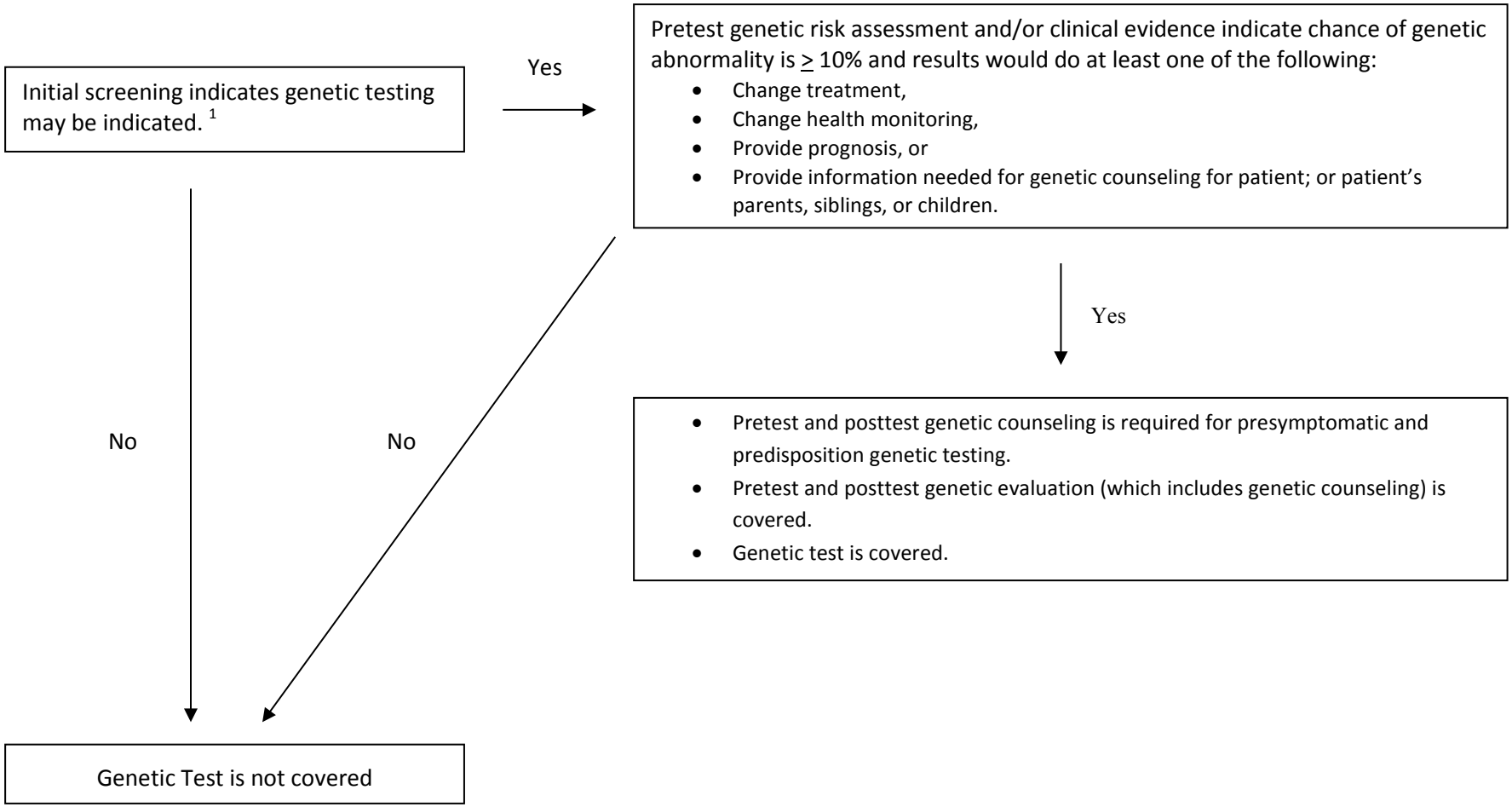
e) CPT 81330, SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
f) CPT 81350, UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
g) CPT 81355, VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)

2) The following tests are covered only if they meet the criteria for the Non-Prenatal Genetic Testing Algorithm AND the specified situations:
   a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
   b) Diagnostic testing for cystic fibrosis (CF)
      i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81223, 81222: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.
   c) Carrier testing for cystic fibrosis
      i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered.
   d) CPT 81240. F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should not be covered for adults with idiopathic venous thromoboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
   e) CPT 81241. F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant: Factor V Leiden testing should not be covered for: adults with idiopathic venous thromoboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
   f) CPT 81256, HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D): Covered for diagnostic testing of patients with elevated transferrin saturation or ferritin levels. Covered for predictive testing ONLY when a first degree family member has treatable iron overload from HFE.
   g) CPT 81332 SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test ofr 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. Generic testing or the anpha-1 phenotype test is appropriate is the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.

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

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

FIGURE D1
NON-PRENATAL GENETIC TESTING ALGORITHM (See Guideline Note D1)



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

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

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.

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 • Failure to improve after 1 month • Age >50 years • Symptoms such as painless neurologic deficit, night pain or pain increased in supine position	Lumbosacral plain radiography	
	• Multiple risk factors for cancer present	Plain radiography or MRI	
Spinal column infection	• Fever • Intravenous drug use • Recent infection	MRI	ESR and/or CRP
Cauda equina syndrome	• Urinary retention • Motor deficits at multiple levels • Fecal incontinence • Saddle anesthesia	MRI	None
Vertebral compression fracture	• History of osteoporosis • Use of corticosteroids • Older age	Lumbosacral plain radiography	None
Ankylosing spondylitis	• Morning stiffness • Improvement with exercise • Alternating buttock pain • Awakening due to back pain during the second part of the night • Younger age	Anterior-posterior pelvis plain radiography	ESR and/or CRP, HLA-B27
Nerve compression/ disorders (e.g. herniated disc with radiculopathy)	• Back pain with leg pain in an L4, L5, or S1 nerve root distribution present < 1 month • Positive straight-leg-raise test or crossed straight-leg-raise test	None	None
	• Radiculopathic symptoms** present >1 month • Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness	MRI***	Consider EMG/NCV

Possible cause	Key features on history or physical examination	Imaging*	Additional studies*
Spinal stenosis	• Radiating leg pain • Older age • Pain usually relieved with sitting (Pseudoclaudication a weak predictor)	None	None
	• Spinal stenosis symptoms present >1 month	MRI**	Consider EMG/NCV

* Level of evidence for diagnostic evaluation is variable
** Radiculopathic symptoms 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.

DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE

Neuroimaging is not covered in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).

Neuroimaging is covered for headache when a red flag* is present.

*The following represent red flag conditions for underlying abnormality with headache:

A. New onset or change in headache in patients who are aged over 50
B. Thunderclap headache: rapid time to peak headache intensity (seconds to 5 minutes)
C. Focal neurological symptoms (e.g. limb weakness, lack of coordination, numbness or tingling)
D. Non-focal neurological symptoms (e.g altered mental status, dizziness)
E. Abnormal neurological examination
F. Headache that changes with posture
G. Headache wakening the patient up (nota bene migraine is the most frequent cause of morning headache)
H. Headache precipitated by physical exertion or valsalva maneuver (e.g. coughing, laughing, straining)
I. Patients with risk factors for cerebral venous sinus thrombosis
J. Jaw claudication
K. Nuchal rigidity
L. New onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
M. New onset headache in a patient with a history of cancer
N. Cluster headache, paroxysmal hemicrania, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA).

DIAGNOSTIC GUIDELINE D6, MRI FOR BREAST CANCER SCREENING

Breast MRI is not covered for screening for breast cancer.

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)

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:

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

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.

DIAGNOSTIC GUIDELINE D9, MRI FOR BREAST CANCER DIAGNOSIS

In women with recently diagnosed breast cancer, preoperative or contralateral MRI of the breast is not a covered service.

DIAGNOSTIC GUIDELINE D10, MRI IN MULTIPLE SCLEROSIS

MRI is a diagnostic test for multiple sclerosis and should not be used for routine monitoring of disease

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.

PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE OCTOBER 1, 2013 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE OCTOBER 1, 2013 PRIORITIZED LIST
OF HEALTH SERVICES

PREVENTION TABLES

GUIDELINE NOTE 1, ROUTINE CERVICAL CANCER SCREENING

Line 4

Cervical cancer screening is covered on Line 4 for women:

Age group in years	Type of screening covered	Frequency
<21	None	Never
21-29	Cytology alone Mandatory HPV testing (87620-87621) is not covered for women age 21-29	Every 3 years
30-65	Co-testing* or cytology alone	Co-testing every 5 years Cytology alone every 3 years
>65	None Unless adequate screening** has not been achieved, or it is <20 years after regression or appropriate management of a high-grade precancerous lesion	Never
Women who have had a hysterectomy with removal of cervix for non-cervical cancer related reasons (i.e. other than high grade precancerous lesion, CIN 2 or 3, or cervical cancer)	None	Never
Women who have abnormal testing	Per ASCCP*** Guideline, until indicated to resume routine screening	Per ASCCP Guideline, until indicated to resume routine screening

*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.

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

Lines 4,197

Bilateral prophylactic breast removal is included on Line 4 for women without a personal history of invasive breast cancer who are at high risk for breast cancer. Prior to surgery, women without a personal history of breast cancer must have a genetics consultation. High risk is defined as:

A) Having a BRCA1/BRCA2 mutation;
B) Having a strong family history of breast cancer, defined as one of the following:

GUIDELINE NOTE 3, PROPHYLACTIC TREATMENT FOR PREVENTION OF BREAST CANCER IN HIGH RISK WOMEN (CONT'D)

1) 2 first-degree or second degree relatives diagnosed with breast cancer at younger than an average age of 50 years (at least one must be a first-degree relative);
2) 3 first-degree or second-degree relatives diagnosed with breast cancer at younger than an average age of 60 years (at least one must be a first-degree relative);
3) 4 relatives diagnosed with breast cancer at any age (at least one must be a first-degree relative);
4) 1 relative with ovarian cancer at any age and, on the same side of the family, either 1 first-degree relative (including the relative with ovarian cancer) or second-degree relative diagnosed with breast cancer at younger than age 50 years, or 2 first-degree or second-degree relatives diagnosed with breast cancer at younger than an average age of 60 years, or another ovarian cancer at any age;
5) 1 first-degree relative with cancer diagnosed in both breasts at younger than an average age of 50 years;
6) 1 first-degree or second-degree relative diagnosed with bilateral breast cancer and one first-degree or second-degree relative diagnosed with breast cancer at younger than an average age of 60 years; or,
7) a male relative with breast cancer at any age and on the same side of the family at least 1 first-degree or second-degree relative diagnosed with breast cancer at younger than age 50 years, or 2 first-degree or second-degree relatives diagnosed with breast cancer at younger than an average age of 60 years.

C) A history of LCIS with a family history of breast cancer; or,
D) A history of treatment with thoracic radiation between ages 10 and 30.

Contralateral prophylactic mastectomy is included on Lines 4 and 197 for women with a personal history of breast cancer and any of the high risk categories listed above. In addition, contralateral prophylactic mastectomy of the unaffected breast is indicated for women with invasive lobular carcinoma.

Prophylactic oophorectomy is included on Line 4 for women who have the BRCA1/BRCA2 mutation.

GUIDELINE NOTE 4, TOBACCO DEPENDENCE

Line 6

Persons are eligible for tobacco dependence counseling if a documented quit date has been established.

GUIDELINE NOTE 5, OBESITY

Line 8

Medical treatment of obesity is limited to accepted intensive counseling on nutrition and exercise, 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 covered for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period. Pharmacological treatments are not intended to be included as services on this line.

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

Lines 37,50-52,64,74-76,78,80,85,89,90,94,95,98-101,108,109,115,116,122,129,139,141-143,145,146,158,161,167,179,184,185, 189,190,192,194,195,201,202,208,209,216,226,237,239,270,271,273,274,279,288,289,293,297,302,304,307-309,318,336,342, 349,350,363,367,369,375,376,378,382,384,385,387,400,406,407,434,441,443,448,455,467,478,489,493,507,516,535,549,562, 580,597,619,638

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

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

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

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

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

Whenever there is a change in status, regardless of age, such as surgery, botox injection, rapid growth, an acute exacerbation or for evaluation/training for an assistive communication device, the following additional visits are allowed:

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES (CONT'D)

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

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

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

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

Lines 33,66,79,102,103,105,123-125,131,138,144,159,165,166,168,170,181,197,198,206-208,218,220,221,228,229,231,235,243, 249,252,275-278,280,287,292,310-312,314,320,339-341,352,356,366,459,622

A) Indicated for anemia (Hgb < 10gm/dl or Hct < 30%) induced by cancer chemotherapy given within the previous 8 weeks or in the setting of myelodysplasia.
   1) Reassessment should be made after 8 weeks of treatment. If no response, treatment should be discontinued. If response is demonstrated, ESAs should be discontinued once the hemoglobin level reaches 10, unless a lower hemoglobin level is sufficient to avoid the need for red blood cell (RBC) transfusion.
B) Indicated for anemia (Hgb < 10gm/dl or HCT < 30%) associated with HIV/AIDS.
   1) An endogenous erythropoietin level < 500 IU/L is required for treatment, and patient may not be receiving zidovudine (AZT) > 4200 mg/week.
   2) Reassessment should be made after 8 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl.
C) Indicated for anemia (Hgb < 10 gm/dl or HCT <30%) associated with chronic renal failure, with or without dialysis.
   1) Reassessment should be made after 12 weeks. If no response, treatment should be discontinued. If response is demonstrated, the lowest ESA dose sufficient to reduce the need for RBC transfusions should be used, and the Hgb should not exceed 11gm/dl. In those not on dialysis, the Hgb level should not exceed 10gm/dl.

GUIDELINE NOTE 8, BARIATRIC SURGERY

Lines 33,616

Bariatric surgery for obesity is included on Line 33 TYPE II DIABETES MELLITUS, and Line 616 OBESITY under the following criteria:

A) Age ≥ 18
B) For inclusion on Line 33: BMI ≥ 35 with co-morbid type II diabetes. For inclusion on Line 616: BMI >=35 with at least one significant co-morbidity other than type II diabetes (e.g., obstructive sleep apnea, hyperlipidemia, hypertension) or BMI >= 40 without a significant co-morbidity.
C) No prior history of Roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, unless they resulted in failure due to complications of the original surgery.
D) Participate in the following four evaluations and meet criteria as described.
   1) Psychosocial evaluation: (Conducted by a licensed mental health professional)
      a) Evaluation to assess potential compliance with post-operative requirements.
      b) Must remain free of abuse of or dependence on alcohol during the six-month period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.
      c) No mental or behavioral disorder that may interfere with postoperative outcomes[1].
      d) Patient with previous psychiatric illness must be stable for at least 6 months.
   2) Medical evaluation: (Conducted by OHP primary care provider)
      a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
      b) Optimize medical control of diabetes, hypertension, or other co-morbid conditions.
      c) Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
   3) Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program[2])
      a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout period leading to surgery while continuously enrolled on OHP.
      b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure[3] and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.
   4) Dietician evaluation: (Conducted by licensed dietician)
      a) Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
      b) Counseling in dietary lifestyle changes
E) Participate in additional evaluations:

GUIDELINE NOTE 8, BARIATRIC SURGERY (CONT'D)

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

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

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

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

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

GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY

Lines 35,62

A) Wireless capsule endoscopy is included on these lines for diagnosis of:
   1) Obscure GI bleeding suspected to be of small bowel origin with iron deficiency anemia or documented GI blood loss
   2) Suspected Crohn's disease with prior negative work up
B) Wireless capsule endoscopy is not included on these lines for:
   1) Colorectal cancer screening
   2) Confirmation of lesions of pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)
C) Wireless capsule endoscopy is only included on these lines when the following conditions have been met:
   1) Prior studies must have been performed and been non-diagnostic
      a) GI bleeding: upper and lower endoscopy
      b) Suspected Crohn's disease: upper and lower endoscopy, small bowel follow through
   2) Radiological evidence of lack of stricture
   3) Only covered once during any episode of illness
   4) FDA approved devices must be used
   5) Patency capsule should not be used prior to procedure

GUIDELINE NOTE 10, CENTRAL SEROUS RETINOPATHY AND PARS PLANITIS

Line 413

Central serous retinopathy (362.41) is included on this line only for treatment when the condition has been present for 3 months or longer. Pars planitis (363.21) should only be treated in patients with 20/40 or worse vision..

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES

Lines 79,102,103,105,123-125,131,144,159,165,166,168,170,181,197,198,206-208,218,220,221,228,229,231,243,249,252,275-278,280,287,292,310-312,314,320,339-341,356,459,622

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.

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES (CONT'D)

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 102,103,123-125,144,159,165,166,170,181,197,198,207,208,218,220,221,228,229,231,243,249,252,275-278,280,287,292, 310-312,320,339-341,356,459,586,622

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.

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, MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY

Lines 76,195

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

GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS

Lines 79,103,105,125,131,166,170,198,206,231,280,314

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma.

GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION

Lines 89,384

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 1,3,4

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 3,4,58

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.

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE (CONT'D)

Fluoride varnish (D1206) is included on Lines 3 and 4 for use with children 18 and younger during well child preventive care visits. Fluoride treatments (D1206 and D1208) are included on line Line 58 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 108,279

Ventricular assist devices are covered only in the following circumstances:

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

Ventricular assist devices are not covered for destination therapy.

Ventricular assist devices are covered for cardiomyopathy only when the intention is bridge to cardiac transplant.

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

GUIDELINE NOTE 19, PET SCAN GUIDELINES

Lines 125,144,165,166,170,182,207,208,220,221,243,276,278,292,312,339

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 AND HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER

Line 133

When using 314.9, Unspecified Hyperkinetic Syndrome, in children age 5 and under, it is appropriate only when the following apply:

GUIDELINE NOTE 20, ATTENTION DEFICIT AND HYPERACTIVITY DISORDERS IN CHILDREN AGE FIVE AND UNDER (CONT'D)

- 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 3 and under, it is especially important that psychosocial interventions, including parent skills training and/or parent-child therapy, and environmental modifications, be tried prior to medication. For children over the age of 3, psychosocial interventions are important, whether the child is on medications or not.

Use of 314.9 for children age five and younger is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Medication management: 90832-90838, 99201-99215
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE 21, MODERATE/SEVERE PSORIASIS

Line 134

Moderate to severe psoriasis is defined as having functional impairment 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.

First line agents include topical agents, oral retinoids, phototherapy and methotrexate. Use of other systemic agents should be limited to those who fail, have contraindications to, or do not have access to first line agents.

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.

GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE

Line 165

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

Line 175

Complicated hernias are included on this line if they are incarcerated (defined as non-reducible by physical manipulation) or have symptoms of obstruction and/or strangulation.

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

Line 180

995.52, Child Neglect (Nutritional), 995.53, Child Sexual Abuse, and 995.54, Child Physical Abuse, may be used in any children when there is evidence or suspicion of abuse or neglect. These codes are to be used when the focus of treatment is on the alleged child victim. This can include findings by child welfare of abuse or neglect; or statements of abuse or neglect by the child, the perpetrator, or a caregiver or collateral report. Although these diagnoses can be used preventively, i.e. for children who are not yet showing symptoms, presence of symptoms should be demonstrated for interventions beyond evaluation or a short-term child or family intervention.

GUIDELINE NOTE 25, MENTAL HEALTH PROBLEMS IN CHILDREN AGE FIVE AND UNDER RELATED TO NEGLECT OR ABUSE (CONT'D)

The codes 995.52-995.54 may be used in children age five and younger and, in these instances only, is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual counseling and therapy: 90785, 90832-90838, 99201-99215
- Group therapy: 90832-90838, 90853, 90857, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE

Line 197

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 210

Surgery for sleep apnea for adults is only covered after documented failure of both CPAP and an oral appliance.

GUIDELINE NOTE 28, MOOD DISORDERS IN CHILDREN AGE EIGHTEEN AND UNDER

Line 212

The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only for children 18 years old and under who have functional impairment caused by significant difficulty with emotional regulation.

Use of 296.90 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy: 90785, 90832-90838, 99201-99215, H0004
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Medication management: 99201-99215
- Case Management: 90882, T1016
- Interpreter Service: T1013

GUIDELINE NOTE 29, TYMPANOSTOMY TUBES IN ACUTE OTITIS MEDIA

Line 418

Tympanostomy tubes (69436) are only included on this line as treatment for

1) recurrent acute otitis media (three or more episodes in six months or four or more episodes in one year) that fail appropriate medical management,
2) for patients who fail medical treatment secondary to multiple drug allergies or who fail two or more consecutive courses of antibiotics, or
3) 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, 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).

GUIDELINE NOTE 30, TESTICULAR CANCER

Line 231

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, AGE 5 AND UNDER

Line 298

Children will be considered candidates for cochlear implants if the following criteria are met:

A) Profound sensorineural hearing loss in both ears (defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
B) Child has reached the age of 1
C) Receive little or no useful benefit from hearing aids
D) No medical contraindications
E) High motivation and appropriate expectations (both child, when appropriate, and family)

Bilateral cochlear implants are covered. Simultaneous implantation appears to be more cost-effective than sequential implantation.

GUIDELINE NOTE 32, CATARACT

Line 321

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 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 339-341,459

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 373

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 391,498

Sinus surgery 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

GUIDELINE NOTE 35, SINUS SURGERY (CONT'D)

OR

E) Invasive or allergic fungal sinusitis

OR

F) Tumor of nasal cavity or sinuses

OR

G) CSF rhinorrhea

GUIDELINE NOTE 36, TONSILLECTOMY

Lines 49,84,210,395,574

Tonsillectomy is an appropriate treatment in a case 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;
C) Moderate or severe obstructive sleep apnea (OSA) in children 18 and younger, or mild OSA in children with daytime symptoms and/or other indications for surgery. For children 3 and younger or for children with significant co-morbidities, OSA must be diagnosed by nocturnal polysomnography. For children older than 3 who are otherwise healthy, OSA must be diagnosed by either nocturnal polysomnography, use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), or consultation with a sleep medicine specialist; or,
D) Unilateral tonsillar hypertrophy in adults; unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

GUIDELINE NOTE 37, DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT

Lines 400,562

Diagnoses are included on Line 400 when 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 562.

GUIDELINE NOTE 38, SUBTALAR ARTHROEREISIS

Line 407

Procedure code S2117 is only covered when not incorporating an implant device.

GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS

Line 422

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 (1-6):
    1) Patient history of dysmenorrhea, pelvic pain or abnormal uterine bleeding for more than six months with a negative effect on her quality of life.
    2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:

GUIDELINE NOTE 39, ENDOMETRIOSIS AND ADENOMYOSIS (CONT'D)

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 428

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
      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

Line 434

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, DISRUPTIVE BEHAVIOR DISORDERS IN CHILDREN AGE FIVE AND UNDER

Line 445

The use of 312.9, Unspecified Disturbance of Conduct, is appropriate only for children five years old and under who display sustained patterns of disruptive behavior beyond what is developmentally appropriate.

- Interventions should prioritize parent skills training in effective behavior management strategies or focus on other relational issues.

Use of 312.9 is limited to pairings with the following procedure codes:

- Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
- Family interventions and supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
- Individual Counseling and Therapy:90785, 90832-90838, 99201-99215, H0004
- Group therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
- Case Management: 90882, T1016
- Interpreter Service: T1013
- Medication management is not indicated for these conditions in children age 5 and under.

GUIDELINE NOTE 43, LYMPHEDEMA

Lines 448,597,598

Lymphedema treatments are included on these lines 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.

GUIDELINE NOTE 44, MENSTRUAL BLEEDING DISORDERS

Line 446

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

GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER

Line 469

ICD-9-CM code 309.89 can be used for individuals of any age. However, when using it for children five years of age or younger, who have experienced abuse or neglect, the following must apply:

A) The child must demonstrate some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability/lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.
B) 309.89 is limited to pairings with the following procedure codes:
   - Assessment and Screening: 90791, 90792, H0002, H0031, H0032, T1023
   - Group Therapy: 90785, 90832-90838, 90853, 99201-99215, H2032
   - Family Interventions and Supports: 90832-90838, 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005
   - Case Management: 90882, T1016
   - Interpreter Service: T1013
   - Individual Counseling and Therapy: 90785, 90832-90838, 99201-99215
   - Medication Management is not indicated for this condition in children five years of age or younger.

   Note: Cessation of the traumatic exposure must be the first priority. Infants and toddlers may benefit from parental guidance regarding management of the child's symptoms, parental guidance around enhancing safety and stability in the child's environment, and therapeutic support for the parents.

Two V-codes, V61.20 (Counseling for Parent-Child Problem, Unspecified) and V62.82 (Bereavement, Uncomplicated), may only be used as secondary diagnoses to the primary diagnosis of 309.89, and only for children five years of age or younger.

A) When using V61.20, the following must apply:
   1) Service provision will have a clinically significant impact on the child.
   2) A rating of 40 or lower has been assessed on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).
   3) The same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply, with the only exception being that 90785 cannot be used.
B) When using V62.82, the following must apply:
   1) The child exhibits a change in functioning subsequent to the loss of a primary caregiver;
   2) The child exhibits at least three of the following eight symptoms:
      a) Crying, calling and/or searching for the absent primary caregiver,
      b) Refusing attempts of others to provide comfort,
      c) Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria,

GUIDELINE NOTE 45, ADJUSTMENT REACTIONS IN CHILDREN AGE FIVE AND UNDER (CONT'D)

d) Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood,
e) Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions,
f) Constricted range of affect not attributable to a mood disorder or PTSD,
g) Detachment, seeming indifference toward, or selective "forgetting" of the lost caregiver and/or of reminders of the lost caregiver,
h) Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver;

3) The symptoms in B(2) above are exhibited for most of the day and for more days than not, for at least 2 weeks.
4) The same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply.

Note: Intervention should include persons significantly involved in the child's care and include psychoeducation and developmentally-specific guidance.

GUIDELINE NOTE 46, AGE-RELATED MACULAR DEGENERATION

Line 473

Pegaptanib is only covered for minimally classic and occult lesions of wet macular degeneration.

GUIDELINE NOTE 47, URINARY INCONTINENCE

Line 478

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 373

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, COCHLEAR IMPLANTS, OVER AGE 5

Line 491

Children will be considered candidates for cochlear implants if the following criteria are met:

1) Profound sensorineural hearing loss in both ears (defined as 91dB hearing loss or greater at 500, 1000 and 2000 Hz)
2) Receive little or no useful benefit from hearing aids
3) No medical contraindications
4) High motivation and appropriate expectations (both child, when appropriate, and family)

Postlinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

GUIDELINE NOTE 49, COCHLEAR IMPLANTS, OVER AGE 5 (CONT'D)

1) Severe to profound sensorineural hearing loss in both ears (defined as 71dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
2) Hearing loss acquired after learning oral speech and language development (postlinguistic hearing loss)
3) Receive limited benefit from appropriately fit hearing aids; i.e., scores of 40% or less on sentence recognition test in the best-aided listening condition
4) No medical contraindications

Prelinguistic adults will be considered candidates for cochlear implants if the following criteria are met:

1) Profound sensorineural hearing loss in both ears (defined as 91dB (decibels) hearing loss or greater at 500 Hz (hertz), 1000 Hz and 2000 Hz)
2) Hearing loss acquired before learning oral speech and language development (prelinguistic hearing loss)
3) Receive no benefit from hearing aids
4) No medical contraindications
5) A desire to be a part of the hearing world

Bilateral cochlear implants are covered. Simultaneous implantation appears to be more cost-effective than sequential implantation.

GUIDELINE NOTE 50, PELVIC ORGAN PROLAPSE SURGERY

Line 492

Hysterectomy, cystocele repair, and/or other surgery for pelvic organ prolapse may be indicated when all of the following are documented (A-E):

A) Patient history of symptoms of pelvic prolapse such as:
   1) Complaints of the pelvic organs prolapsing at least to the introitus, and one or more of the following:
      a) Low back discomfort or pelvic pressure, or
      b) Difficulty in defecating, or
      c) Difficulty in voiding
B) For hysterectomy
   1) Nonmalignant cervical cytology, if cervix is present, and
   2) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
C) Physical examination is consistent with patient's symptoms of pelvic support defects indicating either symptomatic prolapse of the cervix, enterocele, cystocele, rectocele or prolapse of the vaginal vault
D) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized
E) Patient required to have 3 months of alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises and/or biofeedback, as available). If limited coverage of physical therapy is available, patients should be taught pelvic floor exercises by their treating provider, physical therapist or trained staff, and have documented consistent practice of these techniques over the 3 month period.

GUIDELINE NOTE 51, CHRONIC OTITIS MEDIA WITH EFFUSION

Lines 383,502

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 383. Otherwise hearing loss associated with chronic otitis media with effusion (without those specific higher risk conditions) is only included on Line 502.

For coverage to be considered on either Line 383 or Line 502, 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.

GUIDELINE NOTE 52, CHRONIC ANAL FISSURE

Line 506

Surgery for chronic anal fissure (ICD-9 code 565.0) is included in this line with one or more of the following:

A) Condition unresponsive to six to eight weeks of continuous treatment;

GUIDELINE NOTE 52, CHRONIC ANAL FISSURE (CONT'D)

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 232

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 508

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 55, PELVIC PAIN SYNDROME

Line 552

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 laporoscopic examination
      b) Pain for more than 6 months with negative effect on patient's quality of life
   2) Failure of a six-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
      a) Hormonal therapy (i or ii):
         i) Oral 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

Line 562

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 564

Mild psoriasis is defined as uncomplicated, having:

GUIDELINE NOTE 57, MILD PSORIASIS (CONT'D)

- No functional impairment; and/or,
- Involving less than 10% of body surface area and no involvement of the hand, foot or mucous membranes.

GUIDELINE NOTE 58, IMPULSE DISORDERS

Line 569

Impulse disorders rarely occur in isolation from other psychiatric diagnosis, thus the Patient should have documented screening for attention deficit disorder (ADD); 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 581

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 laporoscopic examination
   2) Pain for more than 6 months with negative effect on patient's quality of life
B) Failure of a six-month therapeutic trial with both of the following (1 and 2), unless there are contraindications to use:
   1) Hormonal therapy (a or b):
      a) Oral contraceptive pills or patches, progesterone-containing IUDs, injectable hormone therapy, or similar
      b) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
   2) Nonsteroidal anti-inflammatory drugs
C) Evaluation of the following systems as possible sources of pelvic pain:
   1) Urinary
   2) Gastrointestinal
   3) Musculoskeletal
D) Evaluation of the patient's psychologic and psychosexual status for nonsomatic cause of symptoms
E) Nonmalignant cervical cytology, if cervix is present
F) Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
G) Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

GUIDELINE NOTE 60, SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Line 607

Scoliosis not defined as clinically significant included 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 556,571,575,644

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as viral pneumonia, aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the ICD-9-CM 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 297 and any necessary outpatient or inpatient services would be covered.

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

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

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

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

GUIDELINE NOTE 61, HOSPITALIZATION FOR ACUTE VIRAL INFECTIONS (CONT'D)

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

Line: 571
Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY

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

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

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

GUIDELINE NOTE 62, REMOVEABLE PROSTHODONTICS

Line 477

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

GUIDELINE NOTE 63, HYDROCELE REPAIR

Line 175

Excision of hydrocele is only covered for children 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.

GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS (CONT'D)

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 31

Work up and treatment of cervical dysplasia should follow the American Society for Cervical Colposcopy and Pathology guidelines as published in the American Journal of Obstetrics & Gynecology, October 2007.

GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY

Lines 264,684

Enzyme replacement therapy for infantile Pompe's disease is included on Line 264. All other enzyme replacement therapies are included on Line 684.

GUIDELINE NOTE 68, HYSTEROSCOPIC BILATERAL FALLOPIAN TUBE OCCLUSION

Line 7

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, SYNAGIS

Line 3

CPT code 90378, Synagis (palivizumab), is covered for infants meeting one of the criteria given below (A-E), according to the treatment guidelines for each criterion:

A) Infants younger than 24 months who have congenital heart disease (CHD) or chronic lung disease of prematurity (CLD, formerly called bronchopulmonary dysplasia) AND require medical therapy
    1) Therapy is initiated within 6 months before the start of the RSV season
    2) Maximum 5 doses
B) Infants younger than 12 months with congenital abnormalities of the airway or neuromuscular disease
    1) Maximum 5 doses
C) Had a gestation age of 28 weeks or less
    1) Initiated during the RSV season before the infant reaches 12 months
    2) Maximum 5 doses
D) Had a gestation age of 29 weeks and 0 days to 31 weeks and 6 days
    1) Initiated during the RSV season before the infant reaches 6 months
    2) Maximum 5 doses
E) Had a gestational age of 32 weeks 0 days to 34 weeks 6 days
    1) Born within 3 months before the start of RSV season or at any time throughout the RSV season
    2) Have at least 1 of these 2 risk factors
        a) Infant attends child care; or
        b) One or more siblings or other children younger than 5 years live permanently in the child's household.
    3) Should receive prophylaxis only until they reach 90 days of age or a maximum of 3 doses (whichever comes first).

GUIDELINE NOTE 70, HEART-KIDNEY TRANSPLANTS

Line 279

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 384

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 afamily history of severe osteoporosis or osteopenia
E) Patients with osteonecrosis or avascular necrosis with >50% involvement of the femoral head
F) Patients with multiple cysts of the femoral head
G) Females of childbearing age
H) Patients with known moderate-to-severe renal insufficiency
I) Patients who are immunosuppressed with diseases such as AIDS or persons receiving highdoses of corticosteroids
J) Patients who are severely overweight
K) Patients with known or suspected metal sensitivity

GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS

Lines 400,562,634

Electronic analysis of intrathecal pumps, with or without programming (CPT codes 62367-62368), is included on these lines only for pumps implanted prior to April 1, 2009.

GUIDELINE NOTE 73, CONGENITAL CHORDEE

Lines 458,690

Congenital chordee is included on Line 458 only for severe cases (35 degrees of curvature or greater) and for all cases associated with hypospadias.

GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT

Lines 416,495

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, AUTISM SPECTRUM DISORDERS

Line 334

There is limited evidence of the effectiveness of treatment (e.g., Applied Behavioral Analysis) for Autism Spectrum Disorders (ASD). However, effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions, that condition, not an ASD diagnosis, 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 an ASD diagnosis are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 78, 318, 375 and 407). Treatment for associated behaviors, such as agitation, that do not meet the criteria for co-morbid mental health diagnoses should be limited in frequency to a maximum of 8 hours of behavioral health service per month, subject to utilization management review by the mental health organization (MHO) or other relevant payer.

GUIDELINE NOTE 76, NERVE BLOCKS

Lines 1,4,7,10,11,14,22,26,30,31,33,35,40-43,48-56,59,61-66,69,71,73-80,84-106,108-111,113,115,116,118,122-126,129-132, 136-139,141-151,153,154,158,159,161-167,169-173,175-178,181,182,184,186-202,204,206-208,210,213,214,216-221,223-226, 228-231,233,235-238,240,242,243,245,247-250,252-263,266-268,270-280,282,286-288,291-294,297-299,301,303,304,307-315, 318-326,328,330-333,335-337,339-342,344-347,349-356,359-364,366-368,371,374-376,378-385,388,389,391-395,397,400-407, 409-411,415,418,420-423,426-430,432,434,438-444,446,448-450,452-456,458-461,463-467,470,472,473,476,478,484-486,489-493,495,497-499,501-507,509-511,566

The Health Evidence Review Commission intends that single injection and continuous nerve blocks 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.

GUIDELINE NOTE 77, TIPS PROCEDURE

Lines 224,230,303,360

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 340

Hepatic metastases (ICD-9 code 197.7) are covered in 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

Lines 4,197

Breast reconstruction (which may include contralateral reduction mammoplasty) is only covered after mastectomy as a treatment for breast cancer or as prophylactic treatment for the prevention of breast cancer in a woman who qualifies under Guideline Note 3, and must be completed within 5 years of initial mastectomy.

GUIDELINE NOTE 80, REPAIR OF NOSE TIP

Line 325

Nose tip repair is included on this line only to be used in conjunction with codes 40700, 40701, 40702, or 40720 or subsequent correction of physical functioning.

GUIDELINE NOTE 81, RECONSTRUCTION OF THE NOSE

Line 273

ICD-9 code 748.1 is on this line only for reconstruction of absence of the nose and other severe nasal anomalies which significantly impair physical functioning.

GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS

Lines 27,32,295

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

GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS (CONT'D)

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 384

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 36

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

GUIDELINE NOTE 85, ELECTIVE INDUCTION OF LABOR

Line 1

Induction of labor is covered for:

- Gestational age beyond 41 weeks 0 days
- Prelabor rupture of membranes, term
- Fetal demise
- Preeclampsia, term (severe or mild)
- Eclampsia
- Chorioamnionitis
- Diabetes, pre-existing and gestational
- Placental abruption
- Preeclampsia, preterm (severe or mild)
- Severe preeclampsia, preterm
- Cholestasis of pregnancy
- Preterm, prelabor rupture of membranes;
- Gastroschisis
- Twin gestation
- Maternal medical conditions (e.g., renal disease, chronic pulmonary disease, chronic hypertension, cardiac disease, antiphospholipid syndrome)
- Gestational hypertension
- Fetal compromise (e.g. isoimmunization, oligohydramnios)
- Intrauterine growth restriction/Small for gestational age, term
- 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)

GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS

Line 209

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 78, 318, 375 and 407).

GUIDELINE NOTE 87, INFLUENZA

Line 424

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 197,446,495

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-9 626.2, 626.8); 2) for uterine protection in women taking estrogen replacement therapy after premature ovarian failure (ICD-9 256.3) or menopause (ICD-9 627); and 3) for uterine protection in women taking selective estrogen receptor modulators (SERMs).

GUIDELINE NOTE 89, REPAIR OF HIDDEN PENIS

Line 458

Repair of hidden penis (ICD-9 752.65) is only covered if the patient has documented urinary retention, repeated urinary tract infections, meatitis, or balanitis.

GUIDELINE NOTE 90, COGNITIVE REHABILITATION

Lines 101,185,201,209,308,342,375,407

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

GUIDELINE NOTE 91, SILVER COMPOUNDS FOR DENTAL CARIES

Lines 58,372,373,494,621

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

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,212,400,435,489,562,563

Inclusion of acupuncture (CPT 97810-97814) on the Prioritized List has the following limitations:

Line 1 PREGNANCY
- Acupuncture pairs on Line 1 for the following conditions and codes.
  - *Hyperemesis gravidarum*
    - ICD-9 codes: 643.00, 643.03, 643.10, 643.11, 643.13
    - Acupuncture is paired with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 2 sessions of acupressure/acupuncture.
  - *Breech presentation*
    - ICD-9 codes: 652.20, 652.23
    - 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 2 visits.
  - *Back and pelvic pain of pregnancy*
    - ICD-9 codes: 648.70, 648.73
    - 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 212 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 15 total sessions, with documentation of meaningful improvement.

Line 400 DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
- Acupuncture is included on Line 400 only for pairing with disorders of the spine with myelopathy and/or radiculopathy represented by the diagnosis codes 344.60, 722.1, 722.2, 722.7 and 724.4with referral.

Line 435 MIGRAINE HEADACHES
- Acupuncture pairs on Line 435 for ICD-9 346, when referred, for up to 12 sessions.

Line 489 OSTEOARTHRITIS AND ALLIED DISORDERS

GUIDELINE NOTE 92, ACUPUNCTURE (CONT'D)

Acupuncture pairs on Line 489 for osteoarthritis of the knee only when referred, for up to 12 sessions.

Line 562 ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Acupuncture pairs on Line 562 with the low back diagnoses (344.60, 722.1, 722.2, 722.7, 724.4), when referred, for up to 12 sessions. Acupuncture pairs with chronic (>90 days) neck pain diagnoses (723.1, 723.8, 723.9, 847.0)

Line 563 TENSION HEADACHES

Acupuncture is included on Line 563 for treatment of tension headaches, when referred, for up to 12 sessions.

GUIDELINE NOTE 93, IMPLANTABLE GNRH ANALOG THERAPY

Line 193

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

GUIDELINE NOTE 94, EVALUATION AND MANAGEMENT OF LOW BACK PAIN

Lines 400,562

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/HERC/Evidence-Based-Guidelines.shtml

GUIDELINE NOTE 95, IMMUNE MODIFYING THERAPIES FOR MULTIPLE SCLEROSIS

Line 268

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 228,538

Treatment of benign urinary system tumors (ICD-9 223.0) are included on Line 228 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 538.

GUIDELINE NOTE 97, MANAGEMENT OF ACROMIOCLAVICULAR JOINT SPRAIN

Lines 443,638

Sprain of acromioclavicular joint (ICD-9 840.0) is only included on Line 443 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 638.

GUIDELINE NOTE 98, SIGNIFICANT INJURIES TO LIGAMENTS AND TENDONS

Lines 406,455,638

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 406 or Line 455; non-significant injuries are included on Line 638.

GUIDELINE NOTE 99, ROUTINE PRENATAL ULTRASOUND

Lines 1,41,43,69,394

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).

GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION

Lines 84,158,208,271,400,434,507,549,607

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 400,562

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

Lumbar artificial disc replacement

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

Cervical artificial disc replacement

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

GUIDELINE NOTE 102, NON-PHARMACOLOGIC INTERVENTIONS FOR TREATMENT-RESISTANT DEPRESSION

Line 9

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

GUIDELINE NOTE 103, CHEMODENERVATION OF THE BLADDER

Line 351

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

GUIDELINE NOTE 104, VISCOSUPPLEMENTATION OF THE KNEE

Lines 384,455,489

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

GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS, OTHER PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN

Lines 52,400,434,562,607,638

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,

GUIDELINE NOTE 105, EPIDURAL STEROID INJECTIONS, OTHER PERCUTANEOUS INTERVENTIONS FOR LOW BACK PAIN (CONT'D)

repeated injections should not be covered. Epidural steroid injections are not covered for spinal stenosis or for patients with low back pain without radiculopathy.

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

- facet joint corticosteroid injection
- prolotherapy
- intradiscal corticosteroid injection
- local injections
- botulinum toxin injection
- intradiscal electrothermal therapy
- therapeutic medial branch block
- radiofrequency denervation
- sacroiliac joint steroid injection
- coblation nucleoplasty
- percutaneous intradiscal radiofrequency thermocoagulation
- radiofrequency denervation

GUIDELINE NOTE 106, IMMUNIZATIONS

Lines 3,4

Immunizations are covered as recommended by the Oregon Immunization Program. The current recommendations are found at this link: http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMAPvactable.pdf.

GUIDELINE NOTE 107, HYPERBARIC OXYGEN

Lines 358,399

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

- when paired with ICD-9-CM code 526.4 for osteomyelitis of the jaw only
- when paired with ICD-9-CM codes 526.89 for osteoradionecrosis of the jaw only
- when paired with ICD-9-CM codes 639.0, 670.02, and 670.04 only if the infection is a necrotizing soft-tissue infection
- when paired with ICD-9-CM codes 730.10-730.99 only for chronic refractory osteomyelitis unresponsive to conventional medical and surgical management
- when paired with ICD-9-CM codes 927-929 only for posttraumatic crush injury of Gustilo type III B and C
- when paired with ICD-9-CM codes 990 only for osteoradionecrosis
- when paired with ICD-9-CM codes 996.7 only for compromised myocutaneous flaps

GUIDELINE NOTE 108, CONTINUOUS BLOOD GLUCOSE MONITORING

Line 10

Continuous blood glucose monitoring (CPT codes 95250-95251, HCPCS codes S1030-S1031) with real-time or retrospective continuous glucose monitoring systems are only included on Line 10 for Type 1 diabetics for whom insulin pump management is being considered, initiated, or utilized and who also have one of the following:

- HbA1c levels greater than 8.0% (despite compliance with treatment), or
- a history of recurrent hypoglycemia.

GUIDELINE NOTE 109, VERTEBROPLASTY, KYPHOPLASTY, AND SACROPLASTY

Line 507

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.

GUIDELINE NOTE 110, CHRONIC PELVIC INFLAMMATORY CONDITIONS

Lines 56,552

Chronic pelvic inflammatory conditions (ICD-9 614.2, 614.4, 614.5, 614.8, 614.9, 615.9) are included only on Line 552; acute conditions are included on Line 56.

GUIDELINE NOTE 111, INTRA-AORTIC BALLOON PUMPS

Line 76

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 306

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 306 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-9 492.0, 492.8) 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 214,688

ICD-9 code 528.5 (Diseases of lips) is included on Line 214 only for treatment of abscess or cellulitis of the lips. All other sub-diagnoses under this code are included on Line 688.

PRACTICE GUIDELINES

GUIDELINE NOTES FOR ANCILLARY AND DIAGNOSTIC SERVICES
NOT APPEARING ON THE OCTOBER 1, 2013 PRIORITIZED LIST
OF HEALTH SERVICES

GUIDELINE NOTES FOR HEALTH SERVICES
THAT APPEAR ON THE OCTOBER 1, 2013 PRIORITIZED LIST
OF HEALTH SERVICES

PREVENTION TABLES

Prevention Tables
Effective October 1, 2013

Birth to 10 Years

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Conditions originating in perinatal period
	Congenital anomalies
	Sudden infant death syndrome (SIDS)
	Unintentional injuries (non-motor vehicle)
	Motor vehicle injuries

Interventions for the General Population

SCREENING
Height and weight
Blood pressure
Vision screen (3-4 yr)
Hemoglobinopathy screen (birth)[1]
Phenylalanine level (birth)[2]
T4 and/or TSH (birth)[3]
Effects of STDs
FAS, FAE, drug affected infants[4]
Hearing, developmental, behavioral and/or psychosocial screens[5]
Learning and attention disorders[6]
Signs of child abuse, neglect, family violence

COUNSELING
Injury Prevention
Child safety car seats (age <5 yr)
Lap-shoulder belts (age >5 yr)
Bicycle helmet; avoid bicycling near traffic
Smoke detector, flame retardant sleepwear
Hot water heater temperature <120-130F
Window/stair guards, pool fence, walkers
Safe storage of drugs, toxic substances, firearms and matches
Syrup of ipecac, poison control phone number
CPR training for parents/caretakers
Infant sleeping position

Diet and Exercise
Breast-feeding, iron-enriched formula and foods (infants and toddlers)
Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables (age >2 yr)
Regular physical activity*

Substance User
Effects of passive smoking*
Anti-tobacco message*

Dental Health
Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Advice about baby bottle tooth decay*

Mental Health/Chemical Dependency
Parent education regarding:
- Child development
- Attachment/bonding
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
  - Familial stress or disruption
  - Health problems
  - Temperamental incongruence with parent
  - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

[1]Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations . [2]If done during first 24 hr of life, repeat by age 2 wk. [3]Optimally between day 2 and 6, but in all cases before newborn nursery discharge. [4]Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. [5]Screening must be conducted with a standardized, valid, and reliable tool. Recommended developmental, behavioral and/or psychosocial screening tools include and are not limited to: a) Ages and Stages Questionnaire (ASQ); b) Parent Evaluation of Developmental Status, (PEDS) plus/minus PEDS:Developmental Milestones (PEDS:DM); c) ASQ:Social Emotional (ASQ:SE); and d) Modified Checklist for Autism in Toddlers (M-CHAT). [6]Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

*The ability of clinical counseling to influence this behavior is unproven.

Birth to 10 Years (Cont'd)

Interventions for the General Population (Cont'd)

CHEMOPROPHYLAXIS
Ocular prophylaxis (birth)

Interventions for the High-Risk Population

Hemoglobin/hematocrit (HR1)
HIV testing (HR2)
PPD (HR3)
Blood lead level (HR4)
Daily fluoride supplement (HR5)
Avoid excess/midday sun, use protective clothing* (HR6)
Increased well-child visits (HR7)

High-Risk Groups

HR1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low-birthweight infants, infants whose principal dietary intake is unfortified cow's milk.

HR2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partners currently or in past; persons seeking treatment for STDs; blood transfusion during 1978-1985.

HR3 = Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), residents of long-term care facilities.

HR4 = Children about age 12 mo who: 1) live in communities in which the prevalence of lead levels requiring individual intervention, including residential lead hazard control or chelation, is high or undefined; 2) live in or frequently visit a home built before 1950 with dilapidated paint or with recent or ongoing renovation or remodeling; 3) have close contact with a person who has an elevated lead level; 4) live near lead industry or heavy traffic; 5) live with someone whose job or hobby involves lead exposure; 6) use lead-based pottery; or 7) take traditional ethnic remedies that contain lead.

HR5 = Children living in areas with inadequate water fluoridation (<O.6 ppm).

HR6 = Persons with a family history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR7 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

Ages 11-24 Years

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Motor vehicle/other unintentional injuries
	Homicide
	Suicide
	Malignant neoplasms
	Heart diseases

Interventions for the General Population

SCREENING
Cervical cancer screening (See guideline note 1)
Height and weight
Blood pressure[1]
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)[2]
Papanicolaou (Pap) test[3]
Chlamydia screen[4] (females <25 yr)
Rubella serology or vaccination hx[5] (females >12 yr)
Learning and attention disorders[6]
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use[7]
Eating disorders[8]
Anxiety and mood disorders[9]
Suicide risk factors[10]

COUNSELING
Injury Prevention
Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Substance Use
Avoid tobacco use
Avoid underage drinking and illicit drug use*
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Sexual Behavior
STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Diet and Exercise
Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (females)
Regular physical activity*

Dental Health
Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

Mental Health/Chemical Dependency
Parent education regarding:
- Adolescent development
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
  - Familial stress or disruption
  - Health problems
  - Temperamental incongruence with parent
  - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

[1]Periodic BP for persons aged ≥ 18 yr. [2]High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. [3]Screening to start at age 21; screening should occur at least every 3 years. [4]If sexually active. [5]Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. [6]Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. [7]Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. [8]Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. [9]In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. [10]Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

*The ability of clinical counseling to influence this behavior is unproven.

Ages 11-24 Years (Cont'd)

Interventions for the General Population (Cont'd)

CHEMOPROPHYLAXIS
Multivitamin with folic acid (females planning/ capable of pregnancy)

Interventions for the High-Risk Population

Screen for
- Syphilis RPR/VDRL (HR1);
- Gonorrhea (female) (HR2)
- HIV (HR3)
- Chlamydia (female) (HR4);
- Tuberculosis - PPD (HR3,5)

Advise to reduce infection risk (HR3,6)

Avoid excess/midday sun, use protective clothing* (HR7)
Folic acid 4.0 mg (HR8)
Daily fluoride supplement (HR9)
Increased well-child/adolescent visits (HR10)
Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR11).

High-Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

HR5 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR6 = Persons who continue to inject drugs.

HR7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR8 = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

HR9 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

HR10 = Having a: chronically mentally ill parent; substance abusing parent; mother who began parenting as a teen. Living at or below poverty. Having: parents involved in criminal behavior; experienced an out-

of-home placement(s), multiple moves, failed adoption(s). Being homeless. Having suffered physical, emotional or sexual abuse, or severe neglect. Having: a chronic health problem in the family; an absence of a family support system. Being substance affected at birth.

HR11 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

Ages 25-64 Years

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Malignant neoplasms
	Heart diseases
	Motor vehicle/other unintentional injuries
	Human immunodeficiency virus infection
	Suicide and homicide

Interventions for the General Population

SCREENING
Cervical cancer screening (See guideline note 1)
Blood pressure
Height and weight
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk[1])
Papanicolaou (Pap) test[2]
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy, or colonoscopy (>50 yr)[3]
Mammogram [5] (women 40-74 yrs)
Rubella serology or vaccination hx[5] (women of childbearing age)
Bone density measurement (women age 60-64 if high-risk)[6]
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Learning and attention disorders[7]
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use[8]
Eating disorders[9]
Anxiety and mood disorders[10]
Suicide risk factors[11]
Somatoform disorders[12]
Environmental stressors[13]

COUNSELING
Substance Use
Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise
Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*

Injury Prevention
Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Sexual Behavior
STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Dental Health
Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

CHEMOPROPHYLAXIS
Multivitamin with folic acid (females planning or capable of pregnancy)
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

[1]High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. [2]Women who are or have been sexually active and who have a cervix: q < 3 yr. [3]FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. [4]The screening decision for women 40-49 should be a mutual decision between a woman and her clinician. If a decision to proceed with mammography is made, it should be done every 2 years. [5]Between the ages of 50-74, screening mammography should be performed every 2 years. [6]Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. [6]High-risk defined as weight <70kg, not on estrogen replacement. [7]Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. [8]Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. [9]Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. [10]In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. [11]Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. [12]Multiple unexplained somatic complaints. [13]Community violence or disaster, immigration, homelessness, family medical problems.
*The ability of clinical counseling to influence this behavior is unproven.

Ages 25-64 Years (Cont'd)

Interventions for the High-Risk Population

Screen for
- RPR/VDRL (HR1);
- Gonorrhea (female) (HR2)
- HIV (HR3),
- Chlamydia (female) (HR4);
- PPD (HR5)

Advice to reduce infection risk (HR6)
Avoid excess/midday sun, use protective clothing* (HR7)
Folic acid 4.0 mg (HR8)
Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR9)

High Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active women with multiple risk factors including: history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology.

HR5 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR6 = Persons who continue to inject drugs.

HR7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR8 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy.

HR9 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of 3 or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased risk family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

Age 65 and Older

Interventions Considered and Recommended for the Periodic Health Examination	Leading Causes of Death
	Heart diseases
	Malignant neoplasms (lung, colorectal, breast)
	Cerebrovascular disease
	Chronic obstructive pulmonary disease
	Pneumonia and influenza

Interventions for the General Population

SCREENING
Cervical Cancer Screening (See guideline note 1)
Blood pressure
Height and weight
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy or colonoscopy t.[1]
Mammogram (women ages 65-74) [2]
Bone density measurement (women)
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Vision screening
Assess for hearing impairment
Signs of elder abuse, neglect, family violence
Alcohol, inhalant, illicit drug use[3]
Anxiety and mood disorders[4]
Somatoform disorders[5]
Environmental stressors[6]
Abdominal aortic aneurysm (AAA) (men aged 65 to 75 who have ever smoked)[7]

COUNSELING
Substance Use
Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise
Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*
Assess eating environment

Injury Prevention
Lap/shoulder belts
Motorcycle and bicycle helmets*
Fall prevention*
Safe storage/removal of firearms*
Smoke detector*
Set hot water heater to <120-130°F
CPR training for household members
Smoking near bedding or upholstery

Dental Health
Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Sexual Behavior
STD prevention: avoid high-risk sexual behavior*; use condoms

CHEMOPROPHYLAXIS
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

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[1]FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years through age 75. [2]Screening mammography should be performed every 2 years. [3]Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. [4]In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. [5]Multiple unexplained somatic complaints. [6]Community violence or disaster, immigration, homelessness, family medical problems. [7]One-time ultrasound.

*The ability of clinical counseling to influence this behavior is unproven

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

Screen for
- PPD (HR1);
- HIV (HR2)

Amantadine/rimantadine (HR3)
Fall prevention intervention (HR4)
Consider cholesterol screening (HR5)
Avoid excess/midday sun, use protective clothing* (HR6)
RPR/VDRL (HR7)
Advice to reduce infection risk (HR8)
Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR9)

High Risk Groups

HR1 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR2 = Men who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR3 = Consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

HR4 = Persons aged 75 years and older; or aged 70-74 with one or more additional risk factors including: use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives); use of >4 prescription medications; impaired cognition, strength, balance, or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services.

HR5 = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking, diabetes, or hypertension).

HR6 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR7 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR8 = Persons who continue to inject drugs.

HR9 = A family history of breast or ovarian cancer that includes a relative with a known deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second- degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree

relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased family history risk includes any first-degree relative (or two second degree relatives on the same side of the family) with breast or ovarian cancer.

Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

First visit
Blood pressure
Hemoglobin/hematocrit
Hepatitis B surface antigen (HBsAg)
RPR/VDRL
Chlamydia screen (<25 yr)
Rubella serology or vaccination history
D(Rh) typing, antibody screen
Offer CVS (<13 wk)[1] or amniocentesis (15-18 wk)[1] (age>35 yr)
Offer hemoglobinopathy screening
Assess for problem or risk drinking
HIV screening

Follow-up visits
Blood pressure
Urine culture (12-16 wk)
Screening for gestational diabetes[2]
Offer amniocentesis (15-18 wk)[1] (age>35 yr)
Offer multiple marker testing[1] (15-18 wk)
Offer serum α-fetoprotein[1] (16-18 wk)

COUNSELING
Tobacco cessation; effects of passive smoking
Alcohol/other drug use
Nutrition, including adequate calcium intake
Encourage breastfeeding
Lap/shoulder belts
Infant safety car seats
STD prevention: avoid high-risk sexual behavior*; use condoms*

CHEMOPROPHYLAXIS
Multivitamin with folic acid[3]

[1]Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. [2]Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations (see Ch. 28). [3]Beginning at least 1 mo before conception and continuing through the first trimester.

*The ability of clinical counseling to influence this behavior is unproven.
**See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS (See detailed high-risk definitions)
High-risk sexual behavior	Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2); HBsAg (3rd trimester) (HR3); RPR/VDRL (3rd trimester) (HR4)
Injection drug use	Advice to reduce infection risk (HR5)
Unsensitized D-negative women	D(Rh) antibody testing (24-28 wk) (HR6)
Risk factors for Down syndrome	Offer CVS[1] (1st trimester), amniocentesis[1] (15-18 wk) (HR7)
Previous pregnancy with neural tube defect	Offer amniocentesis[1] (15-18 wk), folic acid 4.0 mg[3] (HR8)
High risk for child abuse	Targeted case management

High Risk Groups

HR1 = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk.

HR2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk.

HR3 = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners

HR4 = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology

HR5 = Women who continue to inject drugs

HR6 = Unsensitized D-negative women

HR7 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement

HR8 = Women with previous pregnancy affected by neural tube defect