

PRIORITIZATION OF HEALTH SERVICES

**A Report to the Governor and the 72nd Oregon
Legislative Assembly**



**Oregon Health Services Commission
Office for Oregon Health Policy and Research
Department of Administrative Services
2003**



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DHS, Office of Mental Health and Addiction Services
Oregon Association of Hospitals and Health Systems
Oregon Dental Association
Oregon Health Action Campaign
Oregon Health Decisions
Oregon Medical Association
Meridian Park Hospital

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Executive Summary

The Health Services Commission fulfilled its legislative mandates during the 2001-03 biennium through its maintenance and comprehensive review of the Prioritized List of Health Services. Additionally, the Commission continues to play a key role in the stabilization of the Oregon Health Plan through its development of the Prioritized List of Benefit Packages for OHP Standard.

The Commission began its most recent biennial review of the Prioritized List of Health Services in the fall of 2001. The Commission requested that providers from all specialties comment on the ways in which savings to the Oregon Health Plan could be achieved through the elimination of obsolete treatments, redundant diagnostic tests, or ineffectively treated conditions. In addition, the Commission solicited the help of the Medical Directors of the contracted fully capitated managed care plans to help identify those conditions which are ineffectively treated or for which treatment is effective for only a defined subset of patients that could be characterized in a practice guideline. The Commission then reviewed this information during public meetings held from January through June of 2002.

The biennial review process resulted in the Prioritized List of Health Services dated April 29, 2003 that appears in Appendix F. Please see Chapter Five for the Health Services Commission's recommendations accompanying this list. The Commission is hopeful that the recent decision of the Centers for Medicare and Medicaid Services (CMS) to allow Oregon to reduce funding of the Prioritized List of Health Services by eight line items is a signal that further reductions are possible should the legislature determine that course of action necessary.

In the process of maintaining the Prioritized List, the Commission produced four sets of interim modifications that were forwarded to the President of the Senate and Speaker of the House. Over 1,000 individual changes were made in the interim maintenance of the List, many of which were necessitated by annual updates to the diagnosis and procedure codes used to define the condition/treatment pairs.

Beginning on December 1, 2001, the Office of Medical Assistance Programs (OMAP) began requiring claims to have exact pairings of ICD-9-CM and CPT-4 codes before providing reimbursement. As a result it was determined that some appropriate pairings of diagnosis and treatment codes had been inadvertently left off of the List and interim changes were made to correct these omissions. An independent actuarial firm determined that no interim modifications made during the 2001-03 biennium would have a fiscal impact requiring presentation to the Oregon Legislative Emergency Board. The Commission continues to limit interim modifications to once every six months and changes due to advancements in medical technology to once a year.

Complex issues continue to challenge the Commission. Continuing advancements in transplantation prompted the Commission to develop an algorithm to ensure consistent policy decision-making when weighing evidence for or against the placement of these services. An exhaustive review of indications for solid organ transplantation was completed and a similar review of the use of bone marrow/stem cell rescue in conjunction with high dose chemotherapy is currently underway.

The Commission continues to solicit information from all relevant sources in reaching its decisions in an open public forum. In their effort to continually receive public input into the prioritization process, the Commission conducted a series of sixteen public forums and over 40 stakeholder meetings across the state during the past biennium. The input received through this process proved invaluable in the development of the Prioritized List of Benefit Packages for OHP Standard.

Due to the inability to control expenditures for the Medicaid Demonstration solely through the movement of the funding level on the Prioritized List, the Commission continues to look at the potential inefficient use of resources within the condition/treatment pairs. Seven severity guidelines have been developed during the past two years and five others have been enhanced in an attempt to limit services to those individuals who exhibit signs or symptoms warranting medical or surgical intervention and for whom the

treatment outcome can be expected to result in a meaningful benefit to one's health.

The Health Services Commission stands poised to aid the Governor and 72nd Oregon Legislative Assembly as you face severe obstacles in maintaining benefit levels for vulnerable Oregonians served by the Oregon Health Plan. We hope that you continue to view us as a valuable resource in setting health care priorities for the citizens of this state.

CHAPTER ONE:
HISTORY OF THE OREGON
HEALTH PLAN

Legislative Framework

The Oregon Legislature created the Oregon Health Plan in 1989 to address the growing problem of Oregonians who lack access to health care. The Legislature identified three reasons for the high rate of uninsurance: medical history causing some individuals to be considered too high of a risk to insure; a lack of funds within the households of the working poor to purchase insurance that may or may not be offered by their employer; and, a growing segment of the population living below the federal poverty level that were eligible for publicly funded health care.

In response, a triad of legislation was adopted to address these issues. First, a high-risk pool was established in 1990.¹ The Oregon Medical Insurance Pool (OMIP) is designed to provide access to health insurance for persons with preexisting medical conditions who are unable to obtain affordable insurance. The high-risk pool has a current enrollment of 5,000 and is partially funded through an assessment of health insurance carriers. Second, the Legislature established a fixed premium insurance package for small businesses to be administered by the Insurance Pool Governing Board (IPGB).² Under this statute, if certain enrollment levels were not met within a specified time period, employers within the state would be mandated to offer health insurance coverage to their employees.

The third piece of legislation expanded Medicaid to cover all individuals living in households with an income at or below 100% of the federal poverty level.³ With this legislation, family composition is not used to determine eligibility for Medicaid coverage. Previous legislative sessions had seen entire segments of the population excluded from coverage as qualifying income levels were continuously lowered. Under this program, eligibility criteria remains constant and the benefit package offered can be reduced in times of budget constraints. Thus the Health Services Commission (Commission) was created to develop a Prioritized List of Health Services, incorporating clinical effectiveness and public values. This

¹ Chapter 838 Oregon Session Laws 1989.

² Chapter 831 Oregon Session Laws 1989.

³ Chapter 835 Oregon Session Laws 1989.

list is used by the legislature to determine the benefit package and fund those services shown to provide the most benefit. In 1991, the Legislature expanded the Oregon Health Plan to include a guaranteed issue benefit package for the small employer.⁴ Under the guaranteed issue reform, an insurer must insure all within a group or none at all, thus keeping insurers from picking out only the most desirable individuals from the group. During this same 1991 session, the Prioritized List of Health Services was expanded to include mental health and chemical dependency services.⁴ In order to address rising health care costs, the Legislature created the Health Resources Commission to review new and existing medical technologies.⁵

Reform continued in 1993 with the creation of the Office for Oregon Health Policy & Research (OHPR, formerly the Office of the Health Plan Administrator) to review and coordinate all the various activities of the Oregon Health Plan.⁶ Recognizing that the Health Services Commission and the Health Resources Commission are components of the Oregon Health Plan, the 1995 Legislature placed these commissions within OHPR. Then in 1995, legislation was passed to further reform health insurance. All small business health insurance became guaranteed issue. Portability was adopted for group insurance, allowing individuals to quit their job and convert their group coverage to an individual insurance product. Reforms were enacted for the individual health insurance market, which became effective on October 1, 1996. These reforms were necessary as the employer mandate that was called for under the original 1989 legislation was rescinded on January 1, 1996. Implementation of the employer mandate could not take place due to the State's failure to receive the necessary waivers of the federal Employee Retirement Income Security Act (ERISA).

1998 saw the implementation of two additional programs targeted to reduce the rate of uninsurance in the state for those living in households with family incomes less than 170% of the federal poverty level (FPL). The Family Health Insurance Assistance Programs (FHIAP) provides sliding-scale subsidies to uninsured individuals or families to purchase insurance in the individual or group market.

⁴ Chapter 916 Oregon Session Laws 1991.

⁵ Chapter 470 Oregon Session Laws 1991.

⁶ Chapter 815 Oregon Session Laws 1993 and Chapter 754 Oregon Session Laws 1993.

Oregon's Children's Health Insurance Program (CHIP) provides the same benefits included under the Medicaid Demonstration and currently covers about 20,000 children under the age of 19.

Legislation was passed in 2001 that gave greater flexibility in the effort to sustain the Oregon Health Plan.⁷ The new "OHP2" waivers this legislation led to created two separate benefit packages under Medicaid:

- 1) the comprehensive benefit package historically offered under OHP, now called OHP Plus, for the most vulnerable populations making up the categorically eligible populations (i.e. children under 19, pregnant women, the aged, blind, and disabled receiving SSI benefits, and those qualifying for Temporary Assistance for Needy Families (TANF)); and,
- 2) a reduced benefit package, called OHP Standard, with higher cost-sharing for the non-categorically eligible populations. This same legislation also expands FHIAP, which is targeted to go from the 3,000 enrollees as of October 2002, up to a goal of 25,000 covered lives, with an emphasis on favoring group coverage.

Implementation of the Medicaid Demonstration

The Commission recommended its first Prioritized List of Health Services to the Governor and Legislature on May 1, 1991. This List was the culmination of twelve public hearings, 50 community meetings, and consultations with over 200 health care providers that involved more than 25,000 volunteer hours. Federal approval of the Prioritized List was granted in March 1993, following two revisions to the methodology used to develop the List. On February 1, 1994, the Office of Medical Assistance Programs (OMAP) began implementation of the Oregon Health Plan, which continues to operate under its second three-year extension of the original five-year Medicaid 1115 Waiver.

The Prioritized List of Physical Health Services used under Phase I of the Medicaid Demonstration provided medical and surgical services to all eligibles whose income was at or below 100% of the federal

⁷ Chapter 898 Oregon Session Laws 2001.

poverty level.⁸ Phase II of the Medicaid Demonstration began in January 1995 and expanded the benefit package to the aged, blind, and disabled populations and children in substitute care. It also integrated mental health and chemical dependency services into the Prioritized List. Chemical dependency services were made available to all eligibles beginning with Phase II implementation. Using the Prioritized List of Integrated Health Services, comprehensive mental health services were initially made available to approximately 25% of the state's Medicaid clients until July 1997, when they were offered statewide. The integration of mental health services recognizes the inseparability of mind and body and the interaction between physical and mental function and addresses an important need expressed to the Commission by Oregonians.

In the summer of 2000, the Oregon Health Council formed the Task Force on Basic Benefit Plans. The Task Force was made up of three OHC members, six Health Services Commission (HSC) members (one of who was also on the OHC), and three additional members with a background in advocacy for low-income, uninsured populations.⁹ The Task Force presented their report at the September 2000 Governor's Conference on Health Care, which found unanimous agreement that the HSC work towards defining a basic benefit plan stressing access promotion for a target population between 100% - 200% FPL. Their report included a benefit matrix using broad service categories and different levels of cost-sharing which would provide a framework the HSC would then build upon.

The new Prioritized List of Benefit Packages for OHP Standard was first developed in October 2001. A legislatively created body called the Waiver Application Steering Committee (WASC) then reviewed that list and, while accepting the priority order of the benefit packages, recommended levels of cost-sharing different than those proposed by the Health Services Commission. Upon the implementation of the OHP2 waivers on February 1, 2003, this benefit package for OHP Standard was in effect for one month. Beginning

⁸ Pregnant women and children up to age six living in households with incomes up to 170% of FPL are also eligible for OHP-Medicaid.

⁹ Ross Dwinell (OHC), Chair; Tina Castañares, MD; Andrew Glass, MD (HSC); Bruce Goldberg, MD; Ellen Gradison; Amy Klare (OHC, HSC); Mildred Lane (OHC); Alison Little, MD (HSC); Ellen Lowe (HSC); Eric Walsh, MD (HSC); and, Daniel Williams (HSC).

March 1, 2003, the OHP Standard saw the elimination of all coverage for prescription drugs, outpatient mental health and chemical dependency services, durable medical equipment, and dental services. A detailed discussion on the development and structure of the OHP Standard benefit package can be found in Appendix E, along with the pricing of the benefit packages implemented since February 1, 2003.

See Table 1 at the end of this chapter for a detailed chronology of both the legislative history and important implementation dates of the Oregon Health Plan.

Accomplishments

The Medicaid Demonstration was designed to take advantage of managed health care as a way to contain costs and preserve coordinated care. As of February 2003, thirty of the thirty-six counties have Fully Capitated Health Plans (FCHPs) participating, with 60% of Medicaid clients enrolled in a managed healthcare plan¹⁰. Another 3% of enrollees have their services managed under the Primary Care Case Manager (PCCM) program. Health plans which contract to provide managed care services are capitated to cover costs for services funded on the Prioritized List. At its peak, 91% of all licensed physicians within the state served Medicaid clients.

Since 1994, the Medicaid Demonstration has seen an average of 365,000 clients enrolled in the program at a given time. Of these, more than 95,000 receive services under the Medicaid Demonstration who would not have qualified under prior Medicaid eligibility standards. As a result, nearly 500,000 of these “new eligibles” and over 1 million total individuals have benefited from coverage under the Demonstration since its inception. In addition, over 40,000 persons have received insurance coverage as a result of the 1991 reforms in the small group market under the Insurance Pool Governing Board and almost 9,000 individuals currently receive their health insurance through the Oregon Medical Insurance Pool. At its

¹⁰ At the end of 2000, three major health plans in the Portland metropolitan area communicated their intention to reduce or terminate participation. A stabilization plan was implemented whereby CareOregon accepted the transfer of many OHP patients from Regence, Providence, and Kaiser Health Plans over a six-month period.

height, the enactment of the reforms characterizing the Oregon Health Plan resulted in a decline in the percent of uninsured adults from 18% to 10% while the number of uninsured children declined from 21% to 8%.¹¹ After a period of relative stability in OHP enrollment prior to 2001, the number served has increased significantly since then, with the state now covering more Oregonians than at any time since 1995. Even so, the uninsurance rate in the state has still managed to jump back up to 14% in 2002.

With continuing revenue shortfalls during 2002 and the first quarter of 2003, reductions to the legislatively approved budget for the health plan totaling over \$80 million have been made or are planned to take effect before the end of the 2001-03 biennium. With an economic recovery not yet taking shape, it is likely that the Oregon Health Plan will need to be significantly restructured for the 2003-05 biennium, even with all of the reductions that have already taken place.

¹¹ The Office for Oregon Health Plan Policy & Research, *The Uninsured in Oregon, 1998*, Salem, Oregon.

Table 1. Chronology of Oregon’s Health Care Reform Initiatives

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1987 Legislative Session				Established the Insurance Pool Governing Board (IPGB) ¹² (HB 2594, 1987)
1989 Legislative Session	Developed the framework for Phase I of the Demonstration ¹³ (SB 27, 1989)	Expanded eligibility to 100% FPL (SB 27, 1989)	Established the Health Services Commission (HSC) ¹⁴ (SB 27, 1989)	Established the Employer Mandate ¹⁵ scheduled for implementation in Jan. 1994 (SB 935, 1989) Established the Oregon Medical Insurance Pool (OMIP) ¹⁶ (SB 534, 1989)
April 1989				IPGB made insurance available to small businesses and offered tax credit
Sept. 1990				OMIP issued its first policies.

¹²A state agency that offers self-employed and small businesses (1 to 25 employees) the opportunity to purchase affordable small group health insurance from private health insurance companies.

¹³The Demonstration required waivers of federal law from the Health Care Financing Administration (HCFA) to extended Medicaid coverage to Oregonians with incomes below 100% of the federal poverty level (FPL) through a guaranteed set of benefits (Basic Health Care Package) based on a prioritized list of health services. Phase I covered new eligibles (adults, couples and families with incomes below 100% of FPL who do not qualify for Medicaid under any other category) and Medicaid recipients qualifying under the following categories: Aid to Families with Dependent Children (now known as Temporary Assistance to Needy Families), Poverty Level Medical (PLM) Adults below 133% FPL, PLM Children under 100% of FPL, PLM Children under age 6 and between 100%-133% of FPL, and General Assistance.

¹⁴Created to group medical conditions and treatments and then rank them from most to least important to the population to be served.

¹⁵Required all employers to either offer group health insurance or pay into a statewide insurance pool through a payroll tax.

¹⁶Provides health insurance to people who cannot buy coverage because of preexisting medical problems.

Table 1. Chronology of Oregon’s Health Care Reform Initiatives

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1991 Legislative Session	Developed the framework for Phase II of the Demonstration ¹⁷ (SB 44, 1991)		Legislature adopted the 1991 prioritized list, funding through line 587/709 Legislature directed HSC to integrate mental health and chemical dependency services into the prioritized list for consideration in future funding (SB 1076, 1991)	Employer Mandate postponed ¹⁸ (SB 1076, 1991) Established the Health Resources Commission (HRC) ¹⁹ (SB 1077, 1991) Established Small Employer Health Insurance Reforms (SB 1076, 1991)
5/1/1991			HSC recommended the first prioritized list ²⁰ to the Governor and Legislature	
Aug. 1991	Submitted the Medicaid waiver application to HCFA			
Aug. 1992	HCFA denied the waiver application because of possible violations of the Americans with Disabilities Act (ADA)			
Oct. 1992			HSC revised the prioritization methodology and reordered the list ²¹	

¹⁷ Phase II added mental health and chemical dependency services to the benefit package and .Medicaid recipients qualifying under the following categories: Old Age Assistance, Assistance to the Blind and Disabled, and children in the care and/or custody of the state

¹⁸ Required employers by July 1, 1995 to cover employees working 17.5 hours or more per week and their dependents, or pay into a special state insurance fund which will offer coverage to those employees and dependents.

¹⁹ Established to develop a process for deciding on the allocation of medical technologies in Oregon.

²⁰ Methodology documented in HSC’s 1991 Prioritization of Health Services Report to the Governor and Legislature.

²¹ Methodology documented in HSC’s 1993 Prioritization of Health Services Report to the Governor and Legislature.

Table 1. Chronology of Oregon’s Health Care Reform Initiatives

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
Nov. 1992	Resubmitted application for Medicaid waiver to HCFA			
1993 Legislative Session			Legislature directed HSC to review and adopt clinical practice guidelines (SB 757, 1993)	Postponed Employer Mandate ²² until March 31, 1997 (SB 5530, 1993) Implemented insurance reforms targeted at small employers (Bill, 1993) Created the Office of the Oregon Health Plan Administrator (OHPA) ²³ (SB 5530, 1993)
3/19/1993	HCFA approved Oregon’s Demonstration contingent on reordering of the prioritized list			
4/19/1993			HSC revised the prioritization methodology and reordered the list which was approved by HCFA ²⁴	
June 1993			Legislature adopted 1993 HSC report ²⁵	
Dec. 1993	Submitted Phase II waiver amendment to HCFA			

²² Employer mandate deferred again until March 31, 1997, for those with 26 or more employees, and to January 1, 1998, for those with 25 or fewer employees. Implementation dependent on Congressional exemption to the federal Employee Retirement Income Security Act (ERISA). If not exempted by January 2, 1996, the mandate would sunset.

²³ Now known as the Office for Oregon Health Plan Policy and Research (OHPPR).

²⁴ Methodology documented in HSC’s 1993 Prioritization of Health Services Report to the Governor and Legislature.

²⁵ This report includes both a physical health services prioritized list, which the legislature funded through line 565 of 696 and an integrated health services prioritized list, including mental health and chemical dependency services, funded through line 606 of 745.

Table 1. Chronology of Oregon’s Health Care Reform Initiatives

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
2/1/1994	OMAP implemented Phase I ²⁶ of the Medicaid Demonstration (SB 5530, 1993)	Dropped AFDC Medically Needy Program concurrently with the implementation of Phase I.	Began using the 1993 physical health services prioritized list	
Sept. 1994	HCFA approved Phase II waiver amendment request			
1995 Legislative Session			Legislature adopted the 1995 prioritized list, funding through line 581/745 ²⁷	Merged the Health Division’s Office of Health Policy into OHPA (SB 1079, 1995) Adopted small group insurance reform ²⁸ (SB 152, 1995) Established managed care patient protections (SB 979, 1995)
1/1/1995	Added chemical dependency services in all 36 counties Added mental health services in 20 of 36 counties (25% of the Medicaid population)	Added Phase II populations ²⁹	Began using the 1993 integrated health services prioritized list	
7/1/1995	Held mental health at 25% of the Medicaid population until 07/01/97 (HB 3445, 1995)			

²⁶ About 120,000 new eligibles joined in the first year, exceeding the enrollment expected by the end of the third year of the demonstration.

²⁷ Beginning with the HSC’s 1995 report, a single integrated list of health services was recommended to the Governor and Legislature.

²⁸ A major insurance reform package; including provisions to ensure that health insurance coverage comparable to that available to large groups is available to individuals of groups of two or more.

²⁹ Services were covered under fee-for-service until managed care enrollment occurred. The decision making process was completed no later than 10/01/95.

Table 1. Chronology of Oregon’s Health Care Reform Initiatives

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
10/1/1995		Based eligibility on 3 month’s average income instead of 1 month Added liquid asset test of \$5,000 Dropped full time college students	Began using the 1995 prioritized list	
12/1/1995		Charged premiums to people classified as New Medicaid Eligibles. ³⁰		
1/2/1996				Sunset of Employer Mandate according to provision ³¹ (SB 5530, 1993)

³⁰ A “new eligible” is an individual enrolled in the Medicaid Program as a result of the Medicaid Demonstration. Premiums ranged from \$6 to \$28 per month for a family of four.

³¹ Automatically repealed due to lack of Congressional ERISA waiver.

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	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
10/1/1996	Separated dental and physical health care. Dental delivered through DCO’s.			Reduced OMIP rates to 125% of private insurance rates (SB 152, 1995) Implemented IPGB’s small employers revisions (SB 152, 1995)
1997 Legislative Session			Legislature adopted 1997 prioritized list ³² with funding through line 574/743	Modified managed care patient protections (SB 21, 1997) Established health insurance reforms (SB 98, 1997) Established the Family Health Insurance Assistance Program (FHIAP) ³³ (HB 2894, 1997) Changed the name of OHPA to the Office for Oregon Health Plan Policy and Research (OHPPR) (HB 2894, 1997)
1/1/1997	OMAP started weekly enrollment in prepaid health plans			

³² The list was reorganized during the HSC’s biennial review process, resulting in line 574 of the 1997 list equating to line 578 of the 1995 list.

³³ Provides direct subsidies to qualified Oregonians to help them purchase health insurance through their employer or through the individual market.

Table 1. Chronology of Oregon’s Health Care Reform Initiatives

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
Feb. 1997			Reduced funding level of 1995 prioritized list from line 581/745 to line 578/745 ³⁴	
7/1/1997		Expanded mental health statewide (HB 3445, 1995)		
1/1/1998		Added uninsured Pell Grant eligible full time college students		
3/1/1998		Expanded PLM to 170% FPL for pregnant woman and their unborns (who remain eligible up to age 1)		
5/1/1998			Began using the 1997 prioritized list	
7/1/1998	HCFA accepted 3-year extension for Demonstration.	Changed income eligibility criteria for self-employed people from using a standard of income total - business expenses to a flat 50% of total revenues ³⁵		Implemented the federal Children’s Health Insurance Program (CHIP) ³⁶ Implemented FHIAP (HB 2894, 1997)
12/1/1998		Returned to pre-July 1998 income eligibility criteria for self-employed people.		

³⁴ The Joint Interim Task Force on the Oregon Health Plan and the Emergency Board approved a reduction in funding to 573/745. However, HCFA notified the state that it was approving the movement of the funding line only to 578/745.

³⁵ This policy reverted back to the previous standard, effective 12/98.

³⁶ Provides coverage of uninsured children under age 19 and below 170% of the FPL via the Medicaid Demonstration.

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	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
1999 Legislative Session			Legislature adopted 1999 prioritized list with funding through line 564/743	Changed the name of OHPPR to the Office for Oregon Health Policy and Research (OHPR) (HB 2101, 1999)
10/1/1999		Liquid asset limit lowered to \$2,000	Began using the 1999 prioritized list with funding through line 574/743 ³⁷	
2001 Legislative Session	<p>Directed DHS to draft waivers to provide existing benefit package to categorical eligibles (OHP Plus), provide a reduced benefit package to expansion populations up to 185% FPL (OHP Standard), and expand FHIAP (gaining federal match, with a 50-50 split of resources to group and individual coverage) under a method that is budget neutral for the state. Directed HSC to develop Prioritized List of Benefit Packages for OHP Standard. Created Waiver Application Steering Committee (WASC) to recommend benefit package for OHP Standard for 2001-03 biennium. (HB 2519, 2001)</p> <p>Established Practitioner Managed Prescription Drug Plan to create preferred drug list for OHP through an evidence-based process for fee-for-service clients. (SB 819, 2001)</p>		Legislature adopted 2001 prioritized list with funding through line 566/736	

³⁷ The 70th Oregon Legislative Assembly approved a reduction in funding from 574/743 to 564/743. However, HCFA approval of this reduction in services was never received by the state.

Table 1. Chronology of Oregon’s Health Care Reform Initiatives

	Medicaid Demonstration Project of Oregon Health Plan			Other OHP Components
	<i>Medicaid History</i>	<i>Medicaid Eligibility</i>	<i>Prioritized List</i>	
May 2002	Emergency Board approves OHP2 waivers, with incremental expansion of Medicaid to 115% FPL (delayed until 7/1/03 at November E-board meeting) and increased expansion of FHIAP to 25,000 enrollees. DHS submits OHP2 waivers on 5/31/02.			
10/15/2003	CMS approves OHP2 waivers.			
11/1/2002				Began expansion of FHIAP towards goal of 25,000 enrollees.
1/1/2003		Charged voluntary copays for ambulatory visits and prescription drugs for adult fee-for-service clients.	Reduced funding level of 2001 prioritized list from line 566/736 to line 558/736 ³⁸ .	
2/1/2003	Implemented OHP Plus and OHP Standard benefit packages, the latter eliminating coverage of non-emergent transportation, vision services, and some dental services and durable medical equipment (DME) while imposing higher mandatory copays on most remaining services.	Eliminated services to long-term care clients in survivability levels 15-17.		Eliminated Medically Needy Program Eliminated General Assistance Program
3/1/2003	Eliminated prescription drugs, outpatient mental health and chemical dependency services and remaining dental services and DME from OHP Standard benefit package.	Change eligibility date for OHP Standard clients to first of month following eligibility approval.		

³⁸ This eight-line reduction was the product of a modification to the ten-line reduction originally requested in conjunction with the funding level approved during the 1999 legislative session.

**CHAPTER TWO:
THE PRIORITIZED LIST
OF HEALTH SERVICES**

Charge to the Health Services Commission

The Health Services Commission was established to:

“[R]eport to the Governor and Legislature a list of health services, including health care services of the aged, blind and disabled...and including those mental health and chemical dependency services...ranked by priority, from the most important to the least important, representing the comparative benefits to the entire population to be served....The recommendation shall include practice guidelines reviewed and adopted by the Commission....”³⁹ (emphasis added)

The Commission is composed of eleven members. There are five physicians, including one Doctor of Osteopathy, four consumer representatives, a public health nurse, and a social worker.⁴⁰ The Commission relies heavily on the input from its subcommittees and ad hoc task forces and workgroups.⁴¹ A Commissioner chairs each subcommittee or task force and composition varies depending on the purpose of that body. If appropriate, membership from outside of the Commission will generally include representatives of specialty-specific providers, consumers, and advocacy groups within the area of interest.

The new Prioritized List Of Health Services (see Appendix F) contains 730 medical condition/treatment pairs. It should be noted that due to adding, deleting, merging, and splitting of line items, new line 549 equates the level of funding in effect as of January 1, 2003 on the October 1, 2002 list at line 558.

Each condition/treatment pair that makes up a line item on the List is composed of diagnostic and treatment codes to define the services being represented. The conditions on the List are represented by the coding nomenclature of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Medical treatments are listed using codes from the American Medical

³⁹ Oregon Revised Statutes (ORS) 414.720(3).

⁴⁰ A list of the Commission membership can be found in Appendix A.

⁴¹ Chapter Four outlines the activities of the Commission’s subcommittees, task forces, and workgroups.

Association's Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedure Coding System (HCPCS), and selected OMAP unique codes. Dental procedures are listed using codes from the American Dental Association's Current Dental Terminology (CDT-3), which equate to HCPCS "D" codes.

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

1. The **Biennial Review** of the Prioritized List of Health Services, which is completed prior to each legislative session according to the Commission's established methodology.
2. **Interim Modifications** to the Prioritized List that consist of:
 - a. **Technical Changes** due to errors, omissions, and changes in ICD-9-CM, or CPT-4, HCPCS, or CDT-3 codes; and,
 - b. **Advancements in Medical Technology** that necessitate changes to the List prior to the next biennial review.

Prioritization Methodology

The current Prioritized List of Health Services reflects revisions the first list implemented on February 1, 1994. The prioritization process for that list followed the methodology dated April 19, 1993, which was approved by the U.S. Department of Health and Human Services. The final ranking of each of the condition/treatment pairs is determined either by 1) the treatment's effectiveness in the prevention of death and/or its average lifetime cost; or, 2) the application of a set of subjective criteria to the service being prioritized.

In creating the Prioritized List, an initial sort was performed following these steps:

- a) The condition/treatment pairs were ranked according to the likelihood that treatment would prevent death;

- b) Those remaining condition/treatment pairs whose treatments have an equivalent ability to prevent death or whose conditions have no risk of mortality were rank ordered by the average lifetime cost of treatment, from the least expensive to the most expensive; and,
- c) Any condition/treatment pairs not separable by both of these measurements were sorted alphabetically by diagnosis.

The Commission then reviewed the initial sort of the condition/treatment pairs line-by-line to determine whether the data resulted in an appropriate relative ranking of the line item. If the Commission felt that the initial placement of the line did not properly reflect its importance as a health service, the subjective criteria listed in Table 2 were used to move the condition/treatment pair up or down the list. These criteria were developed using the values expressed at the public hearings and community meetings held throughout the State. In order to alter the placement of a line using the subjective criteria, the list was divided into 30 groups of approximately 25 lines each. If it was determined a line did not belong in its initial group, the Commission used one or more subjective criteria to justify the movement into a different group of 25 lines.

The Commission performed a final sort using steps a) through c) within each new group of lines and then reviewed the entire list to ensure that the basic principles of prevention and early intervention were preserved. For example, regular prenatal care was placed higher on the list than the treatment of low birthweight babies since the provision of these services lead to fewer premature deliveries.

Biennial Review

In 2002 the Commission completed its fifth biennial review of the List since implementation of the Medicaid Demonstration began in February 1994. Since that time, the Health Services Commission has seen its role change to one of focusing on the maintenance of an already existing list. The Health Services Commission conducts a

Table 2.
Subjective Criteria

- A. General Preventive Services: This judgment determines the placement of three lines: children, adult, and dental preventive services.
- B. Comfort Care: This judgment determines the placement of one line.
- C. Maternity Care: This judgment considers the placement of services required from conception through the first 28 days of life. Examples are pregnancy care and neonatal services.
- D. Family Planning Services: This judgment determines the placement of services for preventing pregnancy or planning families. There were four lines involved and this is a high priority for the Federal government.
- E. Prevent a Condition Before Treatment: This judgment considers the importance of interceding early in the process before the condition develops. An example is placing the treatment for dysplasia of the cervix before the treatment of cervical cancer.
- F. Medical Ineffectiveness: This judgment considers the fact that the specified treatment for the condition does not achieve its objective in the majority of the cases. An example is the dental services that provide only marginal improvement.
- G. Prevent Additional Complications: This judgment considers the importance of interceding in order to stabilize or to prevent deterioration of a condition. An example is the treatment of glaucoma.
- H. Prevent Future Costs: This judgment considers the importance of interceding early before resources must be spent in crisis. An example is the treatment of insulin dependent diabetes.
- I. Cosmetic Services: This judgment reflects the fact that cosmetic services are not a covered benefit for Medicaid in Oregon.
- J. Self-limiting Conditions: This judgment considers the fact that these conditions will run their course without, or in spite of, medical intervention. An example is the treatment of acute upper respiratory infections.
- K. Congruent Conditions: This judgment considers the fact that the organ system and/or etiology of the conditions are similar to that of another condition/treatment pair elsewhere on the List or that the outcomes of the condition/treatment pairs are congruent.
- L. Public Health Risk: This judgment reflected the fact that prevention of communicable diseases is a high priority for the state and federal government. An example is the treatment of syphilis.

complete review of the Prioritized List every two years. The ongoing review of the List is a dynamic process that is responsive to changes in medical diagnoses, treatments, outcomes, and social values.

Previous biennial reviews have seen the Commission send out a list of all appropriate line items to numerous specialty groups for comments on each line's placement as well as its associated cost and mortality information. As the Prioritized List has matured, these mailings have resulted in fewer and fewer changes made to the list or its supporting

database. As a result, the Commission did not feel that they could continue to justify the large amount of time spent first by the staff in mailing the materials and tracking responses and then by the Commission in reviewing the recommendations.

In 2002, the review process was altered. Initially, a list of five questions was sent to each provider specialty group in January of that year, requesting responses to the following:

- 1) Are there any treatments within your specialty still being performed that are obsolete?
- 2) Are there any commonly covered diagnoses that should not be funded?
- 3) Are there expensive diagnostic procedures that are redundant or unnecessary?
- 4) Are there practice guidelines to limit higher cost procedures to a subset of patients with a more severe condition?
- 5) Are there beneficial services that are not covered under OHP?

Responses were only received from 13 of the 70 providers who were contacted, even after a reminder letter was sent after the first deadline had passed. As a result of this response rate, future biennial reviews will likely see further changes in the process.

In addition to this mailing, the medical directors of the Fully Capitated Health Plans (FCHPs) under OHP were asked to provide input as to specific services that they thought could be eliminated from the benefit package or could be limited through the use of guidelines. Similarly, the HSC's Subcommittee on Mental Health Care and Chemical Dependency convened four workgroups to examine potential cuts in the services that they were most familiar with.

Review of the line items was focused on those ranked from 450-599, paying particular attention to those lines where input was received from the OHP Medical Directors and other provider reviewers. Each Health Outcome Subcommittee member, as well as the HSC Medical

Director, reviewed two sets of 25 lines in this region. Their comments were summarized by staff and presented to the full Commission on June 7, 2002. The rankings of a total of 52 lines were affected by this review, either through the addition, deletion, movement, combining or splitting of lines. Tables 3 through 7 reflect the significant changes in line placement or line composition between the October 1, 2001, and April 29, 2003, prioritized health services lists. The Commission adopted one new line (line 128) that represents intestine and liver/intestine transplantation for short bowel syndrome in children up to age 5 (see Table 3). One line, Acquired Hypertrophic Pyloric Stenosis and Other Disorders of the Stomach and Duodenum (line 484), was removed from the List (see Table 4) as these services were distributed to other lines. A majority of the biennial review changes involved the movement of existing line items. A total of 35 line items were affected, with 17 of them being moved down to a lower ranking (see Table 5). The Commission further clarified and refined the List by merging ten sets of lines (see Table 6). One such merger was made for the two lines representing the medical and surgical treatment of hydrocele. Upon further consideration on the placement of symptomatic hydrocele (previously on line 522), the Commission determined that the appropriate subjective criteria referring to the primarily cosmetic nature of the condition had not been taken into consideration. They also noted that if treatment were warranted in cases involving complications, these services would be covered on separate line items prioritized higher on the list. Therefore the treatment of symptomatic hydrocele was merged into the line for asymptomatic hydrocele on new line 642. Finally, four other lines were found to be inappropriately grouped and therefore each were divided into two separate lines (see Table 7). For example, Meniere's disease was separated from other less treatable forms of vertiginous syndromes and placed on its own line at 477.

A complete listing of all biennial review changes occurring at the coding level can be found in Appendix B. This includes specific codes moved as the result of the changes reflected in Tables 4 and 7 as well as other changes involving the movement of individual codes from one line to another. Since all codes on a line are affected the same way in the case of line additions, movements or mergers, these types of changes are not reflected in Appendix B.

**Table 3.
New Line
4/29/03 Position and Line Descriptor Listed**

Line 128: Short Bowel Syndrome (Age 5 and Under)/Intestine and Intestine/Liver Transplant

**Table 4.
Deleted Line
10/1/01 Position and Line Descriptor Listed**

Line 484: Acquired Hypertrophic Pyloric Stenosis and Other Disorders of the Stomach and Duodenum/Surgical Treatment

**Table 5.
Lines Moved From Previous Ranking
4/29/03 Position and Line Descriptor Listed
(10/1/01 Position in Parentheses)**

Line 272: Anogenital Viral Warts/Medical Therapy (from line 521)
Line 324: Multiple Valvular Disease/Surgical Treatment (from line 492)
Line 372: Hypoplastic Left Heart Syndrome/Repair (from line 552)
Line 444: Diabetes Mellitus with End Stage Renal Disease/Simultaneous Pancreas-Kidney (SPK) Transplant, Pancreas After Kidney (PAK) Transplant (from line 524)
Line 445: Hereditary Immune Deficiencies/Bone Marrow Transplant (from line 469)
Line 446: Constitutional Aplastic Anemias/Bone Marrow Transplant (from line 525)
Line 474: Imperforate Hymen; Abnormalities of Vaginal Septum/Surgical Therapy (from Line 464)
Line 480: Cholesteatoma; Infections of the Pinna/Medical and Surgical Treatment (from line 135)
Line 485: Closed Dislocations & Fractures of Non-cervical Vertebral Column without Spinal Cord Injury/Medical and Surgical Therapy (from Line 486)
Line 486: Closed Fractures of Joint except Hip/Open or Closed Reduction (from Line 503)
Line 500: Cancer of Esophagus, Treatable/Medical and Surgical Therapy, Which Includes Chemotherapy and Radiation Therapy (from line 554)
Line 501: Cancer of Liver, Treatable/Medical and Surgical Therapy, Which Includes Chemotherapy and Radiation Therapy (from line 555)
Line 502: Cancer of Pancreas, Treatable/Medical and Surgical Therapy, Which Includes Chemotherapy and Radiation Therapy (from line 556)

Table 5. (Cont'd)
Lines Moved From Previous Ranking
4/29/03 Position and Line Descriptor Listed
(10/1/01 Position in Parentheses)

Line 503:	Cancer of Gallbladder and Other Biliary, Treatable/ Medical and Surgical Therapy, Which Includes Chemotherapy and Radiation Therapy (from line 557)
Line 504:	Non-malignant Otitis Externa/Medical Therapy (from line 478)
Line 510:	Central Pterygium/Excision or Transposition of Pterygium Without Graft, Radiation Therapy (from line 558)
Line 512:	Open Wound of Eardrum/Tympanoplasty, Medical Therapy (from line 453)
Line 515:	Trigeminal and Other Nerve Disorders/Medical and Surgical Treatment (from line 501)
Line 520:	Foreign Body in Uterus, Vulva and Vagina/Medical and Surgical Treatment (from line 471)
Line 523:	Metabolic Bone Disease/Medical Therapy (from line 536)
Line 529:	Urinary Incontinence/Medical and Surgical Treatment (from line 550)
Line 538:	Incontinence of Feces/Medical and Surgical Treatment (from line 548)
Line 542:	Thrombosed and Complicated Hemorrhoids/ Hemorrhoidectomy, Incision (from line 497)
Line 543:	Vaginitis, Trichomoniasis/Medical Therapy (from line 520)
Line 544:	Balanoposthitis and Other Disorders of Penis/ Medical and Surgical Treatment (from line 534)
Line 545:	Chronic Anal Fissure; Anal Fistula/Sphincterectomy, Fissurectomy, Fistulectomy, Medical Therapy (from line 567)
Line 546:	Chronic Otitis Media/PE Tubes, Adenoidectomy, Tympanoplasty, Medical Therapy (from line 504)
Line 548:	Cerumen Impaction, Foreign Body in Ear & Nose/Removal of Foreign Body (from line 510)
Line 549:	Vertiginous Syndromes and Other Disorders of Vestibular System/Medical and Surgical Treatment (from line 551)
Line 553:	Psoriasis and Similar Disorders/Medical Therapy (from line 500)
Line 554:	Cystic Acne/Medical and Surgical Treatment (from line 563)
Line 555:	Closed Fracture of Great Toe/Medical and Surgical Treatment (from line 532)
Line 562:	Benign Neoplasm of Bone & Articular Cartilage Including Osteoid Osteoma; Benign Neoplasm of Connective and Other Soft Tissue/Medical and Surgical Treatment (from line 560)
Line 564:	Stomatitis and Diseases of Lips/Incision and Drainage, Medical Therapy (from line 533)
Line 624:	Uncomplicated Hernia (Age 18 and Over)/Repair (from line 546)

Table 6.
Merged Lines Previously Found on Separate Lines
4/29/03 Position and Line Descriptor Listed
(10/1/01 Line Position and Descriptor in Parentheses)

- Line 23: Intusseption, Volvulus, Intestinal Obstruction, and Foreign Body in Stomach, Intestines, Colon, & Rectum/Excision, Medical Therapy
(from line 491, Fecal Impaction/Medical and Surgical Treatment)
- Line 380: Deep Open Wounds/Repair
(from line 553, Traumatic Amputation of Toe With & Without Complication)
- Line 461: Streptococcal Sore Throat and Scarlet Fever; Hypertrophy of Tonsils and Adenoids; Ulcer of Tonsil
(from line 477, Vincent's Disease/Medical Therapy)
- Line 479: Bullous Dermatoses of Skin/Medical Therapy
(from Line 166 Pemphigus/Medical Therapy)
- Line 533: Exfoliation of Teeth Due to Systemic Causes and Other Specific Disorders of the Teeth and Supporting Structures/Excision of Dentoalveolar Structure
(from line 542, Specific Disorders of the Teeth and Supporting Structures/Excision of Dentoalveolar Structure)
- Line 535: Simple and Social Phobias/Medical-Psychotherapy
(from line 514, Simple Phobia/Medical-Psychotherapy, and line 515, Social Phobia/Medical-Psychotherapy)
- Line 557: Dysfunction of Nasolacrimal System/Medical and Surgical Treatment
(from line 543, Ophthalmic Injury: Lacrimal System Laceration)
- Line 563: Sexual Dysfunction/Medical and Surgical Treatment, Psychotherapy
(from line 570, Sexual Dysfunction/Medical and Surgical Treatment)
- Line 573: Deformities of Foot/Fasciotomy, Incision, Repair, Arthrodesis
(from Line 590 Acquired Equinous Deformity of Foot)
- Line 642: Hydrocele/Medical Therapy, Excision
(from line 522, Symptomatic Hydrocele/Medical Therapy, Excision)

Table 7.
Previously Existing Lines Divided Into Two Separate Lines
4/29/03 Line Position and Descriptor
(10/1/01 Line Position and Descriptor in Parentheses)

- Line 477: Meniere's Disease/Medical and Surgical Therapy
(from line 551 Vertiginous Syndrome and Other Disorders of the Vestibular System/Medical and Surgical Therapy)

Table 7. (Cont'd)
Previously Existing Lines Divided Into Two Separate Lines
4/29/03 Line Position and Descriptor
(10/1/01 Line Position and Descriptor in Parentheses)

Line 547:	Acute Conjunctivitis/Medical Therapy (from line 506, Episcleritis and Acute Conjunctivitis/ Medical Therapy)
Line 558:	Nasal Polyps and Other Disorders of Nasal Cavity & Sinuses/Medical and Surgical Treatment (from line 490, Severe Rhinitis, Chronic Sinusitis, Nasal Polyps, Other Disorders of Nasal Cavity and Sinuses/Medical and Surgical Treatment)
Line 576:	Tension Headaches/Medical Therapy (from line 455, Migraine and Tension Headaches/Medical Therapy)

Once the biennial review process was completed, the List was renumbered from 1-730. Due to changes to the Prioritized List during the biennial review process, line items that were not changed may have different line numbers assigned to them because of changes to other lines (line additions, deletions, movements, merging and splitting) in other parts of the list. For example, line 558 on the Prioritized List for the 2001-03 biennium, at which the funding line on the current list is drawn, will now be line 549 on the new list.

On July 17, 2002, the Commission completed their most recent biennial review process. The revised Prioritized List of Health Services appearing in Appendix F was then forwarded to the independent actuarial firm of PricewaterhouseCoopers. The actuarial analysis of the average per-member-per-month costs of providing various levels of services for the different Medicaid eligibility groups appears in Appendix D. Upon the approval of this report, the 72nd Oregon Legislative Assembly will set a funding level for the April 29, 2003, Prioritized List of Health Services. This will establish the OHP Plus benefit package for the Medicaid Demonstration for the 2003-2005 biennium and will be the basis for the OHP Standard benefit package whereby further exclusions and cost-sharing requirements will be applied (Appendix E includes the HSC's July 2002 report required under HB 2519 that provides further discussion of the differentiation of the OHP Plus and OHP Standard benefit packages under the OHP2 waivers).

Interim Modifications

The Commission was aware from the outset that this unique process for determining health benefit coverage would need further refinement as feedback was received after implementation. The Commission asked for the authority to make adjustments to the List during the interim period that was granted in 1991 in the following statute:

“The commission may alter the list during the interim only under the following conditions:

- a) technical changes due to errors and omission; or,*
- b) changes due to advancements in medical technology or new data regarding health outcomes.*

If a service is deleted or added and no new funding is required, the Commission shall report to the Speaker of the House of Representative and the President of the Senate.

However, if a service to be added requires increased funding to avoid discontinuing another service, the Commission must report to the Emergency Board for funding.”⁴² (emphasis added)

The Commission established a process whereby requests for interim modifications can be considered. This process requires acknowledgment of the requests within 10 days of their receipt, along with an inquiry for additional information where necessary. Notice of the need for interim modifications may come from staff, other state agencies, health care providers, participating health care plans or other interested entities. The request is then sent to the Health Outcomes Subcommittee for consideration. The Subcommittee will usually require at least two meetings to first hear the request and then have staff collect the necessary information in order to make a decision. If their recommendation to the full Commission is for approval, the fiscal impact of the recommendation is requested from the Office of Medical Assistance Programs (OMAP) and the actuary. The issue is then considered at the next full Commission meeting. A requesting party can assume that this process will take at least 3-4 months depending on the completeness of the information and the timing of

⁴² ORS 414.720(5)a, (5)b and (6)

the receipt of the request in comparison to the next scheduled Commission meeting. Also it should be noted that the Commission's decisions are based on what is best for the entire OHP population, not on any one individual case.

Technical Changes

An example of an interim modification involving a technical correction being made to the list for October 1, 2001 implementation involves the correct matching of ICD-9-CM and CPT-4 codes. While the code for bowel opening repair already appeared on a funded line of the Prioritized List, it did not appear on line 3, Peritonitis. Since all affected codes are above the funding line, the addition of this CPT-4 code is a technical correction because it would not result in a change in the calculation of the capitation rates.

As the prioritized list attempts to match some 13,000+ ICD-9-CM diagnosis codes with 7,000+ CPT-4 treatment codes, the Commission is aware that some appropriate condition-treatment groupings do not appear on the List. Some of these codes are omitted purposefully. For instance, appropriate diagnostic services are covered under OHP whether or not the final diagnosis appears in the funded region or not. Additionally, appropriate ancillary services such as prescription drugs and durable medical equipment are covered if the condition which they are being used to treat lie in the funded region. Because of the volume of codes that represent diagnostic and ancillary services, and the fact that they are often associated with many different diagnoses, these codes do not appear on the list. Instead, the Office of Medical Assistance Programs (OMAP) maintains electronic files to account for these codes and determine fee-for-service reimbursement. These lists of codes are also distributed to the managed health care plans that can choose to use them as they see fit. Other appropriate pairings of condition and treatment codes may have been left off inadvertently. As these pairings are identified through OMAP's claims processing system, providers, or managed care plans, the necessary changes are made to the list as interim modifications. These non-paired codes are

reviewed at every Health Outcomes Subcommittee meeting and the accumulated changes are made effective April 1st and October 1st of each year by OMAP.

Technical corrections are made to the list only twice during a calendar year. Implementation of these technical corrections generally go into effect on April 1st and October 1st to coincide with the release of new CPT and ICD-9-CM codes, respectively. Appendix C reflects the interim modifications made by the Commission since the May 14, 2001, report.

The Health Services Commission has begun to implement the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As of October 2003, OMAP unique codes will be eliminated as part of the Health Insurance Portability and Accountability Act (HIPAA) regulations and replacement codes will be added to the List as necessary. While such updates to the coding systems can be handled easily as technical changes, the planned conversion of ICD-9-CM to ICD-10-CM (a new categorical disease classification that radically differs from ICD-9-CM) will necessitate a complete revision of every line item of the Prioritized List. A final draft of ICD-10-CM was released by CMS in May 2002 and implementation of this new classification system may begin as early as October 2005 after a two-year advanced notice. The Commission is now beginning the early stages of a lengthy conversion process. Also on the horizon is an expected release of CPT-5 in 2003.

Advancements in Medical Technology

The Commission periodically receives requests to modify the placement or content of condition/treatment pairs to reflect significant advancements in medical technology. These requests come from medical providers and commercial developers of emerging technologies. The Commission staff assembles needed background information and arranges to have experts testify before the Health Outcomes Subcommittee as it prepares a recommendation for the full Commission.

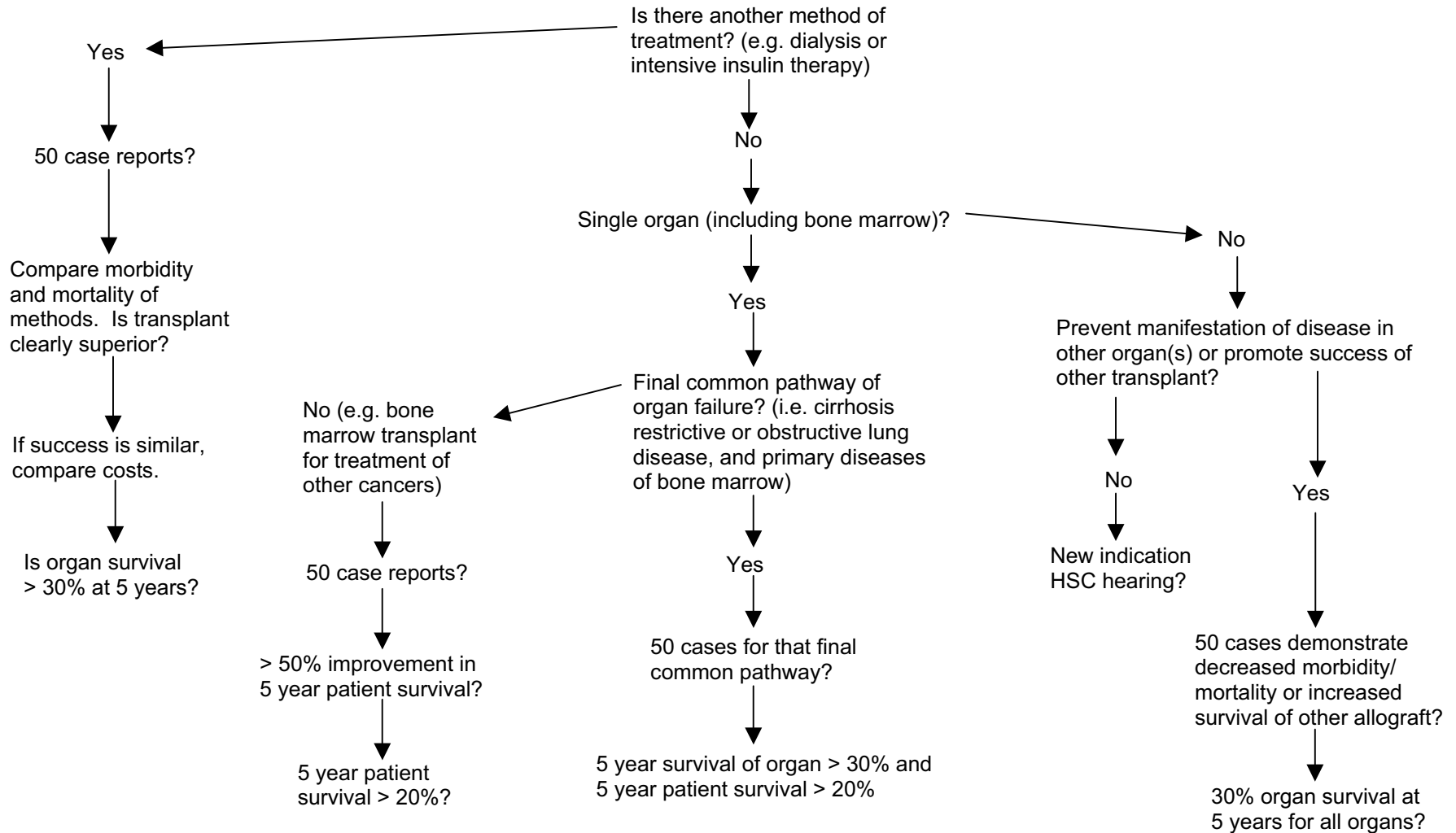
If an added service is projected by an independent actuary to have a significant fiscal impact on the Medicaid Demonstration OHP, the Health Services Commission is required to appear before the Legislative Emergency Board to request additional funding. To date, no interim modifications have been found to have a significant fiscal impact on the Medicaid Demonstration.

During the 2001-2003 biennium, the Commission reviewed two issues that fall under the medical advancements category that are discussed below.

Solid Organ Transplantation

In 2001 the Commission completed a review of the Prioritized List for other indications for organ transplantation that may have been omitted. Staff presented a list of all indications for transplantation recognized by the United Network of Organ Sharing (UNOS). Focusing on the UNOS indications for transplantation that are currently not on the Prioritization List, the Commission reviewed the appropriateness of transplantation for these conditions. The Commission hopes that this review will avoid future instances where an individual case of rare disease triggers a hurried and pressured review. To aid in this process, the Health Outcomes Subcommittee has developed an algorithm for the application of uniform decision criteria as to the potential placement of the transplant service on the Prioritized List (see Table 8). Part of the criteria involves determining whether the condition being reviewed leads to a final common pathway of end-stage organ failure. If, for instance, a very rare condition results in pulmonary fibrosis, the outcome will be assumed to be similar to other more common diseases for which a lung transplant is performed for that reason. The Commission has decided not to have the List include diseases that would likely recur in the transplanted organ and most instances where the disease involves multiple organ failure unless sufficient evidence is available to consider otherwise. All changes to the List resulting from this review appear in the Notification of Interim Modifications dated September 19, 2001, in Appendix B.

Table 8. Transplant Algorithm



Note: In cases of rare diseases, the Commission will consider alternative statistical approaches to determine efficacy.

Intrathecal Baclofen Therapy

The Health Outcomes Subcommittee heard testimony over two meetings on the use of intrathecal baclofen therapy for the treatment of intractable spasticity due to such conditions as cerebral palsy and multiple sclerosis. It was acknowledged that there were significant expenses involved with the implantation of a pump to administer the drug. Even though it was unclear to the Subcommittee whether this service could be expected to be cost-neutral on a long-term basis, they believe it should result in reduced hospitalizations and complications and the necessity for fewer caregivers. The group that would be receiving treatment is very limited and a guideline was later established (see Chapter 3).

The Commission unanimously approved the Subcommittee's recommendation to the line for Neurological Dysfunction in Posture and Movement due to Chronic Conditions, now at 336. This change went into effect on October 1, 2002.

CHAPTER THREE:
CLARIFICATIONS TO THE
PRIORITIZED LIST OF
HEALTH SERVICES

Practice Guidelines

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

“In order to encourage effective and efficient medical evaluation and treatment, the commission may include clinical practice guidelines in its prioritized list of services. The commission shall actively solicit testimony and information from the medical community and the public to build a consensus on clinical practice guidelines developed by the commission.”⁴³

The Commission uses practice guidelines to classify the severity of conditions that are not adequately described by an ICD-9-CM diagnostic code. For a specific diagnosis there is usually a continuum of treatments: watchful waiting, treating medically, minimally invasive procedures, or the most aggressive procedures. The severity guidelines adopted by the HSC are "indications for a definitive procedure" derived from comparing pertinent guidelines from specialty societies and the National Guideline Clearinghouse⁴⁴.

Guidelines are also used to identify effective preventive services for both children and adults. Guidelines are increasingly necessary for rapidly advancing treatment options that are more beneficial for a subset of patients than for the general population. The prevention guidelines associated with the List are largely based on the U.S. Preventive Services Task Force's (USPSTF) Guide to Clinical Services, Second Edition (1996).

During the past biennium seven new guidelines were incorporated into the List. These include guidelines for: adenomyosis; pelvic pain; intrathecal baclofen; and the re-treatment of cancer of the esophagus,

⁴³ ORS 414.720 (4). See Appendix A.

⁴⁴ www.guideline.gov

liver, pancreas and gallbladder. In addition, the guideline for severe rhinitis was deleted as services for all forms of rhinitis now appear on a single line in the unfunded region of the List. The Commission made modifications to five previously established guidelines on the use of hysterectomy for various conditions to synchronize the pre-surgical therapeutic trials to six months. In the case where an existing guideline has been revised, all new text is underlined and deleted text is indicated with strike-through. A complete listing of the thirty-two lines with attached guideline notes appears in Appendix F.

Hysterectomy for Benign Conditions

During the 2001-03 biennium, the Commission adopted guidelines from the American College of Obstetrics and Gynecology for the treatment of abnormal uterine bleeding, fibroids, endometriosis, pelvic organ prolapse, dysmenorrhea, and chronic pelvic pain by hysterectomy, and the surgical treatment of genuine stress urinary incontinence. Since these guidelines had trials of non-surgical management that varied from three to six months, the Commission made modest changes of synchronizing the waiting times for these guidelines.

Diagnosis: MENSTRUAL BLEEDING DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 467

Endometrial ablation or hysterectomy for abnormal uterine bleeding in premenopausal women may be indicated when all of the following are documented (1-3):

1. Patient history of (a, b, c, d, d and e):
 - a. Excessive uterine bleeding evidence by (1 and 2):
 - 1) Profuse bleeding lasting more than 7 days and repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - b. Failure of hormonal treatment for a 3 6-month trial period or contraindication to hormone use
 - c. No current medication use that may cause bleeding, or contraindication to stopping those medications
 - d. Endometrial sampling performed
 - e. No evidence of remedial pathology by (1 or 2 or 3):
 - 1) Sonohysterography
 - 2) Hysteroscopy
 - 3) Hysterosalpingography
2. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
3. Nonmalignant cervical cytology, if cervix is present

Diagnosis: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 529

Surgery for genuine stress urinary incontinence (ICD-9-CM code 625.6) may be indicated when all of the following are documented (1-7):

1. Patient history of (a, b, and c):
 - a. Involuntary loss of urine with exertion
 - b. Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychologic causes, excessive urine production, restricted mobility, and stool impaction)
 - c. Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent postvoid residual
2. Patient's voiding habits
3. Physical or laboratory examination evidence of either (a or b):
 - a. Urethral hypermobility
 - b. Intrinsic sphincter deficiency
4. Diagnostic workup to rule out urgency incontinence
5. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
6. Nonmalignant cervical cytology, if cervix is present
7. Patient required to have 3 6 months alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises, biofeedback, and/or electrical stimulation, as available)

Diagnosis: DYSMENORRHEA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 569

Hysterectomy for dysmenorrhea may be indicated when all of the following are documented (1-7):

1. Patient history of:
 - a. No remediable pathology found on laporoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
2. Failure of a 3 6-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) 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 has been previously sterilized

Adenomyosis

The OHP Medical Directors requested that the Health Services Commission develop guidelines for the use of MRI in diagnosing adenomyosis and the use of hysterectomy for its treatment. Adenomyosis is a gynecological condition characterized by the presence of endometrial tissue within the myometrium. Its pathogenic cause is unknown, as is its causal relationship to pain and bleeding. Common non-specific complaints include dysmenorrhea, pelvic pain and abnormal uterine bleeding. Nearly 80% of the cases of adenomyosis occur in women older than 40. In the past, definitive treatment and diagnosis relied on hysterectomy, but conservative hormonal therapy and less invasive surgical techniques are currently being utilized. Diagnostic MRI may be indicated for the evaluation of these symptoms to assess for the presence of adenomyosis and to assist in the management of these challenging patients.

The following guideline and title changes were made to line 496, which also involves the synchronization of waiting times:

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 496

- 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 6-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) 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.

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 496 (CONT'D)

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 (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
3. Age > 30 years
4. 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
 - c. Musculoskeletal
5. Nonmalignant cervical cytology, if cervix is present
6. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

In addition, criteria for utilizing MRI to diagnose adenomyosis for patients suffering symptoms of chronic pelvic pain were added to line 575, Pelvic Pain Syndrome, Dyspareunia. While diagnostic services such as those described in Part A of this guideline are covered for conditions appearing below the funding line, active treatments such as that in Part B are not. The revised guideline appears below, with waiting times synchronized.

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 575

- 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 (1 or 2):
 - 1) Oral contraceptives of Depro-Provera
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Age > 30 years
 4. 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 for line 496, Endometriosis and Adenomyosis.

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 575 (CONT'D)

- B. Hysterectomy for chronic pelvic pain in the absence of significant pathology may be indicated when all of the following are documented (1-7):
1. Patient history of:
 - a. No remediable pathology found on laporoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life
 2. Failure of a 6-month therapeutic trial with both of the following (a and b), unless there are contraindications to use:
 - a. Hormonal therapy (1 or 2):
 - 1) Oral contraceptives
 - 2) 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 has been previously sterilized

Comfort Care

The Commission reviewed line 266, Terminal Illness Regardless of Diagnosis/Comfort Care, because of concerns expressed by the health plans that palliative chemotherapy was being offered to patients with less than a 5% chance of survival at 5 years. An intermediate position of not covering chemotherapy if the patient was on hospice was adopted and the change is reflected below.

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment: COMFORT CARE
Line: 265

Comfort care includes the provision of services or items that gives comfort and/or pain relief to persons whose choice to forego other types of care will result in death.

This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. Specifically, chemotherapy is contraindicated while a cancer patient is enrolled in hospice.
Examples of comfort care include:

- 1) Pain medication and/or pain management devices
- 2) In-home and day care services and hospice services as defined by OMAP

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment: COMFORT CARE
Line: 265 (CONT'D)

- 3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)
- 4) Palliative services for symptom relief (e.g. radiation therapy)
- 5) Physician aid-in-dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications. (NOTE: Services related to physician aid-in-dying are not priced as part of the list and only state funds will be used for their provision)

Spinal Deformities

The Commission revisited the guidelines for line 327, Spinal Deformity, Clinically Significant, and the reciprocal non-funded line 611, Spinal Deformity, Not Clinically Significant, because the previous guidelines should have referred to scoliosis and not the other conditions on the lines such as spinal stenosis. For clarity the guidelines were revised to read:

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 327

Clinically significant ~~disease~~ scoliosis is defined as curvature greater than or equal to 25 degrees or curvature with a documented rapid progression.

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 594

~~Disorders~~ Scoliosis of the spine without neurologic impairment include any conditions represented on this line for which objective evidence of one or more of the criteria stated in the Guideline Note for Line 143 is not available.

Cancer of the Esophagus, Liver, Pancreas and Gallbladder

As part of the biennial review, the Commission reviewed in detail the four lowest cancer lines that are nearest to the funding line. A slight increase in survival rates were evident in the most recent (1998) Surveillance, Epidemiology and End Results (SEER) data for cancer of the liver, pancreas and gallbladder. A somewhat larger increase in the survival rate at 5 years was shown for cancer of the esophagus. As a result, the placement of these lines was moved higher on the List.

The improvement in survival rates relates to neo-adjuvant chemo- and radiotherapy prior to surgical treatment. The Commission felt that repeat chemotherapy, however, would be considered futile treatment where there is expected to be a less than a 5% chance of 5-year survival. Guidelines were added to these cancer lines to emphasize this point.

Diagnosis: CANCER OF ESOPHAGUS, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 500

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

Diagnosis: CANCER OF LIVER, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 501

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

Diagnosis: CANCER OF PANCREAS, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 502

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 503

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

Intrathecal Baclofen Therapy

The Commission received a request from Shriner's Hospital (OHSU) to consider pairing the CPT code for spinal infusion pump for Baclofen therapy to treat severe spasticity on the dysfunction line 335, Neurological Dysfunction in Posture and Movement Caused by Chronic Conditions. Detailed testimony from medical consultants and

a review of the literature revealed that intrathecal Baclofen was potentially cost-saving (and very likely cost-neutral) for the OHP, but that a strict guideline should be added to this line.

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURES)

Line: 336

1. Inclusion criteria for intrathecal baclofen therapy (IBT) associated with CPT codes 62360-62362:
 - a. Spasticity due to spinal cord injury, multiple sclerosis, cerebral palsy, brain injury (1year post trauma) due to stroke, or anoxia.
 - b. Spasticity interferes with function (e.g. sleeping, dressing, and/or positioning).
 - c. Spasticity is severe with an Ashworth score of 3.
 - d. Patient is 4 years of age and has sufficient body mass to support a pump.
 - e. Patient/family/caregivers and providers agree on treatment goals and are motivated to achieve treatment goals.
2. Exclusion criteria for IBT:
 - a. Infection is present at time of screening or implant.
 - b. Patient has history of allergy/hypersensitivity to oral baclofen.
3. General Clinical Considerations for IBT:
 - a. Prior soft tissue lengthening procedures, tendon release, and selective posterior rhizotomy are not contraindications to IBT therapy.
 - b. Patients with spasticity of spinal origin should be refractory to oral baclofen or experience intolerable CNS side effects at effective doses. However, oral anti-spasticity medication is not a prerequisite for patients with spasticity of cerebral origin.
 - c. IBT therapy should be considered when patients experience spasticity-related pain.
4. Test Screening Flow Chart for IBT:
 - a. Day 1 Bolus: 50mcg → If response →Implant
 - b. If no response→ Day 2 Bolus 75mcg →If response→Implant
 - c. If no response→ Day 3 Bolus 100mcg →If response→Implant
 - d. If no response Patient ineligible for implant

Treatment for coordination disorder (ICD-9 code 315.4) is included in this line for children age 3 and under and, for children over the age of 3, treatment is for diagnostic purposes only and is limited to a maximum of 120 days.

Prevention Guidelines

The U.S. Preventive Services Task Force periodically revises the recommendations in their Guide to Clinical Services, thus prompting the HSC to review any necessary changes or additions to prevention guidelines associated with the List. Only minor changes were in order as a result:

1. Chlymdia screening (females 20 25 yr)
2. High-density lipoprotein cholesterol screening (HDL-C and total blood cholesterol (men ages 35-64, women age 45-64))
3. ~~Between the ages 50-69~~ For women of age 50 and older screening mammography should be performed every 1-2 years in combination with an annual clinical breast examination.

Coding Specifications

The Prioritized List of Health Services is constructed using ICD-9-CM diagnostic and CPT procedural codes. The list reflects the use of principal diagnostic codes and does not account for the secondary diagnoses that fully define most disease processes. Line assignment is based on pairing the diagnosis and the procedural code on the reimbursement claim submitted for payment by the service provider. Since the coding guidelines and protocols dictate the code selection process for these claims, there are times that the Health Services Commission needs to consider the official coding guidelines when describing the conditions and treatments on certain lines of the Prioritized List. The following two coding specification changes were made during the past two years.

Seminoma

As documented in the 2001 Biennial Report, a coding specification was added for the pediatric solid malignancies medulloblastoma, neuroblastoma, rhabdomyosarcoma, and Ewing's sarcoma, now on line 182. The Commission added a requirement of the pathologist's morphological codes, as the ICD-9-CM coding system does not adequately describe these pediatric tumors in detail. Recent studies show the treatment of seminomas by autologous stem cell rescue followed by high-dose chemotherapy as being promising in achieving a significant increase in overall survival. The Commission wishes to further the progress in definitively ascertaining the effectiveness of this treatment by allowing access to it through enrollment in randomized trials. The complete coding specification for this line item now appears as follows:

Diagnosis: PEDIATRIC SOLID MALIGNANCIES (See Coding Specification Below)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
ICD-9: 170,171,186.9,188,189.0,191.6-191.7,194.0
CPT: 36680,38230-38241,77261-77799
HCPCS: G0242,G0243,S2150
Line: 183

Morphology codes indicating a diagnosis of Medulloblastoma (M9470/3, M9471/3, M9472/3), Neuroblastoma (M9490/3, M9500/3, M9501/3, M9502/3, M9503/3, M9504/3, M9522/23), Rhabdomyosarcoma (M8900/3, M8901/3, M8902/3, M8910/3, M8920/3), Ewing's Sarcoma (M9260/3), or Seminoma (M9061/3, M9062/3, M9063/3) must be documented to ensure a covered diagnosis. The treatment of seminoma with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after selection within a randomized trial.

Breast Reconstruction Post-Mastectomy for Breast Cancer

Breast reconstruction after mastectomy as treatment for breast cancer is included on the line with other medical and surgical treatments. However, breast reconstruction after mastectomy for benign conditions is not included on the Prioritized List. In order to make this distinction, the following coding specification has been added to line 228:

Diagnosis: CANCER OF BREAST, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION (See Coding Specification Below)
ICD-9: 174-175, 233.0, 238.3, V45.71, V50.42
CPT: 11401-11402, 11623, 13102, 13122, 13132, 13133, 13153, 17999, 19110, 19120, 19125-19126, 19160-19200, 19240, 19290-19295, 19324-19369, 32000, 38525-38530, 38740-38745, 77261-77799, 79000-79900, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
HCPCS: G0242,G0243
Line: 228

BREAST RECONSTRUCTION IS ONLY COVERED AFTER MASTECTOMY AS A TREATMENT FOR BREAST CANCER. WHEN BREAST RECONSTRUCTION IS PERFORMED AFTER THE TREATMENT FOR BREAST CANCER IS COMPLETED, A PRINCIPLE DIAGNOSIS CODE OF V45.71 (ACQUIRED ABSENCE OF BREAST) IS APPROPRIATE AND IS ONLY INCLUDED ON THIS LINE IN COMBINATION WITH A SECONDARY DIAGNOSIS OF V10.3 (PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE BREAST).

Statements of Intent

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.

The Commission has included language in Appendix F, immediately following the Prioritized List of Health Services, to indicate their intent that reimbursement for the treatment of non-infectious gastroenteritis, aseptic meningitis, and viral pneumonia, which appear low on the Prioritized List, should be provided in severe cases of the disease.

Medical Codes Not Appearing on the Prioritized List

Since the implementation of the OHP, certain medical codes have been absent from the Prioritized List. In some cases this has been due to the lack of information about the condition or treatment, but in many cases the omissions were made purposefully. In the case of ICD-9-CM codes, this may be because they represent signs and symptoms that correspond to diagnostic services that are covered until a definitive diagnosis can be established. ICD-9-CM codes that represent secondary diagnoses are never covered in isolation because payment of a claim should be based on the prioritization of the treatment of the underlying condition.

CPT-4 codes can similarly be missing from the Prioritized List. If a code represents an ancillary service, it is left off of the List and its reimbursement depends on whether the condition it is being used to treat is in the funded region of the List. A procedure code may be

designated as never covered if it represents an experimental treatment or cosmetic service.

The Commission, working with OMAP staff, has developed a diagnostic file, ancillary file, and a never-covered file containing those codes that do not appear on the List. These lists were distributed by OMAP to the contracted health plans so that service coverage will be as uniform as possible under all OHP delivery systems.

**CHAPTER FOUR:
SUBCOMMITTEES,
TASK FORCES, AND
WORKGROUPS**

The Health Services Commission continues to rely on the work of its subcommittees in fulfilling its mandates. In addition to the ongoing work of the subcommittees, the Commission has appointed task forces and workgroups to focus on specific issues.

Health Outcomes Subcommittee

The Health Outcomes Subcommittee, chaired since 1999 by Eric Walsh, MD, is composed of the five physician members of the Commission.⁴⁵ This Subcommittee is the first to review the need for any coding changes, develop or modify any necessary guidelines, or investigate new advancements in medical technology. The Subcommittee also directs the biennial review of the Prioritized List, soliciting information from provider groups and reviewing the suggested changes. The medical directors of the Fully Capitated Health Plans (FCHPs) under OHP were asked to provide input as to specific services that they thought could be eliminated from the benefit package or could be limited through the use of guidelines. Further input from sub-specialty groups was solicited by reviewing these eliminations of services within their expertise.

This biennium the Health Outcomes Subcommittee took a more active role. Each member reviewed 50 lines between lines 450-599, resulting in additions, deletions, movement of whole lines or splitting of these lines to further refine the part of the Prioritized List that will be vulnerable to de-funding in these trying economic times.

In essence, the Subcommittee has reviewed virtually every change to the List documented in this report. Health Outcomes Subcommittee meetings are often the forum where opinions from providers, health plan administrators, advocacy groups, and other interested parties are first presented. All work of the Subcommittee is formulated into recommendations to be forwarded to the full Commission for a final vote. The Commission depends heavily on the expertise and dedication of the members of the Health Outcomes Subcommittee.

⁴⁵ See Appendix A for a list of the physician members on the commission

Mental Health Care and Chemical Dependency (MHCD) Subcommittee

The MHCD Subcommittee⁴⁶ has provided the Commission with invaluable information and recommendations related to the prioritization of MHCD services since its creation in 1989. A major focus was receiving testimony on acupuncture for CD services and reporting back to the full commission.

In addition to making recommendations for interim modifications incorporating annual coding changes involving MHCD services, the Subcommittee convened four workgroups on outpatient subacute detoxification, appropriate use of benzodiazepine drugs, mental health lines, and management of chemical dependency. The goal of these work groups was to find potential cuts or efficiencies in select services in order to preserve as much essential mental health and chemical dependency benefits as possible. Although the initial focus of this work was in solely structuring the OHP Standard benefit package, the recommendations of the workgroups were adopted by the Commission to apply to the OHP Plus benefit package as well.

The Subacute Detox Workgroup⁴⁷ met multiple times concluding that OHP could shift detox services from the hospital setting to a non-hospital setting whenever medically appropriate, resulting in a one-third savings with improvement in patient outcomes.

The Benzodiazepine Workgroup⁴⁸ recommended that drug purchasing costs for OMAP need to be evaluated and introduction of practice guidelines to encourage appropriate use of these medications including use of cost-effective generic medications.

The Mental Health Lines Workgroup⁴⁹ recommended that 19 CPT codes could be eliminated from 20 of the 28 mental health lines that

⁴⁶ See Appendix A for the membership list of the MHCD Subcommittee.

⁴⁷ Donalda Dodson RN, Chair; Ann Uhler; Bruce Tyberg, Carole Romm RN, MPA; Cary Muller; Ed Blackburn; Gary Cobb; Musa Harry Olsen; Olga Parker, PhD; Ralph Summers, MSW; Ray Hudson; and Susan Steiner.

⁴⁸ Dave Pollack MD, Chair; Christine Barber; Dean Haxby, PharmD; Jack Kaczmarek, MD; Kathy Ketchum, RPh; and Ted Amann, RN.

⁴⁹ Kathy Savicki LCSW, Chair; Bob George, MD; Anita Miller; Mary McBride, and Seth Bernstein, PhD.

were not biologically based mental health conditions. These services included longer than one-hour psychotherapy, psychoanalysis, hypnotherapy, psychological testing (pre-authorization) and acupuncture.

The Chemical Dependency Management Workgroup⁵⁰ met multiple times and concluded that all CD services should be capitated to promote their cost-effective delivery.

The MHCD Subcommittee continues to monitor implementation issues with coordination and cooperation from the Office of Mental Health and Addiction Services. In addition, this subcommittee will be the first group to analyze the conversion of the diagnosis codes from ICD-9-CM to ICD-10-CM during the next biennium.

Workgroup on Public Outreach

During the summer of 2001 the Health Services Commission convened over 40 stakeholder meetings and eighteen community meetings throughout Oregon to gather opinion and comment about changes being planned to the Oregon Health Plan.⁵¹ Over 300 members of the public at large participated in the community meetings. The stakeholders consisted primarily of advocacy groups, provider groups, community health departments, large and small businesses, safety net clinics, chambers of commerce, and support groups for the indigent.

The Workgroup on Public Outreach⁵², during its three planning sessions, developed an interactive product that would lead the participants through the ranking of cost-sharing options and the prioritization of the non-mandated benefits that could be potentially eliminated from the benefit package in the new plan. The exercise involved participants voting as if they were a Health Services

⁵⁰ Ann Uhler, Chair; Barbara Trione; Bruce Piper; John Buchanan; Ralph Summers, MSW; Ray Hudson; and Rick Jones.

⁵¹ Portland, Hillsboro, Newport, Klamath Falls, Medford, Salem, Eugene, LaGrande, and Bend.

⁵² Andrew Glass MD, Chair; Ellen Lowe; Donald Dodson, RN; Kelly Harms, FGIAP; Kevin Earls, OAHHS; Michael Garland MD, OHSU; Lesa Dixon-Gray, OADAP; Laura Brennan, MSW, HRSA; Jim Dameron, HRSA; Chris Thurston, PhD, HRSA; Jeanene Smith, MD, HRSA; Joel Young, OHD; Colleen Russell RN, MCHD; and Linda Herman, CCPH.

Commissioner making decisions for persons qualified for OHP Standard. These questions prompted participants to indicate what they wanted legislators and state officials to keep in mind while shaping health policy in the waiver submitted to CMS to create OHP2. Participants were also asked how they would prioritize their choices should tough decisions need to be made in reducing benefits under current public programs. Reports on the community and stakeholder meetings are available as Attachments F and G of the Health Services Commission's October 2001 Report.⁵³

Oncology Task Force

The Oncology Task Force⁵⁴ was convened to provide the HSC with ongoing expertise in the rapidly evolving area of bone marrow/stem cell transplants (BM/SCT) that are used for rescue from high dose chemotherapy for either hematological or solid organ malignancies. In addition, the task force is being asked to review the ranking of these services and to identify omissions or errors that have been perpetuated since the inception of OHP. Other challenging questions to be answered by this task force are whether novel therapies are experimental such as: tandem BM/SCT, purposefully mis-matched BM/SCT to promote graft vs. tumor, non-ablative transplants, and storing of cord-blood for future stem cell transplants.

⁵³ Oregon Health Services Commission Report: Prioritized List of Benefit Packages for OHP Standard, October 2001.

⁵⁴ Membership of the Oncology Task Force on the Management of the Prioritized List included Andrew Glass MD, Chair; Robert Boone, MD; Craig Nichols, MD; Kevin Olson, MD; Bruce Dana, MD; Diane Williams, MD; Janice Olson, MD, David Tilford, MD; Nagendra Tirumali, MD; and Gerald Ahmann, MD.

**CHAPTER FIVE:
RECOMMENDATIONS**

The Health Services Commission is pleased to offer these recommendations to the Governor and 72nd Oregon Legislative Assembly:

1. Adopt the Prioritized List of Health Services dated April 29, 2003.
2. Adopt the severity guidelines, coding clarifications, and statements of intent that have been incorporated into the aforementioned Prioritized List.
3. Use the Prioritized List to delineate services that are not as important as others in determining the benefit package under the Oregon Health Plan. If the Oregon Health Plan, in its existing form, cannot be sustained for the 2003-05 biennium, continue to use the Prioritized List of Health Services as the basis for defining benefits for both the mandatory Medicaid populations and any optional populations that can be covered.
4. Support the Commission as it begins a rigorous review of the effectiveness of services currently appearing within the line items of the Prioritized List. When the list was initially developed, the Commission included those services for which there was general consensus from specialty provider groups that their inclusion as a paired treatment was appropriate. Now that more evidence-based literature is available on the effectiveness of many treatments, the Commission will set a higher standard for a service's inclusion in the composition of a line item.
5. Continue to use the Health Services Commission as a resource for prioritizing health services as the restructuring of the Oregon Health Plan progresses.

The Commission thanks the Governor and Legislature for the opportunity to continue in its service to the citizens of Oregon.

APPENDIX A:

**COMMISSION AND
SUBCOMMITTEE
MEMBERSHIP**

HEALTH SERVICES COMMISSION

COMMISSION STAFF

**MENTAL HEALTH CARE AND CHEMICAL
DEPENDENCY SUBCOMMITTEE**

Health Services Commission

Member Profiles

“The Health Services Commission is established, consisting of 11 members appointed by the Governor and confirmed by the Senate. Five members shall be physicians licensed to practice medicine in this state who have clinical expertise in the general areas of obstetrics, perinatal, pediatrics, adult medicine, mental health and chemical dependency, disabilities, geriatrics or public health. One of the physicians shall be a Doctor of Osteopathy. Other members shall include a public health nurse, a social services worker and four consumers of health care.” - ORS 414.715 (1)

PHYSICIANS

Andrew Glass, MD, 63, of Portland, is a retired pediatrician and medical oncologist who practiced with Kaiser Permanente in Portland. He has an interest in epidemiologies of cancer and other diseases and a strong background in health services research and clinical trials in cancer. Dr. Glass brings expertise in research and evaluation to the Commission. He has an A.B. from Harvard College and did his medical education at the University of Pennsylvania. He received his medical training at Massachusetts General Hospital and a fellowship at Children’s Cancer Research Foundation. His term expired in 2002 and is serving beyond his term expiration. (503-249-3312)

Alison S. Little, MD, 46, is currently living in Peru with her family. She is the former Medical Director of the Central Oregon Independent Health Services (COIHS), a fully capitated health plan which administers the Oregon Health Plan in central Oregon. Previously she was a family physician from Redmond who practiced in Prineville before shifting her interests to public health and administration. Dr. Little received her Master of Public Health degree in 1998, and her Bachelor of Science degree from Pacific University in Forest Grove. She took her medical training at the Medical College of Wisconsin in Milwaukee, and completed her family practice residency at Oregon Health Sciences University and a University of Washington affiliated program in Renton, Washington. Also Dr. Little completed a three-year National Health Service Corps scholarship commitment in rural Minnesota before residing in Oregon 1990-2002. *Resigned July 2002.*

Daniel Mangum, DO, 44, of Tigard, is a board certified internist in Portland. He is attending physician for Providence St. Vincent hospital, is on active staff at both St. Vincent and Good Samaritan hospitals, and is on faculty staff at Oregon Health Sciences University Department of General Internal Medicine. He is also past-president of the Oregon Society of Internal Medicine and a Fellow of the American College of Physicians. Dr. Mangum received his Bachelor of Arts degree from California State University at Fullerton in 1982. He received his Doctor of Osteopathy from the Western University of Health Sciences in 1987. He did his post-graduate training at Phoenix General Hospital in Phoenix, Arizona and Providence St. Vincent Hospital in Portland. His term expires in 2003. (503-968-1515)

Bryan Sohl, MD, 44, resides in Ashland. He obtained his Bachelor of Science degree in Physiology from the University of California at Davis in 1980. In 1984, he graduated from the University of California at San Diego Medical School. Dr. Sohl completed his internship and residency in Obstetrics and Gynecology at the University of California at San Diego in 1988. He then practiced Obstetrics and Gynecology in Medford for 8 years before returning to the University of California at San Diego for a fellowship in Maternal-Fetal Medicine, which he completed in 1998. Currently, Dr. Sohl serves as Chair of the Department of Women and

Children's Health for Rogue Valley Medical Center and Providence Medford Medical Center. He is also the director of Maternal-Fetal Medicine at Rogue Valley Medical Center. His professional interests include the management of complicated pregnancies and obstetrical ultrasound. His term expires in 2004. (541-608-5565)

Eric Walsh, MD, 52, of Portland, assistant professor and residency director at Oregon Health Sciences University, received his MD from the University of Cincinnati in 1980. He completed his residency in Family Practice at Fairfax Family Practice, a program of the Medical College of Virginia, in 1983, where he was chief resident. After residency, he worked in a community health center in the South Bronx. While in this practice, he was the co-founder of a successful Family Practice Faculty Development program. In addition, Dr. Walsh helped establish the first full clinical Department of Family Practice in New York City. At the Bronx-Lebanon hospital, a major teaching affiliate of the Albert Einstein College of Medicine, Dr. Walsh was instrumental in establishing a fully accredited Family Practice Residency program. He was the residency director of this program from its founding in 1986 until 1991. In 1991, after the third class had graduated from the program, Dr. Walsh moved with his family to Redmond, Oregon. He joined a seven-physician family practice, The Cascade Medical Clinic. In Redmond, he was active in community affairs, as well as being on the Boards of Directors of the Central Oregon IPA and Physician Hospital Organization, and the Cascades East AHEC. He was also the Medical Director of the Hospice of Redmond and Sisters. Dr. Walsh's professional interests include hospice care, HIV disease and clinical decision-making. His term expires in 2006. (503-494-1093)

PUBLIC HEALTH NURSE

Donalda Dodson, RN, MPH, 62, of Salem, a registered nurse, is currently the Administrator for the Office of Family Health, Health Services, Department of Human Services. Ms. Dodson has worked in the area of public health for more than 30 years and served on numerous community boards and advisory groups. She is an active member of the Oregon Child Development Coalition and March of Dimes Professional Advisory Committee. She has an active interest in health of women, children and families. She received her Bachelor of Science in Nursing from the University of Oregon, and her Master in Public Health degree from the University of Washington. Her term expires in 2004 (503-731-4398)

SOCIAL WORKER

Kathleen Savicki, LCSW, 57, of Salem, a licensed clinical social worker, is Quality Analyst for the Mid-Valley Behavioral Care network. She has her master's degree from the Smith College School for Social Work and almost 30 years experience in clinical social work practice. She is a member of the National Association of Social Workers and chairs the Legislative Committee for the Oregon Chapter. Her term expires in 2003. (503-585-4985)

CONSUMER ADVOCATES

David Arnold, 72, of Klamath Falls, is a retired hospital administrator of Merle West Medical Center. He graduated from Western Reserve University at Cleveland, Ohio, in 1952; and received a master's degree in Public Health from the University of California at Berkeley. He served as a commissioned officer in the U.S. Navy at the end of the Korean conflict. He was a board member and chairperson of Plum Ridge Care Center from 1989-92 and was chairperson of the Merle West Medical Center Board from 1992-94. During his tenure at Merle West Medical Center he was active in state and national hospital and health care activities. Mr. Arnold currently is Vice Chairperson of Southern Oregon Public Television and volunteers as a part-time staff associate at the Center for Medical Research in Klamath Falls. His term expires in 2003. (541-885-2000)

Jono Hildner, 58, of West Linn, is the former Director for the Department of Human Services for Clackamas County and was acting Administrator of the Oregon Health Division in 1994-95 and again in 1999-2000. He is now an adjunct Professor at the Atkinson Graduate School of Management at Willamette University in addition to consulting as President of Hildner & Associates. Mr. Hildner received a Bachelor of Arts in Business and Economics from Illinois College in 1970 and a Master of Science in Human Resource Management from University of Utah in 1977. He has particular interest in the area of population-based health. His term expires in 2004. (503-657-0081)

Ellen C. Lowe, 72, of Portland, is a Public Policy consultant after retiring as Director of Public Policy for Ecumenical Ministries of Oregon. She is a member of the Insurance Pool Governing Board, legislative chair of the Human Services Coalition of Oregon and a member of the OHSU Oregon Opportunity Taskforce. Recognized as a human service and civil rights advocate, Ms. Lowe has been honored by the Oregon Food Bank, Oregon Education Association, State Commissions for Women and Hispanic Affairs, the Oregon Health Forum, Elders in Action, Right to Pride, Oregon Gambling Addiction Treatment Foundation, Willamette University and the Governor's Commission on Senior Services. A former secondary social studies teacher and university librarian, Ms. Lowe is a 1952 graduate of the University of Oregon. Her term expires in 2004. (503-294-0659)

Dan Williams, 62, of Eugene, is the Vice President for Administration at the University of Oregon. He was awarded an undergraduate degree in Political Science from the University of Oregon in 1962 and received his Master's degree in Public Administration from the University of San Francisco in 1980. Mr. Williams previously served on the Peace Health Oregon Region Governing Board for ten years and the State Accident Insurance Fund Board of Directors. He currently serves on the boards for Volunteers in Medicine Clinic and Oregon Forest Resource Institute. Local community service includes membership on the Eugene Chamber of Commerce Board of Directors. His term expires in 2003. (541-346-3003)

Commission Staff

DIRECTOR

Darren Coffman, began his work with the Health Services Commission soon after its creation in 1989 as an analyst in a six-month limited duration position. He eventually served in that capacity for three years, playing a key role in the development of the methodology for prioritizing health services. In 1992, Mr. Coffman became the Research Manager for the Commission, took on the additional role of Acting Director in October 1996, and was named Director in April 1997. He received his Bachelor of Science from the University of Oregon in computer science in 1987 and a Master of Science in statistics from Utah State University in 1989. (503-378-2422 ext. 413)

MEDICAL DIRECTOR

Kathleen Weaver, MD, has been a practicing Internist for the past 27 years in Portland, Oregon where she graduated Summa Cum Laude from the University of Oregon Medical School in 1967. She has been very visible in local, state, and national levels for organized medicine, especially the American Society of Internal Medicine where she was on the Board of Trustees for 10 years and served as National President from 1994 to 1995. She is an AMA delegate from Oregon and represents women physicians on the AMA Advisory Panel on Women in Medicine. In 1994, Dr. Weaver was appointed by Governor Roberts to the Oregon Health Services Commission for a four-year term, leading to her current position as Medical Director for the Office of Oregon Health Policy and Research (OHPR). Her primary goal is to make quality medical care accessible to uninsured Oregonians and to develop a model for the rest of the nation who's uninsured continues to rise. (503-378-2422 ext. 406)

PROGRAM/ADMINISTRATIVE SPECIALIST

Laura Lanssens, has over nine years in the public service arena. She has a Bachelor of Arts Degree from University California Irvine and has taken some postgraduate classes in early childhood development and education. In the mid 1990's she moved to Salem and began working for the Department of Justice, which eventually led her to work for the Solicitor General in the Appellate Division. In January 2000, she began her work with the Office of the Oregon Health Policy and Research providing administrative assistance to administrators, staff and commission members for the Health Services Commission and the Advisory Committee on Physician Credentialing Information. (503-378-2422 ext. 417)

Mental Health Care and Chemical Dependency Subcommittee

Member Profiles

Seth Bernstein, PhD, of Corvallis, leads and directs the operation of the Accountable Behavioral Health Alliance (ABHA), a five county MHO funded through the Oregon Health Plan. ABHA provides quality management, utilization management, contract administration, a 24-hour crisis/access line, financial administration, data management and reporting, claims adjudication and payment, and management/oversight for member complaints and grievances. Mr. Bernstein is a clinical psychologist who has worked in managed behavioral care for nine years. He has written many articles, including *Measuring Clinical Outcome In Managed Mental Health* and played the lead role in developing the Oregon Change Index (OCI) for ABHA. The OCI is a user-friendly survey instrument, which is designed to measure clinical outcomes for behavioral health treatment.

Gary Cobb, a Portland, Oregon resident, is a Co-Chair of the Recovery Association Project (RAP) for Multnomah County. He is a tireless advocate for persons seeking treatment, as well as those already engaged in recovery. His passion is fueled by the fact that he is a recovering addict who is employed at Portland Alternative Health Center (PAHC), one of the state's leading substance abuse treatment facilities. Mr. Cobb is also pursuing a Bachelor of Arts in Humanities at Reed College.

Donalda Dodson, RN, MPH, of Salem, a registered nurse, is currently the Administrator for the Office of Family Health, Health Services, in the Department of Human Services. Ms. Dodson has worked in the area of public health for more than 30 years and served on numerous community boards and advisory groups. She is an active member of the Oregon Child Development Coalition and March of Dimes Professional Advisory Committee. She has an active interest in health of women, children and families. She received her Bachelor of Science in Nursing from the University of Oregon, and her Master in Public Health degree from the University of Washington.

Robert A. George, MD, of Beaverton, is a psychiatrist specializing in child and adolescent psychiatry. He is also a Clinical Professor in the Department of Psychiatry at Oregon Health Sciences University. He is a Fellow of the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. He was certified in General Psychiatry, Child and Adolescent Psychiatry and in Family Practice. Dr. George is a Past President of the Oregon Psychiatric Association and a member of the American Psychiatric Association's Joint Committee on Government Relations for Area VII. He served a four-year term as Health Services Commission member from 1992-96.

Muriel Goldman, of Portland, a child advocate in Oregon for 44 years, has focused primarily on the child development, mental health, child welfare, juvenile justice, expanded health care access for children, collaborative planning (both state and local) among all systems that affect children, families and communities, and gender equity for girls and young women within those arenas. She was President of the former Mental Health Association, and chaired its children's committee. Her advisory roles have included public membership on several state and local agencies serving the above populations. Currently these are: Mental Health Planning & Management Advisory Council, Office of Mental Health & Addiction Services, the Juvenile Code Revision subcommittee (Oregon Law Commission), Newborn Hearing Advisory Council (DHS). Locally, Ms. Goldman is on the Multnomah Commission on Children and Families, and represents it on the statewide coalition of county Commissions on Children and Families. She is a founding member and former board member of the statewide advocacy organization, Children First for Oregon, and is now Board Emeritus on the Morrison Center, where her Board participation dates back to 1975. Ms. Goldman's undergraduate and graduate work was in Sociology at the University of Chicago.

Bruce Piper, MA, of Roseburg, is Chief Executive Officer of ADAPT, a chemical dependency and mental health provider in Douglas, Josephine and Coos counties. He earned his Master's degree in Marriage, Family and Child Counseling from Fresno State University, and has worked in the addictions field in Oregon for over 20 years. Recently, he served for six years as President of the Oregon Treatment Network, which contracts to provide clinical research and treatment for chemical dependency and mental health. Mr. Piper is a board member of BestCare Treatment Services, which provides chemical dependency and mental health services in Central Oregon. He also has a consulting firm, and through this has managed an Ambulatory Surgery Center for the last three years (1999-2002).

David Pollack, MD, of West Linn, is the Medical Director for the Office of Mental Health and Addiction Services in the Oregon Department of Human Services and professor of psychiatry at Oregon Health and Science University. He has worked in community and public sector mental health for over 25 years, most notable as Medical Director for Mental Health Services West in Portland. During the 1999 legislative year, he served as a Robert Wood Johnson Health Policy Fellow in the office of Senator Edward Kennedy. Dr. Pollack attended Northwestern University and Oklahoma Health Sciences Center, receiving his training in psychiatry from Oregon Health Sciences University in 1976.

Carole Romm, RN, MPA, of Portland, is the Health Partnerships Director at CareOregon, a Medicaid managed care plan founded by safety-net providers. She is a senior executive responsible for developing partnerships with other community, government, and health care organizations to improve access to health care. In particular, she is responsible for developing new access points and delivery models. Previously, Ms. Romm was CareOregon's Health Services Director, and before that, Oregon Health Sciences University Women's Health Clinic Manager, where she co-founded and chaired the Health Policy Task Force at the Center for Ethics in Health Care. In 2000, Ms. Romm was awarded a three-year Robert Wood Johnson Foundation Nurse Executive Fellowship.

Kathleen Savicki, LCSW, of Salem, a licensed clinical social worker, is Quality Analyst for the Mid-Valley Behavioral Care network. She has her master's degree from the Smith College School for Social Work and almost 30 years experience in clinical social work practice. She is a member of the National Association of Social Workers and chairs the Legislative Committee for the Oregon Chapter.

Barbara Trione, RN, MBA, is from Corvallis. Presently, she is a healthcare consultant with a specialty in healthcare finance and organization. Prior to this, she was the Executive Director of Accountable Behavioral Health Alliance (ABHA), a mental health organization under Oregon Health Plan (OHP) covering the five counties of Benton, Crook, Deschutes, Jefferson, and Lincoln. Before the expansion of mental health benefits under OHP, Ms. Trione ran the Benton County Mental Health OHP Demonstration in a joint venture with PacificCare Behavioral Health, Inc. The major part of her prior career was spent in the hospital environment in clinical practice as well as management and healthcare finance. Ms. Trione received her nursing training in Connecticut at Yale University Medical Center and MBA at Atkinson Graduate School of Management, Willamette University. *Resigned February 2003.*

Ann Uhler, of Tigard, retired as the Executive Director of Comprehensive Options for Drug Abusers (CODA), in September of 2002. She is currently a consultant for the Oregon Treatment Network on research through its affiliation with OHSU and the National Institute on Drug Abuse (NIDA's) Clinical Trials Network. Ms. Uhler has her master's degree in Human Development Counseling from Sangamon State University (now merged with University of Illinois) and has been working in the alcohol and drug field since 1974. She serves on the Board of Directors for the Women's Commission on Alcohol and Drug Issues of Oregon. She is the President of the Alcohol and Drug Problems Association and is past Chairperson of the Alcoholism and Drug

Program Directors Association of Oregon. She represents providers on the Oregon Node of NIDA's Clinical Trials Network (CTN), and serves on the National Steering Committee of the CTN.

Craig Zarling, MD, of Portland, a psychiatrist, was born and raised in Wisconsin. He attended the University of Wisconsin Medical School and subsequently did his residency training in psychiatry at the state University of New York in Syracuse. Since 1990, Dr. Zarling has been in the private practice of psychiatry and for ten years included hospital work in his practice. He has worked seven years at the Southeast Mental Health clinic in Portland and also as a director for the psychiatric consultation program for the Sisters of Providence Health System. *Resigned February 2003.*

APPENDIX B:
BIENNIAL REVIEW CHANGES

Tables 3-7 appearing on pages 27-30 of this report outline the major changes affecting entire line items. This appendix gives a detailed code-by-code account of the changes that were made to the Prioritized List as a result of the biennial review that did not involve the addition, deletion, or merging of entire lines. The appendix does show those ICD-9-CM codes that were moved to a new line when a previously existing line was split into two lines; procedure codes were duplicated from the old line in these cases. The report is sorted by code, starting with ICD-9-CM diagnosis codes and then CPT-4 procedure codes. Given for each code is the type of change made, which line of the May 14, 2001, Prioritized List of Health Services it appeared on, the April 29, 2003, Prioritized List line item it now appears on, and a description of the code involved. For ICD-9-CM codes, a blank space under '2001' indicates that the code did not appear on the 5/14/01 List and a blank under '2003' means that the code does not appear on the 4/29/03 List. A line number in parentheses under '2001' shows the line that the ICD-9-CM code continues to remain on while being deleted from a line on the 5/14/01 List. Procedure codes generally appear on multiple lines and therefore blank spaces only indicate an absence from the corresponding line item on the 5/14/01 or 4/29/03 List.

Change	Code	2001	2003	Code Description
MOVE	078.1	272	272	Condyloma acuminatum
MOVE	362.81	393	397	Retinal hemorrhage
MOVE	363.21	395	721	Pars planitis
MOVE	478.6	452	51	Edema of larynx
MOVE	307.81	455	576	Tension headache
MOVE	784.0	455	576	Headache
MOVE	112.82	478	504	Candidal otitis externa
MOVE	380.10	478	504	Unspecified infective otitis externa
MOVE	380.12	478	504	Acute swimmers' ear
MOVE	380.13	478	504	Other acute infections of external ear
MOVE	380.14	478	355	Malignant otitis externa
MOVE	380.15	478	504	Malignant otitis externa
MOVE	380.16	478	504	Chronic mycotic otitis externa
MOVE	380.22	478	504	Other acute otitis externa
MOVE	380.23	478	504	Other chronic otitis externa
MOVE	754.42	481	572	Congenital bowing of femur
MOVE	754.43	481	572	Congenital bowing of tibia and fibula
MOVE	754.44	481	572	Congenital bowing of unspecified long bones of leg
MOVE	735.5	482	573	Claw toe (acquired)
MOVE	754.61	482	572	Congenital pes planus
DELETE	905.6	482		Late effect of dislocation
MOVE	537.0	484	197	Acquired hypertrophic pyloric stenosis
MOVE	537.1	484	578	Gastric diverticulum
MOVE	537.2	484	578	Chronic duodenal ileus

Change	Code	2001	2003	Code Description
MOVE	537.3	484	197	Other obstruction of duodenum
MOVE	537.4	484	197	Fistula of stomach or duodenum
MOVE	537.5	484	578	Gastroptosis
MOVE	537.6	484	578	Hourglass stricture or stenosis of stomach
MOVE	537.81	484	192	Pylorospasm
MOVE	537.82	484	192	Angiodysplasia of stomach and duodenum (without mention of hemorrhage)
MOVE	537.83	484	197	Angiodysplasia of stomach and duodenum with hemorrhage
MOVE	537.84	484	197	Dieulfoy lesion (hemorrhagic) of stomach and duodenum
MOVE	537.89	484	578	Other specified disorder of stomach and duodenum
MOVE	537.9	484	578	Unspecified disorder of stomach and duodenum
MOVE	805.6	486	697	Closed fracture of sacrum and coccyx without mention of spinal cord injury
MOVE	839.41	486	697	Closed dislocation, coccyx
MOVE	471	490	558	Nasal polyps
MOVE	472.0	490	615	Chronic rhinitis
MOVE	477.0	490	615	Allergic rhinitis due to pollen
MOVE	477.8	490	615	Allergic rhinitis due to other allergen
MOVE	477.9	490	615	Allergic rhinitis, cause unspecified
MOVE	478.1	490	558	Other diseases of nasal cavity and sinuses
MOVE	993.1	490	558	Barotrauma, sinus
MOVE	V07.1	490	615	Need for desensitization to allergens
MOVE	372.54	494	615	Conjunctival concretions
MOVE	372.56	494	615	Conjunctival deposits
MOVE	696.0	500	374	Psoriatic arthropathy
MOVE	077	506	547	Other diseases of conjunctiva due to viruses and Chlamydiae
MOVE	372.00	506	547	Unspecified acute conjunctivitis
MOVE	727.66	516	518	Nontraumatic rupture of patellar tendon
DELETE	626.7	530		Postcoital bleeding
MOVE	528.3	533	355	Cellulitis and abscess of oral soft tissues
MOVE	744.47	538	702	Congenital preauricular cyst
DELETE	553.3	546	(335)	Diaphragmatic hernia without mention of obstruction or gangrene
MOVE	728.84	546	719	Diastasis of muscle
MOVE	155.1	555	503	Malignant neoplasm of intrahepatic bile ducts
MOVE	372.42	558	721	Peripheral pterygium, progressive
MOVE	372.44	558	721	Double pterygium
MOVE	372.45	558	721	Recurrent pterygium
DELETE	599.7	586		Hematuria
MOVE	599.81	586	529	Urethral hypermobility
DELETE	728.0	597	(45)	Infective myositis
MOVE	729.30	597	338	Panniculitis, unspecified site
MOVE	778.6	673	642	Congenital hydrocele
MOVE	32800	6	335	REPAIR LUNG HERNIA
MOVE	39502	6	335	REPAIR PARAESOPHAGEAL HERNIA
MOVE	39503	6	335	REPAIR OF DIAPHRAGM HERNIA
MOVE	39520	6	335	REPAIR OF DIAPHRAGM HERNIA
MOVE	39530	6	335	REPAIR OF DIAPHRAGM HERNIA
MOVE	39531	6	335	REPAIR OF DIAPHRAGM HERNIA

Change	Code	2001	2003	Code Description
MOVE	39540	6	335	REPAIR OF DIAPHRAGM HERNIA
MOVE	39541	6	335	REPAIR OF DIAPHRAGM HERNIA
MOVE	39560	6	335	RESECT DIAPHRAGM, SIMPLE
MOVE	39561	6	335	RESECT DIAPHRAGM, COMPLEX
DELETE	43280	6		LAPAROSCOPY, FUNDOPLASTY
MOVE	43330	6	335	REPAIR OF ESOPHAGUS
MOVE	43331	6	335	REPAIR OF ESOPHAGUS
MOVE	44346	6	299	REVISION OF COLOSTOMY
MOVE	49600	6	78	REPAIR UMBILICAL LESION
MOVE	49605	6	78	REPAIR UMBILICAL LESION
MOVE	49606	6	78	REPAIR UMBILICAL LESION
MOVE	49610	6	78	REPAIR UMBILICAL LESION
MOVE	49611	6	78	REPAIR UMBILICAL LESION
DELETE	49900	6		REPAIR OF ABDOMINAL WALL
MOVE	51500	6	78	REMOVAL OF BLADDER CYST
DELETE	55540	6		REVISE HERNIA & SPERM VEINS
DELETE	57556	6		REMOVE CERVIX, REPAIR BOWEL
DELETE	97780	145		ACUPUNCTURE W/O STIMULATION
DELETE	97781	145		ACUPUNCTURE W/STIMULATION
DELETE	97780	159		ACUPUNCTURE W/O STIMULATION
DELETE	97781	159		ACUPUNCTURE W/STIMULATION
DELETE	97780	163		ACUPUNCTURE W/O STIMULATION
DELETE	97781	163		ACUPUNCTURE W/STIMULATION
DELETE	97780	164		ACUPUNCTURE W/O STIMULATION
DELETE	97781	164		ACUPUNCTURE W/STIMULATION
DELETE	97780	186		ACUPUNCTURE W/O STIMULATION
DELETE	97781	186		ACUPUNCTURE W/STIMULATION
DELETE	97780	189		ACUPUNCTURE W/O STIMULATION
DELETE	97781	189		ACUPUNCTURE W/STIMULATION
DELETE	97780	207		ACUPUNCTURE W/O STIMULATION
DELETE	97781	207		ACUPUNCTURE W/STIMULATION
DELETE	97780	264		ACUPUNCTURE W/O STIMULATION
DELETE	97781	264		ACUPUNCTURE W/STIMULATION
DELETE	97780	284		ACUPUNCTURE W/O STIMULATION
DELETE	97781	284		ACUPUNCTURE W/STIMULATION
DELETE	97780	335		ACUPUNCTURE W/O STIMULATION
DELETE	97781	335		ACUPUNCTURE W/STIMULATION
DELETE	97780	372		ACUPUNCTURE W/O STIMULATION
DELETE	97781	372		ACUPUNCTURE W/STIMULATION
DELETE	97780	375		ACUPUNCTURE W/O STIMULATION
DELETE	97781	375		ACUPUNCTURE W/STIMULATION
DELETE	97780	455		ACUPUNCTURE W/O STIMULATION
DELETE	97781	455		ACUPUNCTURE W/STIMULATION
DELETE	27425	482		LATERAL RETINACULAR RELEASE
MOVE	27427	482	481	RECONSTRUCTION, KNEE
MOVE	27428	482	481	RECONSTRUCTION, KNEE
MOVE	27429	482	481	RECONSTRUCTION, KNEE
DELETE	27430	482		REVISION OF THIGH MUSCLES
DELETE	27435	482		INCISION OF KNEE JOINT
MOVE	27437	482	483	REVISE KNEECAP
MOVE	27438	482	483	REVISE KNEECAP WITH IMPLANT
MOVE	27440	482	483	REVISION OF KNEE JOINT
MOVE	27441	482	483	REVISION OF KNEE JOINT
MOVE	27442	482	483	REVISION OF KNEE JOINT

Change	Code	2001	2003	Code Description
MOVE	27443	482	483	REVISION OF KNEE JOINT
MOVE	27445	482	483	REVISION OF KNEE JOINT
MOVE	27446	482	483	REVISION OF KNEE JOINT
MOVE	27447	482	483	TOTAL KNEE REPLACEMENT
DELETE	27448	482		INCISION OF THIGH
DELETE	27450	482		INCISION OF THIGH
DELETE	27454	482		REALIGNMENT OF THIGH BONE
DELETE	27455	482		REALIGNMENT OF KNEE
MOVE	27457	482	483	REALIGNMENT OF KNEE
DELETE	27465	482		SHORTENING OF THIGH BONE
DELETE	27466	482		LENGTHENING OF FEMUR
DELETE	27468	482		SHORTEN/LENGTHEN THIGHS
DELETE	27475	482		SURGERY TO STOP LEG GROWTH
DELETE	27477	482		SURGERY TO STOP LEG GROWTH
MOVE	27477	482	483	SURGERY TO STOP LEG GROWTH
DELETE	27479	482		SURGERY TO STOP LEG GROWTH
MOVE	27479	482	483	SURGERY TO STOP LEG GROWTH
DELETE	27485	482		SURGERY TO STOP LEG GROWTH
MOVE	27485	482	483	SURGERY TO STOP LEG GROWTH
MOVE	27486	482	483	REVISE/REPLACE KNEE JOINT
MOVE	27487	482	483	REVISE/REPLACE KNEE JOINT
MOVE	27488	482	483	REMOVAL OF KNEE PROSTHESIS
MOVE	27495	482	483	REINFORCE THIGH
MOVE	27496	482	483	DECOMPRESSION OF THIGH/KNEE
MOVE	27497	482	483	DECOMPRESSION OF THIGH/KNEE
MOVE	27498	482	483	DECOMPRESSION OF THIGH/KNEE
MOVE	27499	482	483	DECOMPRESSION OF THIGH/KNEE
DELETE	27500	482		TREATMENT OF THIGH FRACTURE
DELETE	27501	482		TREATMENT OF THIGH FRACTURE
DELETE	27502	482		TREATMENT OF THIGH FRACTURE
DELETE	27503	482		TREATMENT OF THIGH FRACTURE
DELETE	27506	482		TREATMENT OF THIGH FRACTURE
DELETE	27507	482		TREATMENT OF THIGH FRACTURE
MOVE	27508	482	469	TREATMENT OF THIGH FRACTURE
MOVE	27509	482	469	TREATMENT OF THIGH FRACTURE
MOVE	27510	482	469	TREATMENT OF THIGH FRACTURE
MOVE	27511	482	469	TREATMENT OF THIGH FRACTURE
MOVE	27513	482	469	TREATMENT OF THIGH FRACTURE
MOVE	27514	482	469	TREATMENT OF THIGH FRACTURE
MOVE	27516	482	469	TREAT THIGH FX GROWTH PLATE
MOVE	27517	482	469	TREAT THIGH FX GROWTH PLATE
MOVE	27519	482	469	TREAT THIGH FX GROWTH PLATE
DELETE	27520	482		TREAT KNEECAP FRACTURE
DELETE	27524	482		TREAT KNEECAP FRACTURE
DELETE	27530	482		TREAT KNEE FRACTURE
DELETE	27532	482		TREAT KNEE FRACTURE
DELETE	27535	482		TREAT KNEE FRACTURE
DELETE	27536	482		TREAT KNEE FRACTURE
DELETE	27538	482		TREAT KNEE FRACTURE (S)
DELETE	27540	482		TREAT KNEE FRACTURE
DELETE	27550	482		TREAT KNEE DISLOCATION
DELETE	27552	482		TREAT KNEE DISLOCATION
DELETE	27556	482		TREAT KNEE DISLOCATION
DELETE	27557	482		TREAT KNEE DISLOCATION

Change	Code	2001	2003	Code Description
DELETE	27558	482		TREAT KNEE DISLOCATION
DELETE	27560	482		TREAT KNEECAP DISLOCATION
DELETE	27562	482		TREAT KNEECAP DISLOCATION
DELETE	27566	482		TREAT KNEECAP DISLOCATION
DELETE	27570	482		FIXATION OF KNEE JOINT
DELETE	27656	482		REPAIR LEG FASCIA DEFECT
DELETE	27676	482		REPAIR LOWER LEG TENDONS
DELETE	27715	482		REVISION OF LOWER LEG
DELETE	27720	482		REPAIR OF TIBIA
DELETE	27722	482		REPAIR/GRAFT OF TIBIA
DELETE	27724	482		REPAIR/GRAFT OF TIBIA
DELETE	27725	482		REPAIR OF LOWER LEG
DELETE	27727	482		REPAIR OF LOWER LEG
DELETE	27730	482		REPAIR OF TIBIA EPIPHYSIS
DELETE	27732	482		REPAIR OF FIBULA EPIPHYSIS
DELETE	27734	482		REPAIR LOWER LEG EPIPHYSES
DELETE	27740	482		REPAIR OF LEG EPIPHYSES
DELETE	27742	482		REPAIR OF LEG EPIPHYSES
DELETE	28285	482		REPAIR OF HAMMERTOE
DELETE	28286	482		REPAIR OF HAMMERTOE
DELETE	28290	482		CORRECTION OF BUNION
DELETE	28292	482		CORRECTION OF BUNION
DELETE	28293	482		CORRECTION OF BUNION
DELETE	28294	482		CORRECTION OF BUNION
DELETE	28296	482		CORRECTION OF BUNION
DELETE	28297	482		CORRECTION OF BUNION
DELETE	28298	482		CORRECTION OF BUNION
DELETE	28299	482		CORRECTION OF BUNION
MOVE	27200	486	697	TREAT TAIL BONE FRACTURE
MOVE	27202	486	697	TREAT TAIL BONE FRACTURE
DELETE	97780	490		ACUPUNCTURE W/O STIMULATION
DELETE	97781	490		ACUPUNCTURE W/STIMULATION
DELETE	58400	496		SUSPENSION OF UTERUS
DELETE	58410	496		SUSPENSION OF UTERUS
DELETE	10140	497		DRAINAGE OF HEMATOMA/FLUID
DELETE	64716	499		REVISION OF CRANIAL NERVE
MOVE	64864	499	565	REPAIR OF FACIAL NERVE
MOVE	64865	499	565	REPAIR OF FACIAL NERVE
MOVE	64866	499	565	FUSION OF FACIAL/OTHER NERVE
MOVE	64868	499	565	FUSION OF FACIAL/OTHER NERVE
MOVE	64870	499	565	FUSION OF FACIAL/OTHER NERVE
DELETE	97780	526		ACUPUNCTURE W/O STIMULATION
DELETE	97781	526		ACUPUNCTURE W/STIMULATION
DELETE	97780	544		ACUPUNCTURE W/O STIMULATION
DELETE	97781	544		ACUPUNCTURE W/STIMULATION
DELETE	32800	546		REPAIR LUNG HERNIA
DELETE	39502	546		REPAIR PARAESOPHAGEAL HERNIA
DELETE	39503	546		REPAIR OF DIAPHRAGM HERNIA
DELETE	39520	546		REPAIR OF DIAPHRAGM HERNIA
DELETE	39530	546		REPAIR OF DIAPHRAGM HERNIA
DELETE	39531	546		REPAIR OF DIAPHRAGM HERNIA
DELETE	39540	546		REPAIR OF DIAPHRAGM HERNIA
DELETE	39541	546		REPAIR OF DIAPHRAGM HERNIA
DELETE	43330	546		REPAIR OF ESOPHAGUS

Change	Code	2001	2003	Code Description
DELETE	43331	546		REPAIR OF ESOPHAGUS
DELETE	44346	546		REVISION OF COLOSTOMY
DELETE	49500	546		REPAIR INGUINAL HERNIA
DELETE	49501	546		REPAIR INGUINAL HERNIA, INIT
DELETE	49580	546		REPAIR UMBILICAL HERNIA
DELETE	49582	546		REPAIR UMBILICAL HERNIA
DELETE	49600	546		REPAIR UMBILICAL LESION
DELETE	49605	546		REPAIR UMBILICAL LESION
DELETE	49606	546		REPAIR UMBILICAL LESION
DELETE	49610	546		REPAIR UMBILICAL LESION
DELETE	49611	546		REPAIR UMBILICAL LESION
DELETE	51500	546		REMOVAL OF BLADDER CYST
DELETE	57556	546		REMOVE CERVIX, REPAIR BOWEL
DELETE	10060	560		DRAINAGE OF SKIN ABSCESS
DELETE	10061	560		DRAINAGE OF SKIN ABSCESS
DELETE	19125	560		EXCISION, BREAST LESION
DELETE	19126	560		EXCISION, ADDL BREAST LESION
MOVE	69140	560	618	REMOVE EAR CANAL LESION(S)
DELETE	97780	576		ACUPUNCTURE W/O STIMULATION
DELETE	97781	576		ACUPUNCTURE W/STIMULATION
DELETE	97780	583		ACUPUNCTURE W/O STIMULATION
DELETE	97781	583		ACUPUNCTURE W/STIMULATION
DELETE	97780	585		ACUPUNCTURE W/O STIMULATION
DELETE	97781	585		ACUPUNCTURE W/STIMULATION
MOVE	37203	588	148	TRANSCATHETER RETRIEVAL
DELETE	64721	593		CARPAL TUNNEL SYNDROME
DELETE	97780	605		ACUPUNCTURE W/O STIMULATION
DELETE	97781	605		ACUPUNCTURE W/STIMULATION
DELETE	97780	622		ACUPUNCTURE W/O STIMULATION
DELETE	97781	622		ACUPUNCTURE W/STIMULATION
DELETE	97780	651		ACUPUNCTURE W/O STIMULATION
DELETE	97781	651		ACUPUNCTURE W/STIMULATION
DELETE	97780	652		ACUPUNCTURE W/O STIMULATION
DELETE	97781	652		ACUPUNCTURE W/STIMULATION
DELETE	97780	653		ACUPUNCTURE W/O STIMULATION
DELETE	97781	653		ACUPUNCTURE W/STIMULATION

APPENDIX C:
INTERIM MODIFICATIONS

The following interim modifications to the May 14, 2001, Prioritized List of Health Services were made in accordance with ORS 414.720(6) from July 2001 to January 2003. Centers for Medicare & Medicaid Services (CMS) approval of the May 14, 2001, Prioritized List resulted in its implementation beginning on October 1, 2001. Both the dates on which the Health Services Commission approved the interim modifications and the date they became effective are listed.

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001.

Diagnosis: ACUTE GLOMERULONEPHRITIS WITH LESION OF RAPIDLY PROGRESSIVE
GLOMERULONEPHRITIS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 4

ADD 36821 AV FUSION DIRECT ANY SITE

Diagnosis: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS

Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY

Line: 16

ADD 464.01 Acute laryngitis, with obstruction

ADD 464.51 Unspecified supraglottis, with
obstruction

Diagnosis: COAGULATION DEFECTS

Treatment: MEDICAL THERAPY

Line: 20

ADD V83.01 Asymptomatic hemophilia A carrier

ADD V83.02 Symptomatic hemophilia A carrier

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 55

ADD 59871 REMOVE CERCLAGE SUTURE

Diagnosis: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO
TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE

Treatment: MEDICAL THERAPY

Line: 82

ADD 36450 EXCHANGE TRANSFUSION SERVICE

ADD 36460 TRANSFUSION SERVICE, FETAL

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION

Line: 100

ADD 50135 EXPLORATION OF KIDNEY

Diagnosis: TETRALOGY OF FALLOT (TOF)

Treatment: TOTAL REPAIR TETRALOGY

Line: 103

ADD 33606 ANASTOMOSIS/ARTER-AORTA

ADD 33697 REPAIR OF HEART DEFECTS

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001.

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 109

ADD	272.7	Lipidoses
ADD	274.1	Gouty nephropathy
ADD	282.6	Sickle-cell anemia
ADD	283.11	Hemolytic-uremic syndrome
ADD	287.0	Allergic purpura
ADD	446.0	Polyarteritis nodosa
ADD	446.4	Wegener's granulomatosis
DELETE	580.81	Acute glomerulonephritis with other specified pathological lesion in kidney in disease classified elsewhere
DELETE	586	Unspecified renal failure
ADD	587	Unspecified renal sclerosis
ADD	590.0	Chronic pyelonephritis
ADD	592.0	Calculus of kidney
ADD	593.7	Vesicoureteral reflux
ADD	593.81	Vascular disorders of kidney
ADD	593.89	Other specified disorder of kidney and ureter
ADD	710.1	Systemic sclerosis
ADD	753.0	Renal agenesis and dysgenesis
ADD	753.15	Congenital renal dysplasia
ADD	753.16	Congenital medullary cystic kidney
ADD	753.2	Congenital obstructive defects of renal pelvis and ureter
ADD	753.6	Congenital atresia and stenosis of urethra and bladder neck
ADD	756.71	Prune belly syndrome
ADD	759.89	Other specified multiple congenital anomalies, so described

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S DISEASE (See Coding Specification Below)

Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT

Line: 110

ADD	277.0	Cystic fibrosis
DELETE	747.40	Congenital anomalies of great veins
ADD	774.4	Perinatal jaundice due to hepatocellular damage
ADD	777.8	Other specified perinatal disorder of digestive system

Diagnosis: BENIGN NEOPLASM OF THE BRAIN

Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Line: 139

ADD	377.04	Foster-Kennedy syndrome
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Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Guideline Note)

Treatment: MEDICAL THERAPY

Line: 144

ADD V17 Family history of certain chronic disabling diseases
ADD V18 Family history of certain other specific conditions
ADD V19 Family history of other conditions

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148

ADD 50370 REMOVE TRANSPLANTED KIDNEY
ADD 997.71 Vascular complications of mesenteric artery
ADD 997.72 Vascular complications of renal artery
ADD 997.79 Vascular complications of other vessels

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME

Treatment: CARDIAC TRANSPLANT

Line: 157

ADD 135 Sarcoidosis
ADD 674.8 Other complications of the puerperium

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 164

ADD 296.90 Affective Psychosis NOS

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE

Treatment: MEDICAL THERAPY, DIALYSIS

Line: 167

ADD 36821 AV FUSION DIRECT ANY SITE

Diagnosis: END STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 179

ADD 36821 AV FUSION DIRECT ANY SITE

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)

Treatment: LIVER TRANSPLANT

Line: 180

ADD 272.0 Pure hypercholesterolemia
ADD 275.0 Disorders of iron metabolism
ADD 275.1 Disorders of copper metabolism
DELETE 276.2 Acidosis
ADD 277.6 Other deficiencies of circulating enzymes
ADD 571.49 Other chronic hepatitis

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: FRACTURE OF HIP, CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 181

ADD 29305 APPLICATION OF HIP CAST
ADD 29325 APPLICATION OF HIP CASTS
ADD 29710 REMOVAL/REVISION OF CAST

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA (See Coding Specification Below)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 183

ADD 186.9 Malignant neoplasm of other and unspecified testis

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10 (See Guideline Note)
Treatment: MEDICAL THERAPY
Line: 185

ADD V17 Family history of certain chronic disabling diseases
ADD V18 Family history of certain other specific conditions
ADD V19 Family history of other conditions

Diagnosis: ULCERS, GASTRITIS AND DUODENITIS
Treatment: MEDICAL THERAPY
Line: 193

ADD 569.84 Angiodysplasia of intestine (without mention of hemorrhage)

Diagnosis: ULCERS, GI HEMORRHAGE
Treatment: SURGICAL TREATMENT
Line: 198

ADD 569.84 Angiodysplasia of intestine (without mention of hemorrhage)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
Line: 220

ADD 294.8 Other specified organic brain syndromes (chronic)
ADD 779.7 Periventricular leukomalacia
ADD 907.4 Late effect of injury to peripheral nerve of shoulder girdle and upper limb
ADD 907.5 Late effect of injury to peripheral nerve of Pelvic girdle and lower limb
ADD 907.9 Late effect of injury to other and unspecified nerve

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: UNDESCENDED TESTICLE

Treatment: SURGICAL TREATMENT

Line: 231

ADD 54560 EXPLORATION FOR TESTIS

ADD 54560 EXPLORATION FOR TESTIS

Diagnosis: TRAUMATIC AMPUTATION OF ARM(S), HAND(S) THUMB(S) AND
FINGER(S) (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 242

ADD 20802 REPLANTATION, ARM, COMPLETE

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 250

ADD 36821 AV FUSION DIRECT ANY SITE

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 251

ADD 36821 AV FUSION DIRECT ANY SITE

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL
INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 265

ADD 277.7 Dysmetabolic syndrome X

Diagnosis: CANCER OF CERVIX, TREATABLE

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

Line: 274

ADD 57531 REMOVAL OF CERVIX, RADICAL

Diagnosis: CANCER OF PROSTATE GLAND, TREATABLE

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

Line: 276

ADD 55859 PERCUT/NEEDLE INSERT, PROS

Diagnosis: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN

Treatment: HYPERBARIC OXYGEN

Line: 281

DELETE 608.83 Specified vascular disorder of male genital
organs

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Treatment: MEDICAL THERAPY

Line: 284

ADD 518.2 Compensatory emphysema

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: STROKE

Treatment: MEDICAL THERAPY

Line: 287

ADD 437.1 Other generalized ischemic cerebrovascular disease

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 292

ADD 58823 DRAIN PELVIC ABSCESS, PERCUT

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 299

ADD 349.0 Reaction to spinal or lumbar puncture
ADD 36860 EXTERNAL CANNULA DECLOTTING
ADD 36861 CANNULA DECLOTTING
ADD 62273 TREAT EPIDURAL SPINE LESION

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note)

Treatment: CLEANING AND FLUORIDE

Line: 301

ADD 523.6 Accretions on teeth

Diagnosis: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES

Treatment: MEDICAL THERAPY

Line: 309

ADD 518.6 Allergic bronchopulmonary aspergillosis

Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE) (PARTIAL) W/ & W/O COMPLICATION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 324

ADD 20838 REPLANTATION FOOT, COMPLETE

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 326

ADD 29000 APPLICATION OF BODY CAST
ADD 29010 APPLICATION OF BODY CAST
ADD 29015 APPLICATION OF BODY CAST
ADD 29020 APPLICATION OF BODY CAST
ADD 29025 APPLICATION OF BODY CAST
ADD 29035 APPLICATION OF BODY CAST
ADD 29040 APPLICATION OF BODY CAST
ADD 29044 APPLICATION OF BODY CAST
ADD 29046 APPLICATION OF BODY CAST
ADD 29710 REMOVAL/REVISION OF CAST
ADD 29715 REMOVAL/REVISION OF CAST
ADD 29720 REPAIR OF BODY CAST

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: ESOPHAGITIS
Treatment: FUNDOPLICATION
Line: 334

DELETE 530.12 Acute esophagitis

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY
CHRONIC CONDITIONS (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL
EQUIPMENT AND ORTHOPEDIC PROCEDURE)

Line: 335

ADD 294.8 Other specified organic brain syndromes
(chronic)
ADD 779.7 Periventricular leukomalacia
ADD 907.4 Late effect of injury to peripheral nerve of
shoulder girdle and upper limb
ADD 907.5 Late effect of injury to peripheral nerve of
Pelvic girdle and lower limb
ADD 907.9 Late effect of injury to other and unspecified
nerve

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 354

ADD 21501 DRAIN NECK/CHEST LESION
ADD 21502 DRAIN CHEST LESION
ADD 26010 DRAINAGE OF FINGER ABSCESS
ADD 26011 DRAINAGE OF FINGER ABSCESS
ADD 55100 DRAINAGE OF SCROTUM ABSCESS

Diagnosis: DENTAL SERVICES (EG. INFECTIONS) (See Guideline Note)

Treatment: URGENT AND EMERGENT DENTAL SERVICES

Line: 358

ADD 523.2 Gingival recession
ADD 523.5 Periodontosis

Diagnosis: ABSCESS OF BURSA OR TENDON

Treatment: INCISION AND DRAINAGE

Line: 359

ADD 23031 DRAIN SHOULDER BURSA
ADD 25031 DRAINAGE OF FOREARM BURSA
ADD 26020 DRAIN HAND TENDON SHEATH

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG.
LIGHTNING STRIKE, HEATSTROKE)

Treatment: MEDICAL THERAPY, BURN TREATMENT

Line: 364

ADD 692.77 Sunburn of third degree

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS;
HYDROURETER

Treatment: SURGICAL AND MEDICAL THERAPY

Line: 368

ADD 50557 KIDNEY ENDOSCOPY & TREATMENT
ADD 50559 RENAL ENDOSCOPY/RADIOTRACER
ADD 50576 KIDNEY ENDOSCOPY & TREATMENT
ADD 50578 RENAL ENDOSCOPY/RADIOTRACER
ADD 50953 ENDOSCOPY OF URETER
ADD 50957 URETER ENDOSCOPY & TREATMENT
ADD 50959 URETER ENDOSCOPY & TRACER
ADD 50972 URETER ENDOSCOPY & CATHETER

Diagnosis: ESOPHAGITIS

Treatment: MEDICAL THERAPY

Line: 377

ADD 530.12 Acute esophagitis

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA

Treatment: KERATOPLASTY

Line: 414

ADD 65286 REPAIR OF EYE WOUND

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY
SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding
Specification Below)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 438

ADD 608.87 Retrograde ejaculation

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN
DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA

Treatment: HEART-LUNG AND LUNG TRANSPLANT

Line: 440

ADD 135 Sarcoidosis
ADD 491.8 Other chronic bronchitis
ADD 494 Bronchiectasis
ADD 495 Extrinsic allergic alveolitis
ADD 500 Coal workers' pneumoconiosis
ADD 501 Asbestosis
ADD 502 Pneumoconiosis due to other silica or
silicates
ADD 503 Pneumoconiosis due to other inorganic dust
ADD 504 Pneumonopathy due to inhalation of other dust
ADD 505 Unspecified pneumoconiosis
ADD 515 Postinflammatory pulmonary fibrosis
ADD 947.9 Burn of internal organs, unspecified site
DELETE 996.83 Complications of transplanted heart

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION,
PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS,
EISENMENGER'S DISEASE

Treatment: HEART-LUNG AND LUNG TRANSPLANTS

Line: 441

ADD	745.0	Common truncus
ADD	745.5	Ostium secundum type atrial septal defect
ADD	747.0	Patent ductus arteriosus
DELETE	996.83	Complications of transplanted heart

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL
OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC
CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION

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

Line: 450

ADD	294.8	Other specified organic brain syndromes (chronic)
ADD	779.7	Periventricular leukomalacia
ADD	907.4	Late effect of injury to peripheral nerve of shoulder girdle and upper limb
ADD	907.5	Late effect of injury to peripheral nerve of pelvic girdle and lower limb
ADD	907.9	Late effect of injury to other and unspecified nerve

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC
CONDITIONS

Treatment: MEDICAL THERAPY

Line: 451

ADD	294.8	Other specified organic brain syndromes (chronic)
ADD	779.7	Periventricular leukomalacia
ADD	907.4	Late effect of injury to peripheral nerve of shoulder girdle and upper limb
ADD	907.5	Late effect of injury to peripheral nerve of Pelvic girdle and lower limb
ADD	907.9	Late effect of injury to other and unspecified nerve

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS

Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL
MODIFICATION

Line: 460

ADD	294.8	Other specified organic brain syndromes (chronic)
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Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 466

ADD	29055	APPLICATION OF SHOULDER CAST
ADD	29065	APPLICATION OF LONG ARM CAST
ADD	29075	APPLICATION OF FOREARM CAST
ADD	29085	APPLY HAND/WRIST CAST

Interim Modifications to May 14, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 31, 2001, Made Effective October 1, 2001. (Cont'd)

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 466 (CONT'D)

ADD	29105	APPLY LONG ARM SPLINT
ADD	29125	APPLY FOREARM SPLINT
ADD	29126	APPLY FOREARM SPLINT
ADD	29345	APPLICATION OF LONG LEG CAST
ADD	29355	APPLICATION OF LONG LEG CAST
ADD	29358	APPLY LONG LEG CAST BRACE
ADD	29365	APPLICATION OF LONG LEG CAST
ADD	29405	APPLY SHORT LEG CAST
ADD	29435	APPLY SHORT LEG CAST
ADD	29440	ADDITION OF WALKER TO CAST
ADD	29445	APPLY RIGID LEG CAST
ADD	29515	APPLICATION LOWER LEG SPLINT
ADD	29700	REMOVAL/REVISION OF CAST
ADD	29705	REMOVAL/REVISION OF CAST
ADD	733.93	Stress fracture of tibia and fibula
ADD	733.94	Stress fracture of the metatarsals
ADD	733.95	Stress fracture of other bone

Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 468

ADD	29065	APPLICATION OF LONG ARM CAST
ADD	29075	APPLICATION OF FOREARM CAST
ADD	29085	APPLY HAND/WRIST CAST
ADD	29105	APPLY LONG ARM SPLINT
ADD	29125	APPLY FOREARM SPLINT
ADD	29126	APPLY FOREARM SPLINT

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW,
CLAVICLE AND SHOULDER

Treatment: SURGICAL TREATMENT

Line: 482

ADD	29450	APPLICATION OF LEG CAST
ADD	718.71	Developmental dislocation of joint, shoulder region
ADD	718.72	Developmental dislocation of joint, upper arm
ADD	718.73	Developmental dislocation of joint, forearm
ADD	718.74	Developmental dislocation of joint, hand
ADD	718.75	Developmental dislocation of joint, pelvic region and thigh
ADD	718.76	Developmental dislocation of joint, lower leg
ADD	718.77	Developmental dislocation of joint, ankle and foot
ADD	718.78	Developmental dislocation of joint, other Specified sites
ADD	718.79	Developmental dislocation of joint, multiple sites

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Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL
MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES
OTHER THAN INFERTILITY
Line: 498
ADD 256.31 Premature menopause
ADD 256.39 Other ovarian failure

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)
Treatment: OPEN OR CLOSED REDUCTION
Line: 503
ADD 29049 APPLICATION OF FIGURE EIGHT
ADD 29058 APPLICATION OF SHOULDER CAST
ADD 29130 APPLICATION OF FINGER SPLINT
ADD 29131 APPLICATION OF FINGER SPLINT
ADD 29710 REMOVAL/REVISION OF CAST

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline
Note)
Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE,
AND REMOVABLE PROSTHODONTICS
Line: 508
ADD 41870 GUM GRAFT
ADD 41872 REPAIR GUM

Diagnosis: DISORDERS OF SHOULDER
Treatment: REPAIR/RECONSTRUCTION
Line: 517
ADD 23395 MUSCLE TRANSFER, SHOULDER/ARM
ADD 840.7 Superior glenoid labrum lesions (SLAP)

Diagnosis: STOMATITIS, CELLULITIS AND ABSCESS OF ORAL SOFT TISSUE, AND
DISEASES OF LIPS
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 533
ADD 40801 DRAINAGE OF MOUTH LESION
ADD 40805 REMOVAL, FOREIGN BODY, MOUTH
ADD 41800 DRAINAGE OF GUM LESION

Diagnosis: EXFOLIATION OF TEETH DUE TO SYSTEMIC CAUSES
Treatment: EXCISION OF DENTOALVEOLAR STRUCTURE
Line: 539
ADD 525.11 Loss of teeth due to trauma

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR
SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 551
ADD 379.54 Nystagmus associated with disorders of the
vestibular system

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Diagnosis: CANCER OF LIVER, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 555

ADD 36260 INSERTION OF INFUSION PUMP
ADD 36261 REVISION OF INFUSION PUMP
ADD 36262 REMOVAL OF INFUSION PUMP

Diagnosis: CANCER OF PANCREAS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 556

ADD 43271 ENDO CHOLANGIOPANCREATOGRAPH

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 557

ADD 43272 ENDO CHOLANGIOPANCREATOGRAPH

Diagnosis: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment: TARSORRHAPHY

Line: 572

ADD 374.44 Sensory disorders of eyelid
ADD 374.89 Other disorders of eyelid

Diagnosis: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS

Line: 580

ADD 29450 APPLICATION OF LEG CAST

Diagnosis: PERIPHERAL NERVE DISORDERS
Treatment: SURGICAL TREATMENT

Line: 593

ADD 355.4 Lesion of medial popliteal nerve

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC
IMPAIRMENT (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 601

ADD 29220 STRAPPING OF LOW BACK

Diagnosis: INFERTILITY DUE TO ANNOVULATION
Treatment: MEDICAL THERAPY

Line: 604

ADD 628.1 Female infertility of pituitary-hypothalamic
origin

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Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS

Treatment: LIVER TRANSPLANT

Line: 608

DELETE 155.2 Malignant neoplasm of liver, not specified as
primary or secondary

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I

Treatment: MEDICAL THERAPY

Line: 651

ADD 29240 STRAPPING OF SHOULDER
ADD 29260 STRAPPING OF ELBOW OR WRIST
ADD 29280 STRAPPING OF HAND OR FINGER
ADD 29520 STRAPPING OF HIP
ADD 29530 STRAPPING OF KNEE
ADD 29540 STRAPPING OF ANKLE
ADD 29550 STRAPPING OF TOES
ADD 29580 APPLICATION OF PASTE BOOT
ADD 29590 APPLICATION OF FOOT SPLINT

Diagnosis: MINOR BURNS

Treatment: MEDICAL THERAPY

Line: 657

ADD 692.76 Sunburn of second degree

Diagnosis: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS

Treatment: MEDICAL THERAPY

Line: 678

DELETE 464.01 Acute laryngitis, with obstruction
ADD 464.50 Unspecified supraglottis, without mention of
Obstruction

Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH W/O COMPLICATION

Treatment: REPAIR SOFT TISSUES

Line: 683

DELETE 525.11 Loss of teeth due to trauma

Diagnosis: CANCER OF VARIOUS SITES WITH DISTANT METASTASES WHERE

TREATMENT WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL

Treatment: CURATIVE MEDICAL AND SURGICAL TREATMENT

Line: 699

ADD 36260 INSERTION OF INFUSION PUMP
ADD 36261 REVISION OF INFUSION PUMP
ADD 36262 REMOVAL OF INFUSION PUMP

Diagnosis: FRACTURES OF RIBS AND STERNUM, CLOSED

Treatment: MEDICAL THERAPY

Line: 703

ADD 29200 STRAPPING OF CHEST

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Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 726

ADD	377.02	Papilledema associated with decreased ocular pressure
ADD	377.2	Other disorders of optic disc
ADD	377.3	Optic neuritis
ADD	377.5	Disorders of optic chiasm
ADD	377.7	Disorders of visual cortex

Diagnosis: SENSORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO
TREATMENT NECESSARY

Treatment: EVALUATION

Line: 727

ADD	377.03	Papilledema associated with retinal disorder
ADD	377.1	Optic atrophy
ADD	377.4	Other disorders of optic nerve
ADD	377.6	Disorders of other visual pathways
ADD	379.29	Other disorders of vitreous

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)

Treatment: COSMETIC DENTAL SERVICES

Line: 732

ADD	522.3	Abnormal hard tissue formation in dental pulp
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Diagnosis: HERNIA WITH OBSTRUCTION AND/OR GANGRENE

Treatment: REPAIR

Line: 6

ADD	49491	REPAIR INGUINAL HERN PREMIE REDUC
ADD	49492	REPAIR INGUINAL HERN PREMIE, BLOCKED

NOTE: CHANGE RANGE "49495-49496" TO "49491-49496"

Diagnosis: TORSION OF OVARY

Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY

Line: 7

ADD	58770	CREATE NEW TUBAL OPENING
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Diagnosis: TORSION OF TESTIS

Treatment: ORCHIECTOMY, REPAIR

Line: 8

DELETE	54510	REMOVAL OF TESTIS LESION
ADD	54512	EXCISE LESION TESTIS

NOTE: CHANGE CPT CODE RANGE "54520-54535" TO "54512-54535"

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Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA,
BRONCHOPNEUMONIA

Treatment: MEDICAL THERAPY

Line: 17

ADD 32000 DRAINAGE OF CHEST

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment: SURGICAL TREATMENT

Line: 21

ADD 35647 ARTERY BYPASS GRAFT

NOTE: CHANGE CPT CODE RANGE "35626-35646" TO "35626-35647"

Diagnosis: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN
BODY IN STOMACH, INTESTINES, COLON & RECTUM

Treatment: EXCISION, MEDICAL THERAPY

Line: 23

ADD 44126 ENTERECTOMY W/TAPER, CONG
ADD 44127 ENTERECTOMY W/O TAPER, CONG
ADD 44128 ENTERECTOMY CONG, ADD-ON
ADD 45915 REMOVE RECTAL OBSTRUCTION

NOTE: NEW CPT CODES "44126-44128" ALREADY INCLUDED IN RANGE "44110-44130"

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

ADD 35647 ARTERY BYPASS GRAFT

NOTE: CHANGE CPT CODE RANGE "35626-35646" TO "35626-35647"

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC
AORTA

Treatment: SURGICAL TREATMENT

Line: 29

ADD 35647 ARTERY BYPASS GRAFT

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS &
ESOPHAGUS

Treatment: REMOVAL OF FOREIGN BODY

Line: 32

ADD 40804 REMOVAL, FOREIGN BODY, MOUTH
ADD 43247 OPERATIVE UPPER GI ENDOSCOPY

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 40

ADD 11042 DEBRIDE SKIN/TISSUE

NOTE: CHANGE CPT RANGE "11040-11041" TO "11040-11042"

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Diagnosis: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS,
AND VASCULAR COMPLICATIONS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 45

ADD	11000	DEBRIDE INFECTED SKIN
ADD	11001	DEBRIDE INFECTED SKIN ADD-ON
ADD	11010	DEBRIDE SKIN, FX
ADD	11011	DEBRIDE SKIN/MUSCLE, FX
ADD	11012	DEBRIDE SKIN/MUSCLE/BONE, FX
ADD	11040	DEBRIDE SKIN, PARTIAL
ADD	11041	DEBRIDE SKIN, FULL
ADD	11042	DEBRIDE SKIN/TISSUE
ADD	11043	DEBRIDE TISSUE/MUSCLE
ADD	11044	DEBRIDE TISSUE/MUSCLE/BONE

NOTE: CHANGE CPT RANGE "11055-11057" TO "11000-11057"

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

Line: 54

ADD	S4981	INSERT LEVONORGESTREL INTRAUTERINE SYSTEM
ADD	S4989	CONTRACEPTIVE INTRAUTERINE DEVICE
ADD	V24.2	ROUT POSTPART FOLLOW-UP

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 55

ADD	12021	CLOSURE OF SPLIT WOUND
ADD	59001	AMNIOCENTESIS, THERAPEUTIC
ADD	G9012	COORDINATED CARE FEE, OTHER CARE MGMT
ADD	S8055	US GUIDANCE FOR MULTIFETAL PRENANCY REDUCT

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 78

ADD	44126	ENTERECTOMY W/TAPER, CONG
ADD	44127	ENTERECTOMY W/O TAPER, CONG
ADD	44128	ENTERECTOMY CONG, ADD-ON
DELETE	46050	INCISION OF ANAL ABSCESS

NOTE: NEW CPT CODES "44126-44128" ALREADY INCLUDED IN RANGE "44110-44130"

Diagnosis: SPINA BIFIDA

Treatment: SURGICAL TREATMENT

Line: 88

ADD	61343	INCISE SKULL (PRESS RELIEF)
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Diagnosis: RUMINATION DISORDER OF INFANCY
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 92

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 99

ADD 43313 ESOPHAGOPLASTY CONGENITAL
ADD 43314 TRACHEO-ESOPHAGOPLASTY CONG

NOTE: NEW CPT CODES ALREADY IN RANGE "43300-43352"

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment: RECONSTRUCTION
Line: 100

ADD 53431 RECONSTRUCT URETHRA/BLADDER

NOTE: NEW CPT CODE ALREADY IN RANGE "53400-53460"

Diagnosis: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 145

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 146

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ

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Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 146 (CONT'D)

ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 148

ADD 10180 COMPLEX DRAINAGE, WOUND
ADD 13160 LATE CLOSURE OF WOUND
ADD 20670 REMOVAL OF SUPPORT IMPLANT
ADD 20680 REMOVAL OF SUPPORT IMPLANT
ADD 22852 REMOVE SPINE FIXATION DEVICE

Diagnosis: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 162

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: MAJOR DEPRESSION, RECURRENT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 163

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: BIPOLAR DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 164

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ

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Diagnosis: BIPOLAR DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 164 (CONT'D)

ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 165

ADD 11042 DEBRIDE SKIN/TISSUE

NOTE: CHANGE CPT RANGE "11040-11041" TO "11040-11042"

Diagnosis: FRACTURE OF HIP, CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 181

ADD 27125 PARTIAL HIP REPLACEMENT

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10 (See Guideline Note)

Treatment: MEDICAL THERAPY
Line: 185

ADD G0117 GLAUCOMA SCREENING FOR HIGH RISK PATIENTS
ADD G0118 GALUCOMA SCREENING FOR HIGH RISK PATIENTS

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 188

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: CANCER OF UTERUS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 196

ADD 58346 INSERT HEYMAN UTERI CAPSULE
ADD 58953 TAH, RAD DISSECT FOR DEBULK
ADD 58954 TAH RAD DEBULK/LYMPH REMOVE

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Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 200

ADD 11042 DEBRIDE SKIN/TISSUE

NOTE: CHANGE CPT RANGE "11040-11041" TO "11040-11042"

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 212

ADD 26951 AMPUTATION OF FINGER/THUMB

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
Line: 220

ADD 53431 RECONSTRUCT URETHRA/BLADDER

NOTE: CHANGE CPT RANGE "53440-53442" TO "53431-53442"

Diagnosis: UNDESCENDED TESTICLE

Treatment: SURGICAL TREATMENT
Line: 231

DELETE	54300	REVISION OF PENIS
DELETE	54304	REVISION OF PENIS
DELETE	54308	RECONSTRUCTION OF URETHRA
DELETE	54312	RECONSTRUCTION OF URETHRA
DELETE	54316	RECONSTRUCTION OF URETHRA
DELETE	54318	RECONSTRUCTION OF URETHRA
DELETE	54322	RECONSTRUCTION OF URETHRA
DELETE	54324	RECONSTRUCTION OF URETHRA
DELETE	54326	RECONSTRUCTION OF URETHRA
DELETE	54328	REVISE PENIS/URETHRA
DELETE	54332	REVISE PENIS/URETHRA
DELETE	54336	REVISE PENIS/URETHRA
DELETE	54340	SECONDARY URETHRAL SURGERY
DELETE	54344	SECONDARY URETHRAL SURGERY
DELETE	54348	SECONDARY URETHRAL SURGERY
DELETE	54352	RECONSTRUCT URETHRA/PENIS
DELETE	54360	PENIS PLASTIC SURGERY
DELETE	54380	REPAIR PENIS
DELETE	54385	REPAIR PENIS
DELETE	54390	REPAIR PENIS AND BLADDER
DELETE	54400	INSERT SEMI-RIGID PROSTHESIS
DELETE	54401	INSERT SELF-CONTD PROSTHESIS
DELETE	54405	INSERT MULTI-COMP PROSTHESIS
DELETE	54420	REVISION OF PENIS
DELETE	54430	REVISION OF PENIS
DELETE	54435	REVISION OF PENIS

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Diagnosis: UNDESCENDED TESTICLE

Treatment: SURGICAL TREATMENT

Line: 231 (CONT'D)

DELETE	54440	REPAIR OF PENIS
DELETE	54510	REMOVAL OF TESTIS LESION
ADD	54512	EXCISE LESION TESTIS

NOTE: DELETE CPT RANGE "54300-54440"

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, TREATABLE

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

Line: 233

ADD	58953	TAH, RAD DISSECT FOR DEBULK
ADD	58954	TAH RAD DEBULK/LYMPH REMOVE

NOTE: CHANGE CPT CODES "58950-58952,58943,58960" TO "58943-58960"

Diagnosis: CHORIOCARCINOMA, TREATABLE

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

Line: 234

ADD	58953	TAH, RAD DISSECT FOR DEBULK
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Diagnosis: DIVERTICULITIS OF COLON

Treatment: COLON RESECTION, MEDICAL THERAPY

Line: 260

ADD	44204	LAPARO PARTIAL COLECTOMY
ADD	44205	LAP COLECTOMY PART W/ILEUM

Diagnosis: SUBSTANCE-INDUCED DELIRIUM

Treatment: MEDICAL THERAPY

Line: 264

ADD	99301	NURSING FACILITY CARE
ADD	99302	NURSING FACILITY CARE
ADD	99303	NURSING FACILITY CARE
ADD	99311	NURSING FAC CARE, SUBSEQ
ADD	99312	NURSING FAC CARE, SUBSEQ
ADD	99313	NURSING FAC CARE, SUBSEQ
ADD	99315	NURSING FAC DISCHARGE DAY
ADD	99316	NURSING FAC DISCHARGE DAY

NOTE: ADD CPT CODE RANGE "99301-99316"

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 265

ADD	33967	INSERT IA PERCUT DEVICE
ADD	33979	INSERT INTRACORPOREAL DEVICE
ADD	33980	REMOVE INTRACORPOREAL DEVICE

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS
Treatment: EXCISION OF POLYP
Line: 270

ADD 44150 REMOVAL OF COLON

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS,
TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 273

ADD 44204 LAPARO PARTIAL COLECTOMY
ADD 45136 EXCISE ILEOANAL RESERVOIR

Diagnosis: CANCER OF CERVIX, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 274

ADD 53444 INSERT TANDEM CUFF
ADD 57155 INSERT UTERI TANDEMS/OVOIDS
ADD 58953 TAH, RAD DISSECT FOR DEBULK
ADD 58954 TAH RAD DEBULK/LYMPH REMOVE

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, TREATABLE;
CARCINOID SYNDROME
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 277

ADD 64788 REMOVE SKIN NERVE LESION

Diagnosis: DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND
SHOULDER, OPEN
Treatment: SURGICAL TREATMENT
Line: 290

ADD 24300 MANIPULATE ELBOW W/ANESTH
ADD 24332 TENOLYSIS, TRICEPS
ADD 24343 REPR ELBOW LAT LIGMNT W/TISS
ADD 24345 REPR ELBW MED LIGMNT W/TISSU
ADD 24346 RECONSTRUCT ELBOW MED LIGMNT
ADD 25275 REPAIR FOREARM TENDON SHEATH
ADD 25394 REPAIR CARPAL BONE, SHORTEN
ADD 25430 VASC GRAFT INTO CARPAL BONE
ADD 25431 REPAIR NONUNION CARPAL BONE
ADD 26340 MANIPULATE FINGER W/ANESTH

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 292

ADD 46020 PLACEMENT OF SETON

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF
INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 296

ADD 44203 LAP RESECT S/INTESTINE, ADDL
ADD 44204 LAPARO PARTIAL COLECTOMY
ADD 44205 LAP COLECTOMY PART W/ILEUM
ADD 45136 EXCISE ILEOANAL RESERVOIR

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 299

ADD 43246 PLACE GASTROSTOMY TUBE
ADD 43760 CHANGE GASTROSTOMY TUBE
ADD 64788 REMOVE SKIN NERVE LESION

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not
priced as part of the list.)

Treatment: INDUCED ABORTION

Line: 300

ADD S2260 INDUCED ABORTION, 17-24 WEEKS

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note)

Treatment: CLEANING AND FLUORIDE

Line: 301

ADD 520.0 ANODONTIA
ADD 520.1 SUPERNUMERARY TEETH
ADD 520.2 ABNORMAL TOOTH SIZE/FORM
ADD 520.3 MOTTLED TEETH
ADD 520.4 TOOTH FORMATION DISTURB
ADD 520.6 TOOTH ERUPTION DISTURB
ADD 520.8 TOOTH DEVEL/ERUP DIS NEC
ADD 520.9 TOOTH DEVEL/ERUP DIS NOS
ADD 521 HARD TISSUE DIS OF TEETH
ADD 522 PULP & PERIAPICAL DIS
ADD 523.0 ACUTE GINGIVITIS
ADD 523.1 CHRONIC GINGIVITIS
ADD 523.2 GINGIVAL RECESSION
ADD 523.3 ACUTE PERIODONTITIS
ADD 523.4 CHRONIC PERIODONTITIS
ADD 523.5 PERIODONTOSIS
ADD 523.8 OTHER SPEC PERIODONTAL DIS
ADD 523.9 UNSP GINGIVAL/PERIO DISEASE
ADD V72.2 DENTAL EXAMINATION
ADD 90788 INJECTION OF ANTIBIOTIC

NOTE: ICD-9-CM codes will only be required on dental claims for FQHCs,
RHCs, and tribal health clinics.

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: POSTTRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 304

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD CPT CODE RANGE "99301-99316"

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
Line: 345

ADD 31541 OPERATIVE LARYNGOSCOPY

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 347

ADD 35647 ARTERY BYPASS GRAFT

NOTE: CHANGE CPT RANGE "35626-35646" TO "35626-35647"

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 348

ADD 11300 SHAVE SKIN LESION

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 354

ADD 10060 DRAINAGE OF SKIN ABSCESS
ADD 46020 PLACEMENT OF SETON
ADD 46050 INCISION OF ANAL ABSCESS

Diagnosis: DENTAL SERVICES (EG. INFECTIONS) (See Guideline Note)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 358

ADD 41000 DRAINAGE OF MOUTH LESION
ADD 41800 DRAINAGE OF GUM LESION
ADD 90788 INJECTION OF ANTIBIOTIC
ADD V72.2 DENTAL EXAMINATION

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: URINARY TRACT CALCULUS; HEMATURIA

Treatment: CYSTOURETHROSCOPY W/FRAGMENTATION OF CALCULUS, MEDICAL THERAPY

Line: 363

ADD 52352 CYSTOURETRO W/STONE REMOVE
ADD 52353 CYSTOURETERO W/ LITHOTRIPSY

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 370

ADD 35452 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35647 ARTERY BYPASS GRAFT
ADD 35685 BYPASS GRAFT PATENCY/PATCH
ADD 35686 BYPASS GRAFT/AV FIST PATENCY
ADD 36002 PSEUDOANEURYSM INFECTION TRT
ADD 64821 REMOVE SYMPATHETIC NERVES
ADD 64822 REMOVE SYMPATHETIC NERVES
ADD 64823 REMOVE SYMPATHETIC NERVES

NOTE: CHANGE CPT CODES "35646,35650-35661" TO "35646-35661" AND "35682-35683" TO "35682-35686" AND ADD RANGE "64821-64823"

Diagnosis: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES

Treatment: MEDICAL THERAPY, INJECTIONS

Line: 372

ADD 20550 INJECT TENDON/LIGAMENT/CYST

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRTIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE

Treatment: ARTHROPLASTY/RECONSTRUCTION

Line: 373

ADD 27358 REMOVE FEMUR LESION/FIXATION
ADD 27641 PARTIAL REMOVAL OF FIBULA
ADD 28104 REMOVAL OF FOOT LESION
ADD 28116 REVISION OF FOOT

Diagnosis: BULIMIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 376

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD CPT RANGE "99301-99316"

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR
Line: 378

ADD 25922 AMPUTATE HAND AT WRIST

Diagnosis: PARANOID (DELUSIONAL) DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 390

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: DIABETIC AND OTHER RETINOPATHY
Treatment: LASER SURGERY
Line: 395

ADD 67225 EYE PHOTODYNAMIC THER ADD-ON

NOTE: NEW CPT CODE ALREADY INCLUDED IN RANGE "67220-67228"

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS;
INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 424

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

Diagnosis: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY
Line: 437

ADD 52260 CYSTOSCOPY AND TREATMENT
DELETE 595.1 CHRONIC INTERSTITIAL CYSTITIS

NOTE: CHANCE ICD-9 CODE RANGE "595.0-595.3" TO "595.0,595.2-595.3"

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 438

ADD 51040 INCISE & DRAIN BLADDER
ADD 52001 CYSTOSCOPY, REMOVAL OF CLOTS
ADD 52315 CYSTOSCOPY AND TREATMENT
ADD 595.1 CHRONIC INTERSTITIAL CYSTITIS

Diagnosis: EATING DISORDER NOS

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 458

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT CODE RANGE "99301-99316"

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION

Line: 460

ADD 99301 NURSING FACILITY CARE
ADD 99302 NURSING FACILITY CARE
ADD 99303 NURSING FACILITY CARE
ADD 99311 NURSING FAC CARE, SUBSEQ
ADD 99312 NURSING FAC CARE, SUBSEQ
ADD 99313 NURSING FAC CARE, SUBSEQ
ADD 99315 NURSING FAC DISCHARGE DAY
ADD 99316 NURSING FAC DISCHARGE DAY

NOTE: ADD NEW CPT CODE RANGE "99301-99316"

Diagnosis: SPONTANEOUS ABORTION

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 462

ADD 59820 CARE OF MISCARRIAGE

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION
Line: 466

ADD 20680 REMOVAL OF SUPPORT IMPLANT

Diagnosis: ACUTE SINUSITIS

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 479

ADD S2342 NASAL ENDOSCOPY FOLLOWING SINUS SURGERY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW,
CLAVICLE AND SHOULDER

Treatment: SURGICAL TREATMENT

Line: 482

ADD	24300	MANIPULATE ELBOW W/ANESTH
ADD	24332	TENOLYSIS, TRICEPS
ADD	24343	REPR ELBOW LAT LIGMNT W/TISS
ADD	24345	REPR ELBW MED LIGMNT W/TISSU
ADD	24346	RECONSTRUCT ELBOW MED LIGMNT
ADD	25001	INCISE FLEXOR CARPI RADIALIS
ADD	25024	DECOMPRESS FOREARM 2 SPACES
ADD	25025	DECOMPRESS FOREARM 2 SPACES
ADD	25259	MANIPULATE WRIST W/ANESTHES
ADD	25275	REPAIR FOREARM TENDON SHEATH
ADD	25394	REPAIR CARPAL BONE, SHORTEN
ADD	25430	VASC GRAFT INTO CARPAL BONE
ADD	25431	REPAIR NONUNION CARPAL BONE
ADD	26340	MANIPULATE FINGER W/ANESTH
DELETE	26585	REPAIR FINGER DEFORMITY
DELETE	26597	RELEASE OF SCAR CONTRACTURE
ADD	26770	TREAT FINGER DISLOCATION

NOTE: CHANGE CPT CODE RANGE "25390-25393" TO "25390-25394", "26440-
26597" TO "26440-26596" AND "26775-26776" TO "26770-26776"

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)

Treatment: OPEN OR CLOSED REDUCTION

Line: 503

ADD	25651	PIN ULNAR STYLOID FRACTURE
ADD	25652	TREAT FRACTURE ULNAR STYLOID
ADD	25671	PIN RADIOULNAR DISLOCATION
ADD	29075	APPLICATION OF FOREARM CAST
ADD	29086	APPLY FINGER CAST
ADD	29105	APPLY LONG ARM SPLINT
ADD	29125	APPLY FOREARM SPLINT

NOTE: CHANGE CPT CODE RANGE "25600-25650" TO "25600-25652" AND MAKE NEW
CPT CODE RANGE "29075-29125"

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) (See
Guideline Note)

Treatment: BASIC RESTORATIVE

Line: 507

ADD	90788	INJECTION OF ANTIBIOTIC
ADD	V72.2	DENTAL EXAMINATION

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline
Note)

Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE,
AND REMOVABLE PROSTHODONTICS

Line: 508

ADD	90788	INJECTION OF ANTIBIOTIC
ADD	V72.2	DENTAL EXAMINATION

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR & NOSE
Treatment: REMOVAL OF FOREIGN BODY
Line: 510

ADD 69210 REMOVE IMPACTED EAR WAX

NOTE: CHANGE CPT CODE RANGE "69200-69205" TO "69200-69210"

Diagnosis: DISORDERS OF SHOULDER
Treatment: REPAIR/RECONSTRUCTION
Line: 517

ADD 29807 SHOULDER ARTHROSCOPY/SURGERY

Diagnosis: MALUNION & NONUNION OF FRACTURE
Treatment: SURGICAL TREATMENT
Line: 519

ADD 27125 PARTIAL HIP REPLACEMENT

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
Line: 524

ADD S2065 SIMULTANEOUS PANCREAS KIDNEY TRANSPLANT

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline Note)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
Line: 531

ADD 90788 INJECTION OF ANTIBIOTIC
ADD V72.2 DENTAL EXAMINATION

Diagnosis: STOMATITIS, CELLULITIS AND ABSCESS OF ORAL SOFT TISSUE, AND DISEASES OF LIPS
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 533

ADD 40650 REPAIR LIP

Diagnosis: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 534

ADD 53431 RECONSTRUCT URETHRA/BLADDER

Diagnosis: HYPOSPADIAS AND EPISPADIAS
Treatment: REPAIR
Line: 535

ADD 53431 RECONSTRUCT URETHRA/BLADDER

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 544

ADD 20526 THER INJECTION, CARPAL TUNNEL
ADD 25111 REMOVE WRIST TENDON LESION
ADD 25118 EXCISE WRIST TENDON SHEATH
ADD 29125 APPLY FOREARM SPLINT

Diagnosis: URINARY INCONTINENCE (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 550

ADD 53446 REMOVE URO SPHINCTER
ADD 53448 REMOV/REPLC UR SPHINCTR COMP

Diagnosis: CANCER OF LIVER, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 555

ADD 47370 LAPARO ABLATE LIVER TUMOR RF
ADD 47371 LAPARO ABLATE LIVER CRYOSURG
ADD 47380 OPEN ABLATE LIVER TUMOR RF
ADD 47381 OPEN ABLATE LIVER TUMOR CRYO
ADD 47382 PERCUT ABLATE LIVER RF

Diagnosis: BENIGN NEOPLASM BONE & ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 560

ADD 21555 REMOVE LESION, NECK/CHEST

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS
Line: 568

ADD 90788 INJECTION OF ANTIBIOTIC
ADD V722 DENTAL EXAMINATION

Diagnosis: SEXUAL DYSFUNCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 570

ADD 54406 REMOVE MULTI-COMP PENIS PROS
ADD 54408 REPAIR MULTI-COMP PENIS PROS
ADD 54410 REMOVE/REPLACE PENIS PROSTH
ADD 54411 REMV/REPLC PENIS PROS, COMPL
ADD 54415 REMOVE SELF-CONTD PENIS PROS
ADD 54416 REMV/REPL PENIS CONTAIN PROS
ADD 54417 REMV/REPLC PENIS PROS, COMPL

NOTE: CHANGE CPT CODE RANGE FROM "54400-54409" TO "54400-54417"

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: DEFORMITIES OF UPPER BODY & ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 579

ADD	11041	DEBRIDE SKIN, FULL
ADD	11042	DEBRIDE SKIN/TISSUE
ADD	14040	SKIN TISSUE REARRANGEMENT
ADD	14041	SKIN TISSUE REARRANGEMENT
ADD	15120	SKIN SPLIT GRAFT
ADD	15240	SKIN FULL GRAFT
DELETE	26585	REPAIR FINGER DEFORMITY
DELETE	26597	RELEASE OF SCAR CONTRACTURE

NOTE: CHANGE CPT CODE RANGE "26440-26597" TO "26440-26596"

Diagnosis: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
Line: 580

ADD	28296	CORRECTION OF BUNION
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NOTE: NEW CPT CODE ALREADY IN RANGE "28240-28341"

Diagnosis: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
Line: 595

ADD	20551	INJECT TENDON ORIGIN/INSERT
ADD	20552	INJECT TRIGGER POINT, 1 OR 2
ADD	20553	INJECT TRIGGER POINTS, >3
DELETE	26585	REPAIR FINGER DEFORMITY
DELETE	26597	RELEASE OF SCAR CONTRACTURE

NOTE: CHANGE CPT CODE RANGE "26440-26597" TO "26440-26596"

Diagnosis: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY
Line: 597

ADD	11041	DEBRIDE SKIN, FULL
ADD	11042	DEBRIDE SKIN/TISSUE
ADD	14040	SKIN TISSUE REARRANGEMENT
ADD	14041	SKIN TISSUE REARRANGEMENT

Diagnosis: FEMALE INFERTILITY, MALE INFERTILITY
Treatment: ARTIFICIAL INSEMINATION, MEDICAL THERAPY
Line: 603

ADD	52347	CYSTOSCOPY, RESECT DUCTS
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Diagnosis: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION
Line: 612

ADD	54162	LYSIS PENIL CIRCUMCIS LESION
ADD	54163	REPAIR OF CIRCUMCISION
ADD	54164	FRENULOTOMY OF PENIS

NOTE: CHANGE CPT RANGE FROM "54150-54161" TO "54150-54164"

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT
Line: 613

ADD 44204 LAPARO PARTIAL COLECTOMY

Diagnosis: CHRONIC DISEASE OF TONSILS AND ADENOIDS
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
Line: 647

ADD 42830 REMOVAL OF ADENOIDS

NOTE: NEW CPT CODE ALREADY IN RANGE "42820-42836"

Diagnosis: SYNOVITIS AND TENOSYNOVITIS
Treatment: MEDICAL THERAPY
Line: 652

ADD 20551 INJECT TENDON ORIGIN/INSERT
ADD 20552 INJECT TRIGGER POINT, 1 OR 2
ADD 20553 INJECT TRIGGER POINTS, >3

Diagnosis: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA,
COSTOCHONDRITIS, AND CHONDRODYSTROPHY
Treatment: MEDICAL THERAPY
Line: 653

ADD 20551 INJECT TENDON ORIGIN/INSERT
ADD 20552 INJECT TRIGGER POINT, 1 OR 2
ADD 20553 INJECT TRIGGER POINTS, >3

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS,
SCAR CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 685

ADD 15120 SKIN SPLIT GRAFT
ADD 15240 SKIN FULL GRAFT
DELETE 26597 RELEASE OF SCAR CONTRACTURE

Diagnosis: GANGLION
Treatment: EXCISION
Line: 687

ADD 20551 INJECT TENDON ORIGIN/INSERT
ADD 20552 INJECT TRIGGER POINT, 1 OR 2
ADD 20553 INJECT TRIGGER POINTS, >3

Diagnosis: RAYNAUD'S SYNDROME
Treatment: MEDICAL THERAPY
Line: 692

ADD 64821 REMOVE SYMPATHETIC NERVES
ADD 64822 REMOVE SYMPATHETIC NERVES
ADD 64823 REMOVE SYMPATHETIC NERVES

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

 Diagnosis: TMJ DISORDERS
 Treatment: TMJ SURGERY
 Line: 693

DELETE 29909 ARTHROSCOPY OF JOINT
 ADD 29999 ARTHROSCOPY OF JOINT

 Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note)
 Treatment: ELECTIVE DENTAL SERVICES
 Line: 706

ADD V72.2 DENTAL EXAMINATION

 Diagnosis: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Line: 715

DELETE 54510 REMOVAL OF TESTIS LESION
 ADD 54512 EXCISE LESION TESTIS

 Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)
 Treatment: COSMETIC DENTAL SERVICES
 Line: 732

ADD V72.2 DENTAL EXAMINATION

 ADD THE FOLLOWING CODES TO ALL LINES CONTAINING RADIATION THERAPY AS A TREATMENT (SEE TABLE 1) :

ADD 77301 RADIOTHERAPY DOSE PLAN, IMRT
 ADD 77418 RADIATION TX DELIVERY, IMRT
 ADD G0242 STEREOTACTIC RADIOSURGERY PLAN
 ADD G0243 STEREOTACTIC RADIOSURGERY DELIVERY

NOTE: NEW CPT CODES "77301" AND "77418" ALREADY IN RANGE "77261-77799"

Table C1
Line Items on 10/1/2001 List Which Include Radiation Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank
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27	118	119	120	123	125	137
139	140	168	183	184	194	195
196	197	202	213	228	229	230
232	233	234	235	236	237	238
266	273	274	275	276	277	278
279	280	282	328	345	348	430
554	555	556	557	558	560	608
649	699					

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002.

Diagnosis: PERITONITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 3

ADD 44120 REMOVAL OF SMALL INTESTINE
ADD 44602 SUTURE, SMALL INTESTINE
ADD 44626 REPAIR BOWEL OPENING

Diagnosis: TORSION OF TESTIS
Treatment: ORCHIECTOMY, REPAIR
Line: 8

DELETE 54510 REMOVAL OF TESTIS LESION
ADD 54512 EXCISE LESION TESTIS

Diagnosis: INTUSSUCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND
FOREIGN BODY IN STOMACH, INTESTINES, COLON & RECTUM
Treatment: EXCISION, MEDICAL THERAPY
Line: 23

ADD 45337 SIGMOIDOSCOPY & DECOMPRESS

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC
AORTA
Treatment: SURGICAL TREATMENT
Line: 29

ADD 35473 REPAIR ARTERIAL BLOCKAGE
ADD 37205 TRANSCATHETER STENT

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA;
COMPRESSION OF BRAIN
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
Line: 31

DELETE 61130 PIERCE SKULL, EXAM/SURGERY
DELETE 61711 FUSION OF SKULL ARTERIES

Diagnosis: SEPTICEMIA
Treatment: MEDICAL THERAPY
Line: 48

ADD 771.81 Septicemia (sepsis) of newborn
ADD 771.82 Urinary tract infection of newborn
ADD 771.83 Bacteremia of newborn
ADD 771.89 Other infections specific to the perinatal
period

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF
SKULL
Treatment: CRANIOTOMY/CRANIECTOMY
Line: 52

ADD 11971 REMOVE TISSUE EXPANDER(S)
ADD 14041 SKIN TISSUE REARRANGEMENT
ADD 62141 REPAIR OF SKULL DEFECT

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 55

ADD V23.41 Pregnancy with history of pre-term labor
ADD V23.49 Pregnancy with other poor obstetric history

Diagnosis: BIRTH OF INFANT
Treatment: NEWBORN CARE
Line: 56

ADD 765.29 37 or more completed weeks of gestation
ADD 779.81 Neonatal bradycardia
ADD 779.82 Neonatal tachycardia
ADD 779.89 Other specified conditions originating in
the perinatal period

Diagnosis: ECTOPIC PREGNANCY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 57

ADD 633.00 Abdominal pregnancy without intrauterine
pregnancy
ADD 633.01 Abdominal pregnancy with intrauterine
pregnancy
ADD 633.10 Tubal pregnancy without intrauterine
ADD 633.11 Tubal pregnancy with intrauterine pregnancy
ADD 633.20 Ovarian pregnancy without intrauterine
pregnancy
ADD 633.21 Ovarian pregnancy with intrauterine
ADD 633.80 Other ectopic pregnancy without intrauterine
pregnancy
ADD 633.81 Other ectopic pregnancy with intrauterine
pregnancy
ADD 633.90 Unspecified ectopic pregnancy without
intrauterine pregnancy
ADD 633.91 Unspecified ectopic pregnancy with
intrauterin pregnancy

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 60

ADD 770.81 Primary apnea of newborn
ADD 770.82 Other apnea of newborn
ADD 770.83 Cyanotic attacks of newborn
ADD 770.84 Respiratory failure of newborn
ADD 770.89 Other respiratory problems after birth

Diagnosis: LOW BIRTH WEIGHT (UNDER 2500 GRAMS)
Treatment: MEDICAL THERAPY
Line: 71

ADD 765.20 Unspecified weeks of gestation
ADD 765.21 Less than 24 completed weeks of gestation
ADD 765.22 24 completed weeks of gestation
ADD 765.23 25-26 completed weeks of gestation

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: LOW BIRTH WEIGHT (UNDER 2500 GRAMS)

Treatment: MEDICAL THERAPY

Line: 71 (CONT'D)

ADD 765.24 27-28 completed weeks of gestation
ADD 765.25 29-30 completed weeks of gestation
ADD 765.26 31-32 completed weeks of gestation
ADD 765.27 33-34 completed weeks of gestation
ADD 765.28 35-36 completed weeks of gestation

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 78

DELETE 48999 PANCREAS SURGERY PROCEDURE

Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA & VALGA

Treatment: SURGICAL TREATMENT

Line: 89

ADD 27256 TREAT HIP DISLOCATION

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION

Line: 100

ADD 50390 DRAINAGE OF KIDNEY LESION

Diagnosis: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA

Treatment: LIGATION

Line: 104

ADD 37204 TRANSCATHETER OCCLUSION
ADD 747.83 Persistent fetal circulation

Diagnosis: CYSTIC FIBROSIS

Treatment: MEDICAL THERAPY

Line: 108

ADD 277.02 Cystic fibrosis with pulmonary
ADD 277.03 Cystic fibrosis with gastrointestinal
manifestation
ADD 277.09 Cystic fibrosis with gastrointestinal
manifestation

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME;
HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR
MALFORMATIONS; POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S
DISEASE (See Coding Specification)

Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT

Line: 110

DELETE 277.00 Cystic fibrosis without mention of meconium
ileus
DELETE 277.01 Cystic fibrosis with meconium ileus
ADD 277.03 Cystic fibrosis with gastrointestinal
manifestation

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: HODGKIN'S DISEASE
Treatment: BONE MARROW TRANSPLANT
Line: 120

ADD S2150 BONE MARROW/STEM CELL HARVEST/TRANSPLANT

Diagnosis: NON-HODGKIN'S LYMPHOMAS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 123

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT
Line: 124

ADD S2150 BONE MARROW/STEM CELL HARVEST/TRANSPLANT

Diagnosis: THALASSEMIA, OSTEOPEPTOSIS AND HEMOGLOBINOPATHIES
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 125

ADD S2150 BONE MARROW/STEM CELL HARVEST/TRANSPLANT

Diagnosis: DISEASES OF PHARYNX INCLUDING RETROPHARYNGEAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 134

DELETE 42999 THROAT SURGERY PROCEDURE

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
Line: 137

ADD 36822 INSERTION OF CANNULA(S)

Diagnosis: BENIGN NEOPLASM OF THE BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
Line: 139

ADD 12034 LAYER CLOSURE OF WOUND(S)
ADD 14300 SKIN TISSUE REARRANGEMENT
DELETE 61490 INCISE SKULL FOR SURGERY
ADD 63281 BIOPSY/EXCISE SPINAL TUMOR
DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 143

ADD 22612 LUMBAR SPINE FUSION
ADD 22630 LUMBAR SPINE FUSION
ADD 22840 INSERT SPINE FIXATION DEVICE

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2002, Made Effective May 1, 2002. (Cont'd)

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See
Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 143 (CONT'D)

ADD 22845 INSERT SPINE FIXATION DEVICE
ADD 62362 IMPLANT SPINE INFUSION PUMP

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 148

ADD 10121 REMOVE FOREIGN BODY
ADD 20680 REMOVAL OF SUPPORT IMPLANT
ADD 20694 REMOVE BONE FIXATION DEVICE
ADD 27266 TREAT HIP DISLOCATION
ADD 36831 AV FISTULA EXCISION, OPEN
ADD 414.12 Dissection of coronary artery
ADD 443.21 Dissection of carotid artery
ADD 443.22 Dissection of iliac artery
ADD 443.23 Dissection of renal artery
ADD 443.24 Dissection of vertebral artery
ADD 443.29 Dissection of other artery
ADD 49021 DRAIN ABDOMINAL ABSCESS
ADD 62230 REPLACE/REVISE BRAIN SHUNT
ADD 62258 REPLACE BRAIN CAVITY SHUNT

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB INCLUDING
BLOOD VESSELS

Treatment: SURGICAL TREATMENT
Line: 149

ADD 35521 ARTERY BYPASS GRAFT

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF
GREAT VESSELS, HYPOPLASTIC LEFT HEART

Treatment: CARDIAC TRANSPLANT
Line: 157

ADD 428.20 Unspecified systolic heart failure
ADD 428.21 Acute systolic heart failure
ADD 428.22 Chronic systolic heart failure
ADD 428.23 Acute on chronic systolic heart failure
ADD 428.30 Unspecified diastolic heart failure
ADD 428.31 Acute diastolic heart failure
ADD 428.32 Chronic diastolic heart failure
ADD 428.33 Acute on chronic diastolic heart failure
ADD 428.40 Unspecified combined systolic and diastolic
heart failure
ADD 428.41 Acute combined systolic and diastolic heart
failure
ADD 428.42 Chronic combined systolic and diastolic
heart failure
ADD 428.43 Acute on chronic combined systolic and
diastolic heart failure

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: DISORDERS OF BILE DUCT
Treatment: EXCISION, REPAIR
Line: 158

DELETE 47999 BILE TRACT SURGERY PROCEDURE

Diagnosis: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE
EXOPHTHALMOS; CHRONIC THYROIDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
Line: 168

ADD 60240 REMOVAL OF THYROID
DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: BENIGN CEREBRAL CYSTS
Treatment: DRAINAGE
Line: 170

DELETE 61711 FUSION OF SKULL ARTERIES

Diagnosis: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS;
CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS
ANTIBIOTIC THERAPY
Treatment: MEDICAL THERAPY
Line: 172

DELETE 11710 SCRAPING OF 1-5 NAILS
DELETE 11711 SCRAPING OF ADDITIONAL NAILS
ADD 11720 DEBRIDE NAIL, 1-5
ADD 11721 DEBRIDE NAIL, 6 OR MORE

Diagnosis: EMPYEMA AND ABSCESS OF LUNG
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 173

ADD 32320 FREE/REMOVE CHEST LINING
ADD 32500 PARTIAL REMOVAL OF LUNG

Diagnosis: HEART FAILURE
Treatment: MEDICAL THERAPY
Line: 176

ADD 428.20 Unspecified systolic heart failure
ADD 428.21 Acute systolic heart failure
ADD 428.22 Chronic systolic heart failure
ADD 428.23 Acute on chronic systolic heart failure
ADD 428.30 Unspecified diastolic heart failure
ADD 428.31 Acute diastolic heart failure
ADD 428.32 Chronic diastolic heart failure
ADD 428.33 Acute on chronic diastolic heart failure
ADD 428.40 Unspecified combined systolic and diastolic
heart failure
ADD 428.41 Acute combined systolic and diastolic heart
failure
ADD 428.42 Chronic combined systolic and diastolic
heart failure
ADD 428.43 Acute on chronic combined systolic and
diastolic heart failure

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 178

ADD	428.20	Unspecified systolic heart failure
ADD	428.21	Acute systolic heart failure
ADD	428.22	Chronic systolic heart failure
ADD	428.23	Acute on chronic systolic heart failure
ADD	428.30	Unspecified diastolic heart failure
ADD	428.31	Acute diastolic heart failure
ADD	428.32	Chronic diastolic heart failure
ADD	428.33	Acute on chronic diastolic heart failure
ADD	428.40	Unspecified combined systolic and diastolic heart failure
ADD	428.41	Acute combined systolic and diastolic heart failure
ADD	428.42	Chronic combined systolic and diastolic heart failure
ADD	428.43	Acute on chronic combined systolic and diastolic heart failure

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA (See Coding Specifications Below)

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 183

ADD	S2150	BONE MARROW/STEM CELL HARVEST/TRANSPLANT
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Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

Line: 184

ADD	S2150	BONE MARROW/STEM CELL HARVEST/TRANSPLANT
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Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS

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

Line: 187

DELETE	11700	SCRAPING OF 1-5 NAILS
DELETE	11701	SCRAPING OF ADDITIONAL NAILS
DELETE	11731	REMOVAL OF SECOND NAIL PLATE

Diagnosis: CANCER OF THYROID, TREATABLE

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

Line: 194

DELETE	79999	NUCLEAR MEDICINE THERAPY
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Diagnosis: CANCER OF EYE & ORBIT, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Line: 197

ADD	11420	REMOVAL OF SKIN LESION
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Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: ULCERS, GI HEMORRHAGE

Treatment: SURGICAL TREATMENT

Line: 198

ADD 537.84 Dieulafoy lesion (hemorrhagic) of stomach & duodenum

Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANTATION

Line: 201

ADD S2150 BONE MARROW/STEM CELL HARVEST/TRANSPLANT

Diagnosis: CHRONIC GRANULOMATOUS DISEASE

Treatment: MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Line: 202

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 210

DELETE 33999 CARDIAC SURGERY PROCEDURE

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 212

ADD 20692 APPLY BONE FIXATION DEVICE

ADD 27620 EXPLORE/TREAT ANKLE JOINT

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 213

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: MULTIPLE MYELOMA

Treatment: BONE MARROW TRANSPLANT

Line: 214

ADD S2150 BONE MARROW/STEM CELL HARVEST/TRANSPLANT

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

Line: 220

ADD 357.81 Chronic inflammatory demyelinating polyneuritis

ADD 357.82 Critical illness polyneuropathy

ADD 357.89 Other inflammatory and toxic neuropathy

ADD 359.81 Critical illness myopathy

ADD 359.89 Other myopathies

ADD 438.6 Alterations of sensations

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES,
RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

Line: 220 (CONT'D)

ADD 438.7 Disturbances of vision
ADD 438.83 Facial weakness
ADD 438.84 Ataxia
ADD 438.85 Vertigo
ADD 62350 IMPLANT SPINAL CANAL CATH
ADD 747.82 Congenital spinal vessel anomaly

Diagnosis: CANCER OF BREAST, TREATABLE

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

Line: 229

DELETE 19220 REMOVAL OF BREAST
DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF OVARY, TREATABLE

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

Line: 230

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: UNDESCENDED TESTICLE

Treatment: SURGICAL TREATMENT

Line: 231

DELETE 54510 REMOVAL OF TESTIS LESION
ADD 54512 EXCISE LESION TESTIS

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, TREATABLE

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

Line: 232

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS,
TREATABLE

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

Line: 233

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF BONES, TREATABLE

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

Line: 235

DELETE 20960 MICROVASCULAR RIB GRAFT
ADD 20962 OTHER BONE GRAFT, MICROVASC
DELETE 79999 NUCLEAR MEDICINE THERAPY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: CANCER OF BLADDER AND URETER, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 236

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM & MESENTERY,
TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 237

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 238

ADD 31611 SURGERY/SPEECH PROSTHESIS
DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL
INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 265

ADD 33542 REMOVAL OF HEART LESION
ADD 414.06 Coronary atherosclerosis of coronary artery of
transplanted heart

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE (See Guideline Note)

Line: 266

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 273

ADD 44120 REMOVAL OF SMALL INTESTINE
DELETE 49999 ABDOMEN SURGERY PROCEDURE
DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF PROSTATE GLAND, TREATABLE

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

Line: 276

DELETE 79999 NUCLEAR MEDICINE THERAPY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 280

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
Line: 282

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 296

ADD 569.86 Dieulafoy lesion (hemorrhagic) of intestine

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 299

ADD 15000 SKIN GRAFT
ADD 20680 REMOVAL OF SUPPORT IMPLANT
ADD 27570 FIXATION OF KNEE JOINT
ADD 31630 BRONCHOSCOPY WITH REPAIR

Diagnosis: BILATERAL ANOMALIES OF EXTERNAL EAR W/ IMPAIRMENT OF HEARING
Treatment: RECONSTRUCT OF EAR CANAL
Line: 306

ADD 15120 SKIN SPLIT GRAFT

Diagnosis: DISSEMINATED INFECTIONS WITH LOCALIZED SITES
Treatment: MEDICAL THERAPY
Line: 312

ADD 040.82 Toxic shock syndrome

Diagnosis: CARDIAC ARRHYTHMIAS
Treatment: MEDICAL THERAPY, PACEMAKER
Line: 323

DELETE 33999 CARDIAC SURGERY PROCEDURE

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 328

DELETE 38999 BLOOD/LYMPH SYSTEM PROCEDURE

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)

Line: 335

ADD 27435 INCISION OF KNEE JOINT
ADD 357.81 Chronic inflammatory demyelinating polyneuritis
ADD 357.82 Critical illness polyneuropathy
ADD 357.89 Other inflammatory and toxic neuropathy
ADD 438.6 Alterations of sensations
ADD 438.7 Disturbances of vision
ADD 438.83 Facial weakness
ADD 438.84 Ataxia
ADD 438.85 Vertigo
ADD 62360 INSERT SPINE INFUSION DEVICE
ADD 62361 IMPLANT SPINE INFUSION PUMP
ADD 62362 IMPLANT SPINE INFUSION PUMP
ADD 747.82 Congenital spinal vessel anomaly

Diagnosis: DISORDERS OF ARTERIES, VISCERAL

Treatment: BYPASS GRAFT

Line: 340

ADD 445.81 Atheroembolism, kidney
ADD 445.89 Atheroembolism, other site
ADD 62294 INJECTION INTO SPINAL ARTERY
ADD 747.82 Congenital spinal vessel anomaly

Diagnosis: ZONOTIC BACTERIAL DISEASES

Treatment: MEDICAL THERAPY

Line: 343

ADD V71.82 Observation/eval for suspected exposure to other biological agent
ADD V71.83 Observation and evaluation for suspected exposure to anthrax

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES

Treatment: SURGERY

Line: 344

ADD 10121 REMOVE FOREIGN BODY

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS

Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Line: 345

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 347

ADD 35471 REPAIR ARTERIAL BLOCKAGE
ADD 35654 ARTERY BYPASS GRAFT

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 348

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: LIFE-THREATENING EPISTAXIS
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
Line: 351

DELETE 30999 NASAL SURGERY PROCEDURE

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 353

DELETE 15999 REMOVAL OF PRESSURE SORE
ADD 454.8 Varicose veins of the lower extremities, with other complications
ADD 459.11 Postphlebotic syndrome with ulcer
ADD 459.12 Postphlebotic syndrome with inflammation
ADD 459.13 Postphlebotic syndrome with ulcer and inflammation
ADD 459.19 Postphlebotic syndrome with other
ADD 459.31 Chronic venous hypertension with ulcer
ADD 459.32 Chronic venous hypertension with ulcer
ADD 459.33 Chronic venous hypertension with ulcer and inflammation
ADD 459.39 Chronic venous hypertension with other complication

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 354

ADD 10060 DRAINAGE OF SKIN ABSCESS
ADD 10061 DRAINAGE OF SKIN ABSCESS
ADD 11043 DEBRIDE TISSUE/MUSCLE
ADD 20102 EXPLORE WOUND, ABDOMEN
ADD 27301 DRAIN THIGH LESION
ADD 46040 INCISION OF RECTAL ABSCESS
ADD 46270 REMOVAL OF ANAL FISTULA
DELETE 611.0 Inflammatory disease of breast

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 355

ADD 19020 INCISION OF BREAST LESION
ADD 611.0 Inflammatory disease of breast

Diagnosis: DENTAL SERVICES (EG. INFECTIONS) (See Guideline Note)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 358

ADD 523.3 Acute periodontitis

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 370

ADD 35606 ARTERY BYPASS GRAFT
ADD 445.01 Atheroembolism, upper extremity
ADD 445.02 Atheroembolism, lower extremity

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS
DISSECANS, AND ASEPTIC NECROSIS OF BONE
Treatment: ARTHROPLASTY/RECONSTRUCTION
Line: 373

ADD 20692 APPLY BONE FIXATION DEVICE
ADD 25240 PARTIAL REMOVAL OF ULNA
ADD 25800 FUSION OF WRIST JOINT
ADD 26850 FUSION OF KNUCKLE
ADD 27620 EXPLORE/TREAT ANKLE JOINT
ADD 28725 FUSION OF FOOT BONES
ADD 28740 FUSION OF FOOT BONES

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR
Line: 378

DELETE 24999 UPPER ARM/ELBOW SURGERY
ADD 64890 NERVE GRAFT, HAND OR FOOT

Diagnosis: CLEFT PALATE WITH CLEFT LIP
Treatment: EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 380

ADD 14060 SKIN TISSUE REARRANGEMENT
ADD 30462 REVISION OF NOSE

Diagnosis: CLEFT PALATE
Treatment: REPAIR & PALATOPLASTY, ORTHODONTICS
Line: 381

ADD D7110 EXTRACTION - SINGLE TOOTH
ADD D7120 EXTRACTION - EACH ADDTL TOOTH
ADD D7210 REMOVE ERUPTED TOOTH
ADD D7250 REMOVE IMPACTED TOOTH

Diagnosis: PRIMARY AND OTHER ANGLE-CLOSURE GLAUCOMA
Treatment: IRIDECTOMY, LASER SURGERY
Line: 397

ADD 365.83 Aqueous misdirection

Diagnosis: CATARACT
Treatment: EXTRACTION OF CATARACT
Line: 412

ADD 67010 PARTIAL REMOVAL OF EYE FLUID

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
Line: 413

DELETE 66999 EYE SURGERY PROCEDURE

Diagnosis: ACROMEGALY & GIGANTISM, OTHER & UNSPECIFIED ANTERIOR
PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND &
OTHER ENDOCRINE GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION
THERAPY
Line: 430

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN
DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA
Treatment: HEART-LUNG AND LUNG TRANSPLANT
Line: 440

ADD 277.02 Cystic fibrosis with pulmonary manifestations
ADD 277.03 Cystic fibrosis with gastrointestinal
manifestation
ADD 277.09 Cystic fibrosis with other manifestations

Diagnosis: ARTHROPOD-BORNE VIRAL DISEASES
Treatment: MEDICAL THERAPY
Line: 448

ADD 066.4 West Nile fever

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL
OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC
CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED
GOALS)
Line: 450

ADD 357.81 Chronic inflammatory demyelinating polyneuritis
ADD 357.82 Critical illness polyneuropathy
ADD 357.89 Other inflammatory and toxic neuropathy
ADD 438.6 Alterations of sensations
ADD 438.7 Disturbances of vision
ADD 438.83 Facial weakness
ADD 438.84 Ataxia
ADD 438.85 Vertigo
ADD 747.82 Congenital spinal vessel anomaly

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC
CONDITIONS
Treatment: MEDICAL THERAPY
Line: 451

ADD 357.81 Chronic inflammatory demyelinating polyneuritis
ADD 357.82 Critical illness polyneuropathy
ADD 357.89 Other inflammatory and toxic neuropathy
ADD 438.6 Alterations of sensations

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC
CONDITIONS

Treatment: MEDICAL THERAPY

Line: 451 (CONT'D)

ADD 438.7 Disturbances of vision
ADD 438.83 Facial weakness
ADD 438.84 Ataxia
ADD 438.85 Vertigo
ADD 747.82 Congenital spinal vessel anomaly

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 466

ADD 27236 TREAT THIGH FRACTURE

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES

Treatment: BONE MARROW TRANSPLANT

Line: 469

ADD S2150 BONE MARROW/STEM CELL HARVEST/TRANSPLANT

Diagnosis: DISLOCATION/DEFORMITY KNEE & HIP

Treatment: SURGICAL TREATMENT

Line: 481

ADD 29881 KNEE ARTHROSCOPY/SURGERY

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW,
CLAVICLE AND SHOULDER

Treatment: SURGICAL TREATMENT

Line: 482

ADD 23470 RECONSTRUCT SHOULDER JOINT
DELETE 26597 RELEASE OF SCAR CONTRACTURE
ADD 27698 REPAIR OF ANKLE LIGAMENT
ADD 29894 ANKLE ARTHROSCOPY/SURGERY
DELETE 64999 NERVOUS SYSTEM SURGERY

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 489

DELETE 47999 BILE TRACT SURGERY PROCEDURE

Diagnosis: SEVERE RHINITIS (See Guideline Note), CHRONIC SINUSITIS,
NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 490

ADD 30420 RECONSTRUCTION OF NOSE

Diagnosis: FECAL IMPACTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 491

ADD 45915 REMOVE RECTAL OBSTRUCTION

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: GOUT AND CRYSTAL ARTHROPATHIES
Treatment: MEDICAL THERAPY
Line: 495

ADD 20605 DRAIN/INJECT, JOINT/BURSA

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL
MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES
OTHER THAN INFERTILITY
Line: 498

ADD 58660 LAPAROSCOPY, LYSIS

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)
Treatment: OPEN OR CLOSED REDUCTION
Line: 503

ADD 25259 MANIPULATE WRIST W/ANESTHES
ADD 25574 TREAT FRACTURE RADIUS & ULNA
ADD 26645 TREAT THUMB FRACTURE
ADD 26650 TREAT THUMB FRACTURE
ADD 29075 APPLICATION OF FOREARM CAST
ADD 29850 KNEE ARTHROSCOPY/SURGERY
ADD 29851 KNEE ARTHROSCOPY/SURGERY

Diagnosis: CHRONIC OTITIS MEDIA (See Guideline Note)
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
Line: 504

ADD 69620 REPAIR OF EARDRUM

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND
LEGS, EXCLUDING THE KNEE, GRADE II AND III
Treatment: REPAIR
Line: 516

ADD 26418 REPAIR FINGER TENDON
ADD 26497 FINGER TENDON TRANSFER

Diagnosis: MALUNION & NONUNION OF FRACTURE
Treatment: SURGICAL TREATMENT
Line: 519

ADD 25259 MANIPULATE WRIST W/ANESTHES
ADD 27217 TREAT PELVIC RING FRACTURE

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note)
Treatment: SURGICAL REPAIR
Line: 523

ADD 51840 ATTACH BLADDER/URETHRA

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

Line: 525

ADD S2150 BONE MARROW/STEM CELL HARVEST/TRANSPLANT

Diagnosis: EXFOLIATION OF TEETH DUE TO SYSTEMIC CAUSES

Treatment: EXCISION OF DENTOALVEOLAR STRUCTURE

Line: 539

DELETE 17999 SKIN TISSUE PROCEDURE

Diagnosis: RETAINED DENTAL ROOT

Treatment: EXCISION OF DENTOALVEOLAR STRUCTURE

Line: 541

DELETE 17999 SKIN TISSUE PROCEDURE

Diagnosis: SPECIFIC DISORDERS OF THE TEETH AND SUPPORTING STRUCTURES

Treatment: EXCISION OF DENTOALVEOLAR STRUCTURE

Line: 542

DELETE 17999 SKIN TISSUE PROCEDURE

Diagnosis: PERIPHERAL NERVE ENTRAPMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 544

ADD 29848 WRIST ENDOSCOPY/SURGERY

DELETE 64999 NERVOUS SYSTEM SURGERY

Diagnosis: URINARY INCONTINENCE (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 550

ADD 57284 REPAIR PARAVAGINAL DEFECT

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 551

ADD 438.6 Alterations of sensations

ADD 438.7 Disturbances of vision

ADD 438.83 Facial weakness

ADD 438.84 Ataxia

ADD 438.85 Vertigo

Diagnosis: CANCER OF ESOPHAGUS, TREATABLE

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

Line: 554

DELETE 79999 NUCLEAR MEDICINE THERAPY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: CANCER OF LIVER, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 555

ADD 37204 TRANSCATHETER OCCLUSION
DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF PANCREAS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 556

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 557

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: PTERYGIUM
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM W/O GRAFT, RADIATION
THERAPY

Line: 558

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: BENIGN NEOPLASM BONE & ARTICULAR CARTILAGE INCLUDING OSTEOID
OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT
TISSUE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 560

ADD 12052 LAYER CLOSURE OF WOUND(S)
ADD 64792 REMOVAL OF NERVE LESION

Diagnosis: SEXUAL DYSFUNCTION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 570

DELETE 54409 REVISE PENIS PROSTHESIS

Diagnosis: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS

Line: 578

DELETE 15999 REMOVAL OF PRESSURE SORE

Diagnosis: DEFORMITIES OF UPPER BODY & ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY

Line: 579

DELETE 26597 RELEASE OF SCAR CONTRACTURE
DELETE 64999 NERVOUS SYSTEM SURGERY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: DERMATOPHYTOSIS OF NAIL, GROIN AND FOOT AND OTHER
DERMATOMYCOSIS

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 589

DELETE	11700	SCRAPING OF 1-5 NAILS
DELETE	11701	SCRAPING OF ADDITIONAL NAILS
DELETE	11710	SCRAPING OF 1-5 NAILS
DELETE	11711	SCRAPING OF 1-5 NAILS
ADD	11720	DEBRIDE NAIL, 1-5
ADD	11721	DEBRIDE NAIL, 6 OR MORE

Diagnosis: PERIPHERAL ENTHESOPATHIES

Treatment: SURGICAL TREATMENT
Line: 595

DELETE	26597	RELEASE OF SCAR CONTRACTURE
DELETE	64999	NERVOUS SYSTEM SURGERY

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS

Treatment: LIVER TRANSPLANT
Line: 608

DELETE	79999	NUCLEAR MEDICINE THERAPY
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Diagnosis: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER
DISEASES OF UPPER RESPIRATORY TRACT

Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
Line: 636

DELETE	30999	NASAL SURGERY PROCEDURE
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Diagnosis: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF
HEARING; UNILATERAL ANOMALIES OF THE EAR

Treatment: OTOPLASTY, REPAIR & AMPUTATION
Line: 639

DELETE	21087	PREPARE FACE/ORAL PROSTHESIS
DELETE	21088	PREPARE FACE/ORAL PROSTHESIS

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE

Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION
THERAPY

Line: 649

DELETE	79999	NUCLEAR MEDICINE THERAPY
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Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS

Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
Line: 670

DELETE	56340	LAPAROSCOPIC CHOLECYSTECTOMY
DELETE	56341	LAPAROSCOPIC CHOLECYSTECTOMY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission July 17, 2002, Made Effective October 1, 2002. (Cont'd)

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS,
SCAR CONDITIONS, AND FIBROSIS OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 685

DELETE 26597 RELEASE OF SCAR CONTRACTURE

Diagnosis: PERIPHERAL NERVE DISORDERS

Treatment: MEDICAL THERAPY

Line: 690

ADD 357.81 Chronic inflammatory without demyelinating
polyneuritis

ADD 357.82 Critical illness polyneuropathy

ADD 357.89 Other inflammatory and toxic neuropathy

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR
INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY

Line: 694

ADD 459.10 Postphlebotic syndrome without complications

ADD 459.30 Chronic venous hypertension without
complications

Diagnosis: CHRONIC PANCREATITIS

Treatment: SURGICAL TREATMENT

Line: 696

DELETE 48999 PANCREAS SURGERY PROCEDURE

Diagnosis: CANCER OF VARIOUS SITES WITH DISTANT METASTASES WHERE
TREATMENT WILL NOT RESULT IN A 5% 5-YEAR SURVIVAL

Treatment: CURATIVE MEDICAL AND SURGICAL TREATMENT

Line: 699

DELETE 79999 NUCLEAR MEDICINE THERAPY

Diagnosis: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE,
EPIDIDYMIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 715

DELETE 54510 REMOVAL OF TESTIS LESION

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003.

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF
CONSCIOUSNESS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 1

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO

ADD 62148 RETR BONE FLAP TO FIX SKULL

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003.

Diagnosis: TYPE I DIABETES MELLITUS

Treatment: MEDICAL THERAPY

Line: 2

ADD G0245 E&M FOR DM SENSORY NEUROPATHY+
ADD G0246 E&M FOR DM SENSORY NEUROPATHY+
ADD S9145 INSULIN PUMP INITIATION

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 10

ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM

Treatment: SURGICAL TREATMENT

Line: 21

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: INTUSSUCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON & RECTUM

Treatment: EXCISION, MEDICAL THERAPY

Line: 23

ADD 44206 LAP PART COLECTOMY W/STOMA
ADD 44310 ILEOSTOMY/JEJUNOSTOMY
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

ADD 34833 EXPOSE FOR ENDOPRSTH, ILIAC
ADD 34834 EXPOSE, ENDOPROSTH, BRACHIAL
ADD 34900 ENDOVASC ILIAC REPR W/GRAFT
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN

Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY

Line: 31

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 61322 DECOMPRESSIVE CRANIOTOMY
ADD 61323 DECOMPRESSIVE LOBECTOMY
ADD 61343 INCISE SKULL (PRESS RELIEF)
ADD 61623 ENDOVASC TEMPORY VESSEL OCCL

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS & ESOPHAGUS

Treatment: REMOVAL OF FOREIGN BODY

Line: 32

ADD 31500 INSERT OF EMERGENCY AIRWAY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS

Treatment: THROMBECTOMY/LIGATION

Line: 39

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN
ADD 37182 INSERT HEPATIC SHUNT (TIPS)

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL

Treatment: CRANIOTOMY/CRANIECTOMY

Line: 52

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 62148 RETR BONE FLAP TO FIX SKULL

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

Line: 54

*DELETE FPS01 ANNUAL FAMILY PLANNING VISIT
*DELETE FPS02 COMPREHENSIVE CONTRACEPTIVE COUNSELING

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 55

*ADD 59899 MATERNITY SERVICE (FOR LABOR MANAGEMENT ONLY)
*ADD G9001 COORDINATED CARE FEE, INITIAL RATE
*ADD G9002 COORDINATED CARE FEE, MAINTENANCE RATE
*ADD G9005 COORDINATED CARE FEE, RISK ADJ MAINTENANCE
*ADD G9006 COORDINATED CARE FEE, HOME MONITORING
*ADD G9009 COORDINATED CARE FEE, RISK ADJ MAINT, LVL 3
*ADD G9010 COORDINATED CARE FEE, RISK ADJ MAINT, LVL 4
*ADD G9011 COORDINATED CARE FEE, RISK ADJ MAINT, LVL 5
*ADD G9012 COORDINATED CARE FEE, RISK ADJ MAINT, OTHER
*DELETE MCD01 TOTAL OB CARE, CLINIC SETTING
*DELETE MCD02 TOTAL OB CARE, HOME SETTING
*DELETE MCD03 LABOR MANAGEMENT ONLY
*DELETE MCD04 MULTIPLE BIRTHS
*DELETE MCM01 OB INITIAL NEEDS ASSESSMENT
*DELETE MCM02 OB CASE MGMT, FULL SERVICE
*DELETE MCM03 OB CASE MGMT, PARTIAL SERVICE
*DELETE MCM04 OB HIGH RISK CASE MGMT (FULL)
*DELETE MCM05 OB HIGH RISK CASE MGMT (PARTIAL)
*DELETE MCM06 OB NUTRITIONAL COUNSELING
*DELETE MCM07 OB HOME SERVICES
*DELETE MCM08 OBSOLETE CODE
*DELETE MCM09 OBSOLETE CODE

*Approved by the Health Services Commission, March 6, 2003.

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

Treatment: MEDICAL AND SURGICAL THERAPY

Line: 78

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON
ADD 45340 SIG W/BALLOON DILATION
ADD 45386 COLONOSCOPE DILATE STRICTURE
ADD 49904 OMENTAL FLAP, EXTRA-ABDOM

Diagnosis: ADRENOGENITAL DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 86

ADD 54690 LAPAROSCOPY, ORCHIECTOMY

Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS

Treatment: SHUNT

Line: 87

ADD 61322 DECOMPRESSIVE CRANIOTOMY
ADD 61323 DECOMPRESSIVE LOBECTOMY
ADD 62160 NEUROENDOSCOPY ADD-ON
ADD 62161 DISSECT BRAIN W/SCOPE
ADD 62162 REMOVE COLLOID CYST W/SCOPE
ADD 62163 NEUROENDOSCOPY W/FB REMOVAL

Diagnosis: CORONARY ARTERY ANOMALY

Treatment: REIMPLANTATION OF CORONARY ARTERY

Line: 101

ADD 33508 ENDOSCOPIC VEIN HARVEST
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

Line: 109

ADD 36825 ARTERY-VEIN GRAFT
ADD 36830 ARTERY-VEIN GRAFT

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME

Treatment: BONE MARROW TRANSPLANT

Line: 118

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: HODGKIN'S DISEASE
Treatment: BONE MARROW TRANSPLANT
Line: 120

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 122

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT
Line: 124

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: THALASSEMIA, OSTEOPEPTOSIS AND HEMOGLOBINOPATHIES
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 125

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
Line: 126

ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT
Line: 127

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: FRACTURE OF JOINT, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 131

ADD 26665 TREAT THUMB FRACTURE

Diagnosis: FRACTURE OF SHAFT OF BONE, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 132

ADD 25310 TRANSPLANT FOREARM TENDON

Diagnosis: ARTERIAL ANEURYSM OF NECK
Treatment: REPAIR
Line: 136

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: BENIGN NEOPLASM OF THE BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY,
WHICH INCLUDES RADIATION THERAPY
Line: 139

ADD 225.1 BENIGN NEOPLASM OF CRANIAL NERVES
ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 61517 IMPLT BRAIN CHEMOTX ADD-ON
ADD 61623 ENDOVASC TEMPORY VESSEL OCCL
ADD 62160 NEUROENDOSCOPY ADD-ON
ADD 62163 NEUROENDOSCOPY W/FB REMOVAL
ADD 62164 REMOVE BRAIN TUMOR W/SCOPE
ADD 62165 REMOVE PITUIT TUMOR W/SCOPE

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 143

ADD 22845 INSERT SPINE FIXATION DEVICE
ADD 62350 IMPLANT SPINAL CANAL CATH
ADD 62351 IMPLANT SPINAL CANAL CATH
ADD 62355 REMOVE SPINAL CANAL CATHETER
ADD 62365 REMOVE SPINE INFUSION DEVICE
ADD 62367 ANALYZE SPINE INFUSION PUMP
ADD 62368 ANALYZE SPINE INFUSION PUMP
ADD 64421 INJECTION FOR NERVE BLOCK

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Guideline Note)
Treatment: MEDICAL THERAPY
Line: 144

*DELETE PHB01 OBSOLETE CODE
*DELETE PHB02 OBSOLETE CODE

*Approved by the Health Services Commission, March 6, 2003.

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

The original listing of procedure codes for line 148 of the May 14, 2001 Prioritized List erroneously included all CPT codes in the range 10040-69990. The Health Services Commission approved the breakout of this range as listed below. This listing includes the following ten codes approved for addition at their January 23, 2002 meeting and should supersede any previous definitions for this line.

ADD	10140	DRAINAGE OF HEMATOMA/FLUID
ADD	26991	DRAINAGE OF PELVIS BURSA
ADD	33213	INSERTION OF PULSE GENERATOR
ADD	36145	PLACE CATHETER IN VEIN SHUNT
ADD	36819	AV FUSION BY BASILIC VEIN
ADD	36820	AV FUSION/FOREARM VEIN
ADD	36821	AV FUSION DIRECT ANY SITE
ADD	43860	REVISE STOMACH-BOWEL FUSION
ADD	47802	FUSE LIVER DUCT & INTESTINE
*ADD	999.0	GENERALIZED VACCINIA AS COMPLICATION OF MEDICAL CARE

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 323.5,414.12,443.21-443.24,443.29,519.01,519.09,536.41,569.61,996.0-996.2,996.39,996.4,996.51,996.56,996.6-996.9,997.0-997.5,997.62,997.71,997.72,997.79,998.0,998.11,998.2-998.3,998.5-998.6,999.0-999.1,999.3,999.4,999.8

CPT: 10121,10140,20670-20680,20693-20694,20975,21120,22849-22850,22852-22855,23800-23802,24160-24164,24430-24435,24800-24802,24925-24935,25250-25251,25415-25420,25431-25446,25449,25907-26931,26991,27090-27091,27132-27138,27265-27266,27284-27286,27486-27488,27580,27594-27596,27786,27870,27884,28715,31613-31614,31750-31781,31800-31830,33206-33238,33241-33243,33249,33284,33400-33478,33496,33510-33536,33863,34830,35188-35190,35301-35390,35556,35566-35571,35583-35587,35656,35666-35671,35700,35800-35881,35901-35907,36415,36261,36493,36531-36532,36534-36535,36550,36819-36821,36831-36870,37203,43860,47802,49021,50065,50135,50225,50370,50398,50405,50525,50640,50727-50728,50830,50920,50930-50940,51705-51710,51860-51880,51900-51925,52001,54340-54352,54390,54406-54417,61880,61888,62194,62225-62230,62256-62258,62350-62365,63660,63688,63744-63746,64585,64595,65150-65175,65710-65755,65920,75984,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 148

Diagnosis: RESPIRATORY FAILURE

Treatment: MEDICAL THERAPY

Line: 161

ADD	31645	BRONCHOSCOPY, CLEAR AIRWAYS
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Diagnosis: BENIGN CEREBRAL CYSTS

Treatment: DRAINAGE

Line: 170

ADD	61316	IMPLT CRAN BONE FLAP TO ABDO
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*Approved by the Health Services Commission, March 6, 2003.

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 178

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA (See Coding Specification Below)
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 183

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA
Treatment: BONE MARROW TRANSPLANT
Line: 184

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note)
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
Line: 186

ADD S9453 SMOKING CESSATION CLASS

Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
Line: 187

ADD G0245 E&M FOR DM SENSORY NEUROPATHY+
ADD G0246 E&M FOR DM SENSORY NEUROPATHY+
ADD G0247 DIABETIC FOOT CARE

Diagnosis: CANCER OF UTERUS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 196

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58293 VAG HYST W/URO REPAIR, COMPL
ADD 58294 VAG HYST W/ENTEROCELE, COMPL

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: ULCERS, GI HEMORRHAGE

Treatment: SURGICAL TREATMENT

Line: 198

ADD 43201 ESOPH SCOPE W/SUBMUCOUS INJ
ADD 43236 UPPER GI SCOPE W/SUBMUC INJ

Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANTATION

Line: 201

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL & OPHTHALMOLOGICAL COMPLICATIONS

Treatment: MEDICAL THERAPY

Line: 207

*ADD 050 SMALLPOX

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 210

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD
ADD 33508 ENDOSCOPIC VEIN HARVEST

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 212

ADD 28810 AMPUTATION TOE & METATARSAL

Diagnosis: MULTIPLE MYELOMA

Treatment: BONE MARROW TRANSPLANT

Line: 214

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: PHLEBITIS & THROMBOPHLEBITIS, DEEP

Treatment: MEDICAL THERAPY

Line: 215

ADD 37500 ENOSCOPY LIGATE PERF VEINS

*Approved by the Health Services Commission, March 6, 2003.

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: INTRASPINAL AND INTRACRANIAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 218

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO
ADD 61322 DECOMPRESSIVE CRANIOTOMY
ADD 61323 DECOMPRESSIVE LOBECTOMY
ADD 62148 RETR BONE FLAP TO FIX SKULL
ADD 62160 NEUROENDOSCOPY ADD-ON
ADD 62163 NEUROENDOSCOPY W/FB REMOVAL

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES,
RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

Line: 220

ADD 237.70 UNS NEUROFIBROMATOSIS
ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: CANCER OF BREAST, TREATABLE

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

Line: 229

DELETE 38525 BIOPSY/REMOVAL, LYMPH NODES
DELETE 38530 BIOPSY/REMOVAL, LYMPH NODES
ADD V45.71 ACQUIRED ABSENCE OF BREAST

Diagnosis: CANCER OF OVARY, TREATABLE

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

Line: 230

ADD 49419 INSERT ABDOM CATH FOR CHEMOTX
ADD 58925 REMOVAL OF OVARIAN CYST(S)

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS,
TREATABLE

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

Line: 233

ADD 58290 VAG HYST COMPLEX

Diagnosis: CANCER OF BONES, TREATABLE

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

Line: 235

ADD 24363 REPLACE ELBOW JOINT

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM & MESENTERY,
TREATABLE

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

Line: 237

ADD 49201 REMOVAL OF ABDOMINAL LESION

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY

Line: 238

ADD 43450 DILATE ESOPHAGUS

ADD 69502 MASTOIDECTOMY

Diagnosis: PORTAL VEIN THROMBOSIS
Treatment: SURGICAL AND MEDICAL THERAPY

Line: 239

ADD 37182 INSERT HEPATIC SHUNT (TIPS)

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE
Treatment: MEDICAL THERAPY

Line: 244

ADD 46706 REPAIR OF ANAL FISTULA W/GLUE

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES
Treatment: THROMBOENDARTERECTOMY

Line: 249

ADD 61680 INTRACRANIAL VESSEL SURGERY

ADD 61795 BRAIN SURGERY USING COMPUTER

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 251

ADD 36825 ARTERY-VEIN GRAFT

ADD 36830 ARTERY-VEIN GRAFT

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY

Line: 253

ADD 43226 ESOPH ENDOSCOPY, DILATION

Diagnosis: DIVERTICULITIS OF COLON
Treatment: COLON RESECTION, MEDICAL THERAPY

Line: 260

ADD 33238 LAPAROSCOPE PROC, INTESTINE

ADD 44206- LAP PART COLECTOMY W/STOMA
44208

ADD 44701 INTRA COLON LAVAGE ADD-ON

ADD 45335 SIGMOIDOSCOPY & DECOMPRESS

ADD 45381 COLONOSCOPE, SUBMUCOUS INJ

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS

Treatment: DRAINAGE OF PANCREATIC CYST

Line: 261

ADD 64680 INJECTION TREATMENT: OF NERVE

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 265

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD
ADD 33508 ENDOSCOPIC VEIN HARVEST
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN
ADD G0290 STENT FOR ONE CORONARY ARTERY
ADD G0291 STENT FOR ADDL CORONARY ARTERY

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE (See Guideline Note)

Line: 266

ADD 64416 N BLOCK CONT INFUSE, B PLEX
ADD 64447 N BLOCK INJ FEM, SINGLE
ADD 64448 N BLOCK INJ FEM, CONT INF

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 272

ADD 57461 CONZ OF CERVIX W/SCOPE, LEEP
ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE

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

Line: 273

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: CANCER OF PROSTATE GLAND, TREATABLE

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

Line: 276

ADD 55866 LAPARO RADICAL PROSTATECTOMY

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, TREATABLE;
CARCINOID SYNDROME

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

Line: 277

ADD 62165 REMOVE PITUIT TUMOR W/SCOPE

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, TREATABLE

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

Line: 278

ADD 50546 LAPAROSCOPY, NEPHRECTOMY

ADD 50548 LAPARO-ASST REMOVE K/URETER

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE

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

Line: 280

ADD 61316 IMPLT CRAN BONE FLAP TO ABDO

ADD 61517 IMPLT BRAIN CHEMOTX ADD-ON

ADD 61616 RESECT/EXCISE LESION, SKULL

ADD 62148 RETR BONE FLAP TO FIX SKULL

ADD 62164 REMOVE BRAIN TUMOR W/SCOPE

ADD 62165 REMOVE PITUIT TUMOR W/SCOPE

Diagnosis: STROKE

Treatment: MEDICAL THERAPY

Line: 287

ADD 61680 INTRACRANIAL VESSEL SURGERY

ADD 61795 BRAIN SURGERY USING COMPUTER

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF
INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 296

ADD 44206- LAP PART COLECTOMY W/STOMA
44208

ADD 44210- LAPARO TOTAL PROCTOCELECTOMY
44212

ADD 44701 INTRA COLON LAVAGE ADD-ON

ADD 45335 SIGMOIDOSCOPY & DECOMPRESS

ADD 45340 SIG W/BALLOON DILATION

ADD 45381 COLONOSCOPE, SUBMUCOUS INJ

ADD 45386 COLONOSCOPE DILATE STRICTURE

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

The original listing of procedure codes for line 299 of the May 14, 2001 Prioritized List erroneously included all CPT codes in the range 10040-69990. The Health Services Commission approved the breakout of this range as listed below. This listing includes the following two codes approved for addition at their January 23, 2002 meeting and should supersede any previous definitions for this line.

ADD 10140 DRAINAGE OF HEMATOMA/FLUID
ADD 10160 PUNCTURE DRAINAGE OF LESION

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 349.0,519.00,519.02,536.40,536.42,536.49,569.60,569.62,569.69,990,996.30-996.32,996.52-996.54,996.59,997.60-997.61,997.69,997.91,997.99,998.12-998.13,998.4,998.7,998.82-998.89,999.2,999.5-999.7
CPT: 10140,10160,11976-11977,11982-11983,15000,15350-15351,15400-15401,19328-19330,19371-19380,20680,20694,21120,22849-22850,22852-22855,24160-24164,25250-25251,25449,26320,27090-27091,27132-27138,27265-27266,27486-27488,27570,27704,31613-31614,31630,31750-31781,31800-31830,33922,35875-35876,35901-35905,36860-36861,43760-43761,43830-43832,44312-44314,44340-44346,47525-47530,49422,53442,53446-53449,58301,62273,63660,63688,64595,65150-65175,66985-66986,67560,69710-69711,75984,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 299

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not priced as part of the list.)

Treatment: INDUCED ABORTION

Line: 300

ADD 59812 TREATMENT OF MISCARRIAGE
*DELETE TAS01 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS02 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS03 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS04 THERAPEUTIC ABORTION, OFFICE/CLINIC
*DELETE TAS05 THERAPEUTIC ABORTION, ASC
*DELETE TAS06 THERAPEUTIC ABORTION, ASC
*DELETE TAS07 THERAPEUTIC ABORTION, ASC
*DELETE TAS08 THERAPEUTIC ABORTION, ASC

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER

Treatment: COCHLEAR IMPLANT

Line: 303

ADD 92601- COCHLEAR IMPLT F/UP EXAM <7
92617

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS

Treatment: SINGLE FOCAL SURGERY

Line: 307

ADD 61885 IMPLANT NEUROSTIM ONE ARRAY
ADD 64573 IMPLANT NEUROELECTRODES

*Approved by the Health Services Commission, March 6, 2003.

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: TYPE II DIABETES MELLITUS
Treatment: MEDICAL THERAPY
Line: 314

ADD G0245 E&M FOR DM SENSORY NEUROPATHY+
ADD G0246 E&M FOR DM SENSORY NEUROPATHY+
ADD S9145 INSULIN PUMP INITIATION

Diagnosis: CARDIAC ARRHYTHMIAS
Treatment: MEDICAL THERAPY, PACEMAKER
Line: 323

ADD 33215 REPOSITION PACING-DEFIB LEAD
ADD 33224 INSERT PACING LEAD & CONNECT
ADD 33225 L VENTRIC PACING LEAD ADD-ON
ADD 33226 REPOSITION I VENTRIC LEAD

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 326

Revise the guideline note to read as follows:

*Clinically significant ~~disease~~**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 spinal stenosis in addition to a history of neurogenic claudication or radicular symptomatology.**

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
Line: 335

ADD 237.70 UNS NEUROFIBROMATOSIS
ADD 26474 FUSION OF FINGER TENDONS
ADD 27705 INCISION OF TIBIA
DELETE 28306 INCISION OF METATARSAL
ADD 29899 ANKLE ARTHROSCOPY/SURGERY
ADD 61343 INCISE SKULL (PRESS RELIEF)
ADD 62161 DISSECT BRAIN W/SCOPE
ADD 62162 REMOVE COLLOID CYST W/SCOPE

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES
Treatment: SURGERY
Line: 344

ADD 20694 REMOVE BONE FIXATION DEVICE

*Approved by the Health Services Commission, March 6, 2003.

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 347

ADD 35450 TRANSLUMINAL ANGIOPLASTY, OPEN
ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 348

ADD 69910 REMOVE INNER EAR & MASTOID

Diagnosis: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 353

ADD 27598 AMPUTATE LOWER LEG AT KNEE
ADD 28810 AMPUTATION TOE & METATARSAL

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 354

ADD 20000 INCISION OF ABSCESS
ADD 27603 DRAIN LOWER LEG LESION

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
Line: 361

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS;
HYDROURETER
Treatment: SURGICAL AND MEDICAL THERAPY
Line: 368

ADD 50740 FUSION OF URETER & KIDNEY

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 370

ADD 35572 HARVEST FEMOROPOPLITEAL VEIN

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS
DISSECANS, AND ASEPTIC NECROSIS OF BONE
Treatment: ARTHROPLASTY/RECONSTRUCTION
Line: 373

ADD 25000 INCISION OF TENDON SHEATH
ADD 27187 REINFORCE HIP BONES
ADD 28090 REMOVAL OF FOOT LESION
ADD 29899 ANKLE ARTHROSCOPY/SURGERY
ADD 836.3 DISLOCATION OF PATELLA, CLOSED

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR
Line: 378

ADD 26951 AMPUTATION OF FINGER/THUMB
ADD 27603 DRAIN LOWER LEG LESION
ADD 64416 N BLOCK CONT INFUSE, B PLEX
ADD 64446 N BLK INJ, SCIATIC, CONT INF
ADD 64447 N BLOCK INJ FEM, SINGLE
ADD 64448 N BLOCK INJ FEM, CONT INF

Diagnosis: CLEFT PALATE WITH CLEFT LIP
Treatment: EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 380

ADD 42215 RECONSTRUCT CLEFT PALATE
ADD 42281 INSERTION, PALATE PROSTHESIS

Diagnosis: PRIMARY AND OTHER ANGLE-CLOSURE GLAUCOMA
Treatment: IRIDECTOMY, LASER SURGERY
Line: 397

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: INTRAOCULAR LENS
Line: 405

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: CATARACT
Treatment: EXTRACTION OF CATARACT
Line: 412

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON
ADD 67036 REMOVAL OF INNER EYE FLUID

Diagnosis: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
Line: 413

ADD 66985 INSERT LENS PROSTHESIS
ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON
ADD 92012 EYE EXAM ESTABLISHED PAT
ADD 92014 EYE EXAM, ESTABLISHED PATIENT

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
Line: 414

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE
Treatment: VITRECTOMY, LASER SURGERY
Line: 415

ADD 66990 OPHTHALMIC ENDOSCOPE ADD-ON

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS
Treatment: RETINAL REPAIR, VITRECTOMY
Line: 420

ADD 66990 OPTHALMIC ENDOSCOPE ADD-ON

Diagnosis: VITREOUS HEMORRHAGE
Treatment: VITRECTOMY
Line: 421

ADD 67038 STRIP RETINAL MEMBRANE
ADD 67038 STRIP RETINAL MEMBRANE
ADD 67210 TREATMENT: OF RETINAL LESION

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,
FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 435

ADD 58146 MYOMECTOMY ABDOM COMPLEX
ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58545 LAPAROSCOPIC MYOMECTOMY
ADD 58546 LAPARO-MYOMECTOMY, COMPLEX
DELETE 58551 LAPAROSCOPY, REMOVE MYOMA

Diagnosis: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY
Line: 437

ADD 51700 IRRIGATION OF BLADDER
ADD 54700 DRAINAGE OF SCROTUM

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY
SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding
Specification Below)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 438

ADD 51702 INSERT TEMP BLADDER CATH
ADD 51703 INSERT BLADDER CATH, COMPLEX
ADD 53450 REVISION OF URETHRA

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL
OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC
CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED
GOALS)
Line: 450

ADD 237.70 UNS NEUROFIBROMATOSIS

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC
CONDITIONS

Treatment: MEDICAL THERAPY

Line: 451

ADD 237.70 UNS NEUROFIBROMATOSIS

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 463

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

Line: 466

ADD 27244 TREAT THIGH FRACTURE

Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

Line: 468

ADD 26676 PIN HAND DISLOCATION

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES

Treatment: BONE MARROW TRANSPLANT

Line: 469

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: ACUTE SINUSITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 479

ADD 31256 EXPLORATION MAXILLARY SINUS

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note)

Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY

Line: 480

ADD 58146 MYOMECTOMY ABDOM COMPLEX
ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58545 LAPAROSCOPIC MYOMECTOMY
ADD 58546 LAPARO-MYOMECTOMY, COMPLEX
DELETE 58551 LAPAROSCOPY, REMOVE MYOMA
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX
ADD 58561 HYSTEROSCOPY, REMOVE MYOMA

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: DISLOCATION/DEFORMITY KNEE & HIP
Treatment: SURGICAL TREATMENT
Line: 481

ADD 29873 KNEE ARTHROSCOPY/SURGERY

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW,
CLAVICLE AND SHOULDER
Treatment: SURGICAL TREATMENT
Line: 482

DELETE 27599 LEG SURGERY PROCEDURE
ADD 27705 INCISION OF TIBIA
DELETE 28306 INCISION OF METATARSAL

Diagnosis: FECAL IMPACTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 491

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: ENDOMETRIOSIS (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 496

ADD 49200 REMOVAL OF ABDOMINAL LESION
ADD 49201 REMOVAL OF ABDOMINAL LESION
ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)
Treatment: OPEN OR CLOSED REDUCTION
Line: 503

ADD 26650 TREATMENT OF THUMB FRACTURE
ADD 27766 TREATMENT OF ANKLE FRACTURE

Diagnosis: ESOPHAGEAL VARICES
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
Line: 505

ADD 43201 ESOPH SCOPE W/SUBMUCOUS INJ
ADD 43236 UPPER GI SCOPE W/SUBMUC INJ

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR & NOSE
Treatment: REMOVAL OF FOREIGN BODY
Line: 510

ADD 69210 REMOVE IMPACTED EAR WAX
ADD G0268 REMOVE CERUMEN FOR AUDIO TEST

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE
Treatment: COCHLEAR IMPLANT
Line: 512

ADD 92601- COCHLEAR IMPLT F/UP EXAM <7
92617

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III
Treatment: REPAIR
Line: 516

ADD 26418 REPAIR FINGER TENDON
ADD 26474 FUSION OF FINGER TENDONS
ADD 840.6 OTHER DISLOCATION OF KNEE, OPEN

Diagnosis: DISORDERS OF SHOULDER
Treatment: REPAIR/RECONSTRUCTION
Line: 517

ADD 29827 ARTHROSCOPIC ROTATOR CUFF REPR
DELETE 840.6 OTHER DISLOCATION OF KNEE, OPEN
ADD 29873 KNEE ARTHROSCOPY/SURGERY

Diagnosis: MALUNION & NONUNION OF FRACTURE
Treatment: SURGICAL TREATMENT
Line: 519

ADD 25628 TREAT WRIST BONE FRACTURE

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note)
Treatment: SURGICAL REPAIR
Line: 523

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
ADD 58292 VAG HYST T/O & REPAIR, COMPL
ADD 58293 VAG HYST W/URO REPAIR, COMPL
ADD 58294 VAG HYST W/ENTEROCELE, COMPL
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 525

ADD 38204- BM DONOR SEARCH MANAGEMENT
38215
ADD 38242 LYMPHOCYTE INFUSE TRANSPLANT
ADD G0267 BONE MARROW/STEM CELL HARVEST

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS
Treatment: MEDICAL THERAPY, INJECTIONS
Line: 526

ADD 11042 DEBRIDE SKIN/TISSUE
ADD 25000 INCISION OF TENDON SHEATH

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 544

ADD 28035 DECOMPRESSION OF TIBIA NERVE

Diagnosis: RECTAL PROLAPSE
Treatment: PARTIAL COLECTOMY
Line: 545

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44701 INTRA COLON LAVAGE ADD-ON
ADD 45130 EXCISION OF RECTAL PROLAPSE
ADD 45135 EXCISION OF RECTAL PROLAPSE

Diagnosis: UNCOMPLICATED HERNIA
Treatment: REPAIR
Line: 546

ADD 49495 REPAIR INGUINAL HERNIA, INIT

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 547

ADD 50542 LAPARO ABLATE RENAL MASS
ADD 50543 LAPARO PARTIAL NEPHRECTOMY
ADD 50562 RENAL SCOPE W/TUMOR RESECT

Diagnosis: URINARY INCONTINENCE (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 550

ADD 20922 REMOVAL OF FASCIA FOR GRAFT

Diagnosis: CANCER OF ESOPHAGUS, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 554

ADD 44206- LAP PART COLECTOMY W/STOMA
44208

Diagnosis: CANCER OF LIVER, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 555

ADD 47562 LAPAROSCOPIC CHOLECTYSTECTOMY

Diagnosis: CANCER OF PANCREAS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 556

ADD 48140 PARTIAL REMOVAL OF PANCREAS

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: BENIGN NEOPLASM BONE & ARTICULAR CARTILAGE INCLUDING OSTEOID
OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT
TISSUE

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 560

ADD 12051 LAYER CLOSURE OF WOUND(S)
ADD 20610 DRAIN/INJECT, JOINT/BURSA
ADD 21046- REMOVE MANDIBLE CYST COMPLEX
21049

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Note); ANAL FISTULA

Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
Line: 567

ADD 46706 REPAIR OF ANAL FISTULA W/GLUE

Diagnosis: DYSMENORRHEA (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 576

ADD 58290 VAG HYST COMPLEX
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: DEFORMITIES OF UPPER BODY & ALL LIMBS

Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 579

ADD 21742 REPAIR STERNUM/NUSS W/O SCOPE
ADD 21743 REPAIR STERNUM/NUSS W/SCOPE
ADD 27590 AMPUTATE LEG AT THIGH
ADD 27705 INCISION OF TIBIA

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 582

ADD 58290 VAG HYST COMPLEX
ADD 58291 VAG HYST INCL T/O, COMPLEX
DELETE 58551 LAPAROSCOPY, REMOVE MYOMA
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC
IMPAIRMENT (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 601

ADD 64416 N BLOCK CONT INFUSE, B PLEX
ADD 64446 N BLK INJ, SCIATIC, CONT INF
ADD 64447 N BLOCK INJ FEM, SINGLE
ADD 64448 N BLOCK INJ FEM, CONT INF

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT
Line: 613

ADD 44206- LAP PART COLECTOMY W/STOMA
44208
ADD 44701 INTRA COLON LAVAGE ADD-ON

Diagnosis: CONGENITAL DEFORMITIES OF KNEE
Treatment: ARTHROSCOPIC REPAIR
Line: 630

ADD 29873 KNEE ARTHROSCOPY/SURGERY

Diagnosis: MORBID OBESITY
Treatment: GASTROPLASTY
Line: 646

ADD 44238- LAPAROSCOPE PROC, INTESTINE
44239

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I
Treatment: MEDICAL THERAPY
Line: 651

ADD 27590 AMPUTATE LEG AT THIGH

Diagnosis: CORNS AND CALLUSES
Treatment: MEDICAL THERAPY
Line: 679

ADD S0390 ROUTINE FOOT CARE

Diagnosis: GANGLION
Treatment: EXCISION
Line: 687

ADD 20612 ASPIRATE/INJ GANGLION CYST

Diagnosis: CANCER OF VARIOUS SITES WITH DISTANT METASTASES WHERE
TREATMENT WILL NOT RESULT IN A 5% 5 YEAR SURVIVAL
Treatment: CURATIVE MEDICAL AND SURGICAL TREATMENT
Line: 699

ADD 61517 IMPLT BRAIN CHEMOTX ADD-ON

Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO
TREATMENT NECESSARY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 720

ADD 17000 DESTRUCTION OF FACIAL LESION
ADD 17003 DESTROY LESIONS, 2-14

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 23, 2003, To Be Effective April 1, 2003. (Cont'd)

 Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR
 NO TREATMENT NECESSARY

Treatment: EVALUATION
 Line: 725

ADD 21742 REPAIR STERNUM/NUSS W/O SCOPE
 ADD 21743 REPAIR STERNUM/NUSS W/SCOPE

 Diagnosis: TUBAL DYSFUNCTION AND OTHER CAUSES OF INFERTILITY

Treatment: IN-VITRO FERTILIZATION, GIFT
 Line: 733

ADD S4013 GIFT
 ADD S4014 ZIFT
 ADD S4017 INCOMPLETE FERTILIZATION CYCLE
 ADD S4023 DONOR EGG CYCLE INCOMPLETE
 ADD S4037 CRYOPRESERVE EMBRYO TRANSER
 ADD S4040 MONITOR & STORE PRESERVED EMBRYOS

 THE FOLLOWING CHANGES ARE BEING MADE TO ALL LINES THAT INCLUDE MEDICAL
 THERAPY AS TREATMENT (SEE TABLE 1). THESE CODES ALREADY APPEAR AS PART
 OF RANGES OF CODES ON THESE LINES AND THEREFORE NO CHANGES TO THE LIST
 ARE NECESSARY AS A RESULT. ALL CODES BEING DELETED ARE NO LONGER
 VALID. AS NEW CPT CODES 99026 AND 99027 ARE NOT BEING ADDED, CHANGE
 RANGE "99025-99054" ON THESE LINES TO "99025,99050-99054".

DELETE 92525 EVAL OF SWALLOWING FUNCTION
 DELETE 92598 MODIFY COMMUNICATION DEVICE
 DELETE 92599 UNLISTED ENT PROCEDURE
 ADD 92605- EVAL/THERAPY FOR COMMUNICATION DEVICE
 92609
 ADD 92610- EVAL OF SWALLOWING FUNCTION
 92617
 ADD 92700 UNLISTED ENT PROCEDURE
 ADD 93580 TRANSCATH CLOSURE OF ASD
 ADD 93581 TRANSCATH CLOSURE OF VSD
 DELETE 94650 IPPB TREATMENT:, INITIAL
 DELETE 94651 IPPB TREATMENT:, SUBSEQUENT
 DELETE 94652 IPPB TREATMENT:, NEWBORN
 DELETE 94665 AEROSOL/VAPOR INHALATOR, SUBSEQ
 ADD 95990 SPINE/BRAIN PUMP REFILL & MAIN
 ADD 96920 LASER RX, SKIN <250 SQ CM
 ADD 96921 LASER RX, SKIN 250-500 SQ CM
 ADD 96922 LASER RX, SKIN 250-500 SQ CM
 ADD 99293 PED CRITICAL CARE, INITIAL
 ADD 99294 PED CRITICAL CARE, SUBSEQUENT
 ADD 99299 IC, LBW INFANT 1500-2500 GM

Table C2
Line Items on 10/1/01 List Which Include Medical Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
1	61	131	205	265	336	402	478
2	62	132	206	266	337	403	479
3	63	133	207	271	338	404	480
4	64	134	208	272	340	405	481
5	65	135	209	273	341	406	482
6	66	137	210	274	342	407	483
7	67	138	211	275	343	408	484
8	68	139	212	276	344	410	485
9	69	141	213	277	345	411	486
10	70	142	215	278	346	412	487
11	71	143	216	279	347	414	488
14	72	144	217	280	348	415	489
15	73	148	218	282	349	416	490
16	74	150	219	283	350	417	491
17	75	151	220	284	351	418	492
18	76	152	221	285	352	419	493
19	77	153	222	286	353	420	494
20	78	154	223	287	354	421	495
21	79	155	224	288	355	428	496
23	80	156	225	291	356	429	497
24	81	157	226	292	360	430	498
25	82	158	227	294	362	435	499
26	83	159	228	295	363	436	500
27	84	160	229	296	364	437	501
28	85	161	230	297	365	438	502
30	86	165	232	298	366	439	503
31	88	166	233	299	367	441	504
32	90	167	234	300	368	442	505
34	91	168	235	302	369	443	506
35	96	169	236	306	370	444	509
36	97	171	237	308	371	445	510
37	98	172	238	309	372	446	511
38	99	173	239	310	373	448	516
39	100	174	240	311	377	449	517
40	102	175	241	312	378	450	518
41	103	176	242	313	379	451	519
42	104	177	243	314	380	452	520
43	105	178	244	315	381	453	521
44	106	179	247	316	382	454	522
45	108	181	248	317	383	455	523
46	111	182	249	318	384	456	526
47	112	185	250	319	385	457	529
48	113	192	251	320	386	461	530
49	114	193	252	322	387	462	532
50	115	194	253	323	388	463	533
51	116	195	254	324	389	465	534
52	117	196	255	325	391	466	535
53	119	197	256	326	392	467	536
54	121	198	257	328	394	468	538
55	123	199	258	329	395	470	540
56	126	200	259	330	396	471	543
57	127	201	260	331	397	472	544
58	128	202	261	332	398	474	545
59	129	203	262	333	400	476	546
60	130	204	263	335	401	477	547

Table C2. (Cont'd)
Line Items on 10/1/01 List Which Include Medical Therapy as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
----	----	----	----	----	----	----	----
548	570	594	614	636	656	679	699
549	572	595	618	637	657	680	700
550	573	596	619	638	658	681	702
551	575	597	620	640	659	683	703
553	576	598	621	641	660	685	705
554	579	600	622	643	661	686	708
555	580	601	623	644	666	687	710
556	582	602	624	645	667	688	711
557	583	603	625	647	669	689	712
558	584	604	626	648	670	690	715
559	585	605	627	649	672	691	716
561	586	606	628	650	673	692	718
563	587	609	629	651	674	693	719
564	588	610	631	652	675	694	720
565	589	611	632	653	676	695	734
566	590	612	634	654	677	697	735
567	591	613	635	655	678	698	

APPENDIX D:
ACTUARIAL REPORT

**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

**Analysis of Federal Fiscal Years 2004 – 2005
Average Costs**

November 11, 2002



November 11, 2002

Ms. Maureen King
OHP Actuarial Services Manager
Office of Medical Assistance Programs
500 Summer Street N.E.
Salem, Oregon 97310-1014

Dear Maureen:

Re: Per Capita Costs for Federal Fiscal Years 2004 & 2005

At your request we have prepared this Analysis of Federal Fiscal Year 2004 & 2005 Average Costs for the Oregon Health Plan: Medicaid Demonstration.

This report describes our analysis and approach in detail. Please call Sandi Hunt at 415/498-5365 if you have any questions regarding the contents of this report.

Very Truly Yours,

PricewaterhouseCoopers L.L.P.

By: Sandra S. Hunt, M.P.A.
Principal

Peter B. Davidson, A.S.A., M.A.A.A.
Senior Consultant

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Oregon Health Plan Medicaid Demonstration Analysis of Federal Fiscal Year 2004 & 2005 Average Costs

Executive Summary

The following report provides a calculation of the expected per capita costs for providing medical services under the Oregon Health Plan Medicaid Demonstration (OHP) for the period October 2003 through September 2005. These methods were designed to comply with the requirements of Oregon Senate Bill 27 (1989 legislature), which extended Medicaid coverage to nearly all Oregonians with incomes below the federal poverty level and stipulated guidelines for determining Medicaid provider reimbursement amounts.

The Oregon Health Services Commission has developed a “Prioritized List” of health care services, and that list is used in developing the per capita cost estimates reported here. Under the 1989 legislation the OHP did not apply to Mental Health and Chemical Dependency services and excluded individuals covered by the Aid to Blind, Aid to Disabled, Old Age Assistance, and Foster Care programs. Separate legislation added these “exempt” population groups to the OHP, effective January 1, 1995. Chemical dependency services were added to the Oregon Health Plan at the same time. In addition, a phase-in of mental health services was begun on a pilot basis for 25% of the OHP population in January 1995. Those services were expanded statewide in 1997. Children covered by the Children’s Health Insurance Program (Title

XXI) were added to the Oregon Health Plan in July 1998. Most recently, Citizen-Alien Waived Emergency Medical (CAWEM) eligibles have been explicitly identified and issued medical identification cards to use in accessing the emergency services for which they are eligible.

The services covered and the configuration of the Prioritized List have changed over time (see table below). The claims data available for this analysis reflects claims based on coverage through line 566. Should funding become available to expand coverage beyond the level of coverage available during the data period, additional data sources and analysis will be required to calculate the added coverage costs. The per capita costs shown in this report reflect costs through Line 557 of the Prioritized List as configured for the 2003-2005 biennium. The reconfiguration for the 2003-2005 biennium includes a reduction in benefits.

Effective Dates	Coverage Through Line	Reason for Change
2/1/94 – 12/31/94	565	
1/1/95 – 12/31/95	606	Mental Health lines added to list (no change in physical health benefits)
1/1/96 – 1/31/97	581	Benefits reduced
2/1/97 – 4/30/98	578	Benefits reduced
5/1/98 – 9/30/01	574	List reconfigured (no reduction in benefits)
10/1/01 – present	566	List reconfigured (no reduction in benefits)

In developing the per capita costs shown in this report, a variety of assumptions have been used, including assumptions relating to the following:

- the relationship between average billed charge amounts and the “cost” of providing services;

- the distribution of the population among the different groups of people who will be participating in the program;
- enrollment in capitated plans; and
- payment policy under the demonstration project.

Table 1 shows the average expected per capita cost by eligibility category for physical health services and chemical dependency services only and for all services. A per capita cost for the entire program is also shown.

Table 1
Per Capita Cost through Line 557 of the Prioritized List

Eligibility Category	Physical Health Services^a	All Services^b
Temporary Assistance to Needy Families	\$387.54	\$410.33
General Assistance	\$1,139.55	\$1,318.59
PLM Adults	\$862.91	\$868.47
PLM, TANF, and CHIP Children 0 < 1	\$448.98	\$449.58
PLM, TANF, and CHIP Children 1 - 5	\$89.37	\$93.28
PLM, TANF, and CHIP Children 6 - 18	\$93.29	\$108.92
OHP Families	\$259.48	\$270.49
OHP Adults & Couples	\$476.20	\$506.79
Aid to the Blind/Aid to the Disabled with Medicare	\$536.19	\$604.14
Aid to the Blind/Aid to the Disabled without Medicare	\$777.27	\$879.79
Old Age Assistance with Medicare	\$335.25	\$342.68
Old Age Assistance without Medicare	\$612.82	\$620.13
SCF Children	\$178.29	\$281.79
CAWEM (Citizen-Alien Waived Emergency Medical)	\$69.49	\$69.81
Average	\$308.38	\$334.66
^a Includes Physical Medicine, Dental Services, Chemical Dependency and administrative costs.		
^b Includes Physical Medicine, Dental Services, Chemical Dependency, Mental Health and administrative costs.		

We have also calculated the per capita cost associated with coverage at several threshold levels on the Prioritized List of services. These estimates are calculated based on the assumption that all services up to and including the threshold ranking are covered by the demonstration project and that all services below the threshold are not covered. The per capita cost associated with ten different threshold levels are shown in Table 2 for physical health, dental and chemical dependency services and for all services combined.

Table 2
Per Capita Cost at Various Thresholds

Threshold ^a	Physical Health Services ^b	All Services ^c
317	\$235.23	\$258.58
347	\$241.47	\$265.03
377	\$256.59	\$280.81
407	\$259.65	\$283.99
437	\$264.55	\$290.14
467	\$281.04	\$307.27
497	\$287.83	\$314.06
527	\$304.41	\$330.65
557	\$308.38	\$334.66
100% Funding ^d	\$309.73	\$336.01

^a Threshold ranking on Prioritized List below which services would not be covered.
^b Includes Physical Medicine, Dental Services, Chemical Dependency, and administrative costs.
^c Includes Physical Medicine, Dental Services, Chemical Dependency, Mental Health and administrative costs.
^d Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

Following the Legislature’s review of this report and a determination of the funding level and the services to be covered by the OHP we will refine the

calculation of the per capita cost. Changes resulting from increasing or decreasing covered services per the Prioritized List require federal approval. Once the per capita costs are finalized, we will then calculate the capitation rates to be paid to health plans participating in the program.

* * *

We appreciate the invaluable assistance provided by Oregon Department of Human Services staff, including members of the Office of Medical Assistance Programs, the Office of Mental Health and Addiction Services, the Office of Rate Setting, and members of the Actuary's Advisory Committee in developing and reviewing the methods used in calculating the per capita costs for this program.

SECTION I: Program Overview

The Oregon Health Plan Medicaid Demonstration was devised as a means of expanding the Medicaid program to additional people while constraining total health care costs. The Medicaid Demonstration is one element in the Oregon Health Plan that is intended to provide health insurance coverage to all Oregonians. Per the 1989 legislation, the Oregon Health Plan operates under the following guidelines:

1. Medicaid services are to be delivered largely through managed care entities;
2. Health plans are to be paid at “levels necessary to cover the costs of providing services”;
3. A Health Services Commission (HSC) is to develop a list of “Prioritized Health Services” that will serve as the decision making tool for determining the level of covered services;
4. Should budget shortfalls develop, adjustments to the Medicaid budget are to be made by means of changing the level of covered services rather than by changing provider reimbursement levels or by changing the eligibility rules.

Oregon’s Office of Medical Assistance Programs staff engaged PricewaterhouseCoopers to develop expected per capita costs under the Oregon Health Plan (OHP) to assist in the legislature’s decision making. This report describes the methods used in our analysis and our results.

Program Implementation

The original OHP legislation applied to the Temporary Assistance to Needy Families (TANF), Poverty Level Medical adults and children, General Assistance, and uninsured Oregonians under 100% of the federal poverty level. These groups are known collectively as the “Phase 1” population.

The “Phase 2” populations include Aid to the Blind and Aid to the Disabled (AB/AD), Old Age Assistance (OAA) and children served by the State Office for Child Welfare (SCF Children), primarily Foster Care. Because of differences in the mix of health services used and the cost to the state of providing services to individuals covered by Medicare, separate calculations are made for the AB/AD and OAA populations for those with and without Medicare coverage. These Phase 2 members became covered under the OHP in January 1995.

Under the original legislation, the OHP did not apply to Mental Health and Chemical Dependency services. Effective January 1, 1995, Chemical Dependency services were added to the Oregon Health Plan, and a phase-in of mental health services was begun on a pilot basis for 25% of the OHP population. Mental Health services were expanded statewide in July 1997.

In 1998 enrollment was expanded to include pregnant women and children in families with income up to 170% of the federal poverty level. In addition, individuals who qualify as Citizen Alien Waived Emergency Medical are explicitly identified; these individuals are eligible only for emergency medical services.

The State’s most recent waiver application proposes to make a significant change in the structure of the OHP. That proposal would extend coverage to additional individuals if funds are available in the State’s budget. The OHP population was divided into two categories:

- OHP Standard
- OHP Plus.

If the State's waiver application is approved by the Centers for Medicare and Medicaid Services, two different benefit designs will be in place for the Oregon Health Plan. The current OHP package, OHP Plus, will be provided for all mandatory and certain optional populations. The groups that will receive OHP Plus include:

- The elderly and disabled at the current eligibility levels;
- The TANF population at the current eligibility levels;
- All Medicaid and SCHIP children in the program up to 185 percent FPL;
- Pregnant women up to 185 percent FPL;
- General Assistance recipients at the current eligibility levels.

The second benefit package, OHP Standard, will provide basic coverage more similar to private insurance coverage. The initial benefit package, which includes premium sharing and copayments, has been designed to provide benefits at least actuarially equivalent to the federally mandated Medicaid benefit package.

The groups that may receive OHP Standard include those optional and expansion populations not included in OHP Plus that do not have qualified employer-sponsored insurance (ESI) available. These groups include:

- Parents and Adults/Couples below 100 percent FPL made eligible through the OHP waiver;
- Parents and Adults/Couples below 185 percent FPL made eligible through OHP2.

This report describes the development of per capita costs under the state's current waiver; a separate report will be issued that modifies these rates to accommodate the new program design.

Description of Eligibility Categories

Common Medicaid eligibility rules limit enrollment in Medicaid based on income and asset restrictions and demographic characteristics. Income limits are set at varying levels depending on the category of eligibility and are often associated with eligibility to receive a cash grant.

Eligibility groups covered under the OHP are as follows:

- The **Temporary Assistance to Needy Families (TANF)** program covers single parent families with children and two-parent families when the primary wage-earner is unemployed. For the TANF program, income limits are set dollar levels that currently reflect approximately 35% of the Federal Poverty Level (FPL). Under current eligibility rules, this category includes some former recipients with extended Medicaid eligibility.
- The **General Assistance (GA)** program covers adults who do not qualify for any of the other cash assistance programs and who are unable to work due to a medical disability for at least 12 months. The income and resource limit for the GA program is set at \$50 per month.
- The **Poverty Level Medical Program (PLM) for adults** covers pregnant women up to 170% of FPL. Those with an income below 100% of poverty are covered by the OHP eligibility rules providing reassessment of eligibility every six months, while those with an income between 100% and 170% of poverty are eligible through 60 days following the birth of their child.
- **Poverty Level Medical Children** have varying eligibility requirements depending on age:
 - Children age $0 < 1$ are covered with family income up to 133% FPL, or if they were born to a mother who was eligible as PLM Adult at the time of the child's birth;

- Children age 1 – 5 are covered up to 133% FPL; and
- Children age 6 – 18 are covered up to 100% FPL.
- Title XXI eligibles, known as **SCHIP (State Children’s Health Insurance Program)**, include uninsured children through age 18 with family incomes up to 170% FPL who are not covered by any other eligibility category.
- The Oregon Health Plan provides coverage for two eligibility groups that are not otherwise Medicaid eligible due to demographic characteristics such as single adults, childless couples and two-parent households with an employed parent. Eligibility requirements for both groups include: aged 19 and over, not eligible for Medicare, and family income under 100% FPL.
 - **Oregon Health Plan (OHP) Families** also have a child under age 19 in the household.
 - **Oregon Health Plan (OHP) Adults & Couples** do not have a child under age 19 in the household.
- The **Aid to Blind/Aid to Disabled (AB/AD)** and **Old Age Assistance (OAA)** programs apply to people who are blind, disabled, or over age 65 with an income generally below the Supplemental Security Income threshold. Many of these individuals also have Medicare coverage, offsetting a large portion of their medical costs to the State.
- **Services for Children and Families (SCF) Children** covers children age 18 and younger (a few clients are served until age 21) who are in the legal custody of the Department of Human Services and placed outside the parental home. Custody is obtained either by a voluntary agreement with the child’s legal guardian or through a county juvenile court.

- **Citizen Alien Waived Emergency Medical (CAWEM)** provides emergency medical coverage to individuals who do not qualify for Medicaid coverage due to their alien status. These individuals receive a restricted set of services, limited to emergency situations, which include labor and delivery.

Under the Demonstration Project, the TANF, GA, AB/AD, OAA and SCF Children programs are covered by the traditional eligibility rules. The PLM program for individuals with an income between 100% and 170% of FPL is also governed by the traditional eligibility rules with certain exceptions.¹ Under traditional eligibility rules for those people who qualify for a cash grant, eligibility is generally reassessed monthly for those cases where the wage earner is or has been employed in the last 12 months.

Eligibility for the “demonstration only” eligibles (OHP Adults & Couples and OHP Families), as well as those who qualify for PLM with an income under 100% of the FPL, is redetermined once every six months. For “demonstration only” eligibles, income for the month of application plus the preceding two months is averaged to determine eligibility, and household liquid assets must be less than \$2,000. Children eligible for coverage through the Children’s Health Insurance Program are covered by these same eligibility rules and, with some exceptions, must have been uninsured for the preceding six months. The CAWEM population receives eligibility for a six month period for the restricted range of services provided to that group.

Exhibit 1 provides a matrix of the eligibility categories covered under the Oregon Health Plan Medicaid Demonstration.

Expected Distribution by Eligibility Category

The per capita cost of the demonstration program is based in part on assumptions regarding the distribution of eligibles by eligibility category. For this distribution we rely upon estimates made by DHS Caseload Unit staff in their analysis of expected enrollment in the demonstration project.

¹ The eligibility rules for the PLM population with incomes from 100% to 170% of FPL are somewhat different than the rules for other categories of eligibility.

Exhibit 2 shows the expected distribution of eligibles among the eligibility categories in 2004/05. These percentages, together with expected managed care enrollment percentages provided by Office of Rate Setting (ORS) staff, are used to calculate weighted average amounts across all eligibility categories in later portions of this report.

Delivery Systems

To accommodate the contracting arrangements used by the OHP, it is necessary to calculate the expected per capita cost for discrete services for several different population groups and for several different delivery systems.

During Federal Fiscal Years 2004 and 2005 the State expects to use three different delivery systems under the Oregon Health Plan. Some health plans contract with the State to provide nearly all physical health and chemical dependency services on a prepaid, capitated basis. These plans are referred to as Fully Capitated Health Plans or FCHPs. Chemical Dependency services are integrated with the physical health contracting with the exception of one stand-alone chemical dependency organization. Dental services are all contracted on a stand-alone basis through Dental Care Organizations (DCOs); Mental Health services are contracted on a stand-alone basis through Mental Health Organizations (MHOs).

A portion of OHP members receive all services on a fee-for-service basis, with the State contracting with a Primary Care Case Manager to direct physical health services for some of these members. In addition, some portion of services continue to be provided on a fee-for-service basis during the time before an OHP member is enrolled in a health plan. Other services are provided on a fee-for-service basis for all members, regardless of the delivery system in which they are enrolled, such as non-ambulance transportation and mental health prescription drugs; maternity case management services are provided on a fee-for-service basis for all members except the limited number covered by plans which have opted to be capitated for these services. These services are referred to in this report as “FCHP/FFS” services, because they are provided on a fee-for-service basis to members enrolled in FCHP or other managed care plan.

Calculation of Cost by Delivery System

Under the Oregon Health Plan Medicaid Demonstration, payment rates vary based on whether the service is capitated or paid on a fee-for-service basis. Services that are provided through capitation contracts are priced based on “rates necessary to cover the costs of providing services,” while services that are provided on a fee-for-service basis are priced based on the Medicaid fee schedule with adjustments for expected legislative changes and payment levels.

In this analysis, we calculate per capita costs separately for capitated services, for non-capitated services for managed care enrollees, and for individuals covered by the fee-for-service and Primary Care Case Management systems. A weighted average value is then calculated based on the assumed distribution of enrollees among the delivery systems. Separate assumptions are made regarding the percentage of the population in managed care for physical health and chemical dependency, dental and mental health services.

The final per capita cost of the program will vary based on the contracting arrangements entered into between the State and prepaid plans, the demographic characteristics of the enrolled population, and the services that the Legislature determines it is able to fund.

In the following section we describe our data sources used in this analysis. In Section III we describe the methods and assumptions used in developing the per capita cost estimates and report on the estimated per capita costs for the program. Section IV describes the methods used to allocate costs to the diagnosis/treatment pairs on the Prioritized List and the resulting estimated per capita costs.

SECTION II: Data Sources

Primary Data Sources

Four primary claims data sources were used for the analysis: encounter data reported by participating health plans to the Office of Medical Assistance Programs (OMAP), encounter drug data reported directly by some of the FCHPs to First Health Services (a national health benefits company used by OMAP for pharmacy benefits management), fee-for-service data from the Oregon Medicaid Management Information System, and data on special behavioral health services from the Office of Mental Health and Addiction Services (OMHAS). In addition, detailed eligibility data are used. Each of the data sources is described below.

- **Encounter** data reported to OMAP are used as the basis for the calculation of FCHP, DCO and MHO capitation rates. Claims incurred between July 1, 1999 and June 30, 2001 served as the primary data source for this portion of the analysis.
 - A single data set was provided with inpatient, outpatient, physician, mental health, and dental claims. Each claim contained the health plan's reported billed charge amount; paid amounts were not reported in this data set. Each claim also included procedure codes, diagnosis codes, and patient demographic information such as date of birth, gender, and eligibility category.
 - Health plan data was summarized by plan, eligibility category and service category and provided to the respective plans for review and validation against their internal financial

information. Through this process, the data for all health and dental plans were used. The data of one mental health plan was not used in this analysis because it was believed to represent significant levels of under-reporting of encounters. Data from 11 MHOs, representing 92.8% of MHO members, were included in this analysis.

- **FCHP Prescription Drug** data were procured through a separate data request directly to health plans, as this information is not captured by OMAP in its encounter data reporting system. Drug data was provided by only 5 health plans covered varying time periods depending on what was available and most credible. Appropriate member months of enrollment were matched against each plan's prescription drug reporting period. The encounter drug data used for these per capita cost calculations represents 39% of FCHP members.
- **Oregon Medicaid Management Information System (MMIS)** data are used to estimate fee-for-service system utilization rates by eligibility category and service type. Data for July 1, 1999 through June 30, 2001 were provided, including data for institutional, non-institutional, dental and prescription drug data. All of the data included actual billed and paid amounts for all services. Diagnosis and procedure codes were also provided, as well as patient information such as date of birth, sex, and category of eligibility.
- **Office of Mental Health and Addiction Services (OMHAS)** data are used for measuring the cost of mental health services, in addition to MMIS data. Certain services provided by the MHOs are not reported in the encounter system. These services are known collectively as Prevention, Education, and Outreach (PE&O). Some of these services are provided on an individual basis, while others relate to broad community-based services. We consulted with OMHAS staff to determine those services that could appropriately be considered covered services and

included in the per capita cost development and future capitation rates.

- **Eligibility information from the MMIS** is used to identify the specific eligibility and enrollment for each individual and to determine the correct number of eligibles associated with each service. Date sensitive matching is done between the state's master eligibility file and the enrollment database that describes the health plans in which each individual is enrolled at any point in time. These data provide information on each individual's eligibility classification, start and end date of the span of eligibility, and enrollment in plans.

As described above, different data sources are used for various components of the calculation. However, the data are used primarily in a mutually exclusive manner. For example, encounter data are used for calculating utilization rates for physical health capitated services, while fee-for-service data are used for calculating comparable rates for services paid on a fee-for-service basis. In no place in the analysis do we add data together from multiple sources for a particular portion of the calculation. Per capita costs are developed for each component of the calculation, and then the per capita costs are added. Throughout the process, care is taken to avoid double counting. This process is facilitated by using discrete service categories and population groups.

A portion of services for managed care enrollees is paid on a fee-for-service basis. These services relate primarily to mental health drugs, and case management and special services, such as school-based health services. No comparable service categories exist in the encounter database.

Other Data Sources

Data on cost-to-charge ratios for hospital services in Oregon were obtained from OMAP. Information on Medicare payment levels was used for calculating cost-to-charge ratios for professional services and other services that are covered by the Medicare program. In addition, we relied on data

from the federal Centers for Medicare and Medicaid Services Office of the Actuary and Express Scripts, Inc. for estimating trend rates.

SECTION III: Methods and Assumptions

Generally Accepted Methods for Calculating Capitation Rates

Capitation rates are generally calculated by multiplying the rate of utilization of covered services by the average payment per unit of service. The utilization rate is typically expressed in terms of the number of services provided in a program per 1,000 eligibles (or enrollees) per year. The number of eligibles per year is typically expressed in terms of member-months of eligibility. Thus, a person eligible for the entire year would have twelve member-months of eligibility, while a person eligible for only half of the year would be counted as having six member-months of eligibility.

For example, the amount to be paid for covered inpatient services would generally be expressed in terms of the number of inpatient days or the number of admissions per 1,000 members per year. This utilization rate is then converted into a measure per person per month by dividing by 12,000. The average payment (or reimbursement) per unit of service is then multiplied by this utilization rate to determine the per capita cost per month for that service. Similar calculations are made for the other categories of service, and appropriate adjustments are applied to reflect changes in covered services, eligibility, or the change in the cost per unit of service over time.

The sum of the required per capita costs for all contracted services is the total per capita cost for health care services. This analysis shows separate per capita costs for 14 different eligibility categories. Some changes in the grouping of eligibility categories have been made to result in capitation rate categories that contain members with similar risk characteristics. The TANF children have been grouped with PLM and CHIP children of similar ages.

TANF adults now have their own rate category. Plans are also paid an allowance for administrative expenses.

Methodology Used in Calculating Per Capita Costs

The per capita cost amounts through Line 557 of the Prioritized List are calculated through a multi-step process, which is briefly described below. Each of the steps is then described in greater detail.

1. Data from each of the data sources is summarized by eligibility category and service category. From this process we obtain information on total charges (encounter data), total paid amounts (fee-for-service data), and total units of service for the data period (encounter and fee-for-service data).
2. Adjustments are made for missing or problematic data or data that is included in the database but not relevant to the per capita costs. These adjustments are referred to as “data issues”.
3. Adjustments are made for changes in covered services or other changes expected to occur during the contract period. These adjustments are referred to as “budget issues”.
4. Common measures of estimated cost or charges are calculated including the charges per person per month, the paid amount per person per month, and the number of units per 1,000 people per year. For the units per 1,000 people per year, a person is assumed to represent 12 member months. Thus, it is not possible to estimate the number of unique people accounted for in the calculation, and for eligibility categories with relatively short lengths of eligibility and episodic cases, such as maternities for the PLM adult population, it is possible to have more than one calculated average case per person per year.

5. Trend rates are calculated that apply to the appropriate payment method and population group.
6. Cost-to-charge ratios by service category are calculated and applied to encounter data for services that are paid on a capitated basis. (For services provided on a fee-for-service basis, the average Medicaid paid amount is used in the per capita cost calculation.)
7. Total expected costs per person per month are calculated for each eligibility category and service delivery arrangement.
8. The population distribution estimated for the contract period is arrayed by eligibility category and contract arrangement based on projections made by DHS Caseload Unit and Office of Rate Setting staff.
9. The per capita cost for the Oregon Health Plan is calculated based on the expected population and contracting mix.
10. Costs are allocated to the various line items of the Prioritized List based on assignment criteria described in detail in Section IV. Separate allocations are made by eligibility category and broad service category (physical health, dental, chemical dependency, and mental health).

Measuring Utilization and Average Charges by Category of Service

The first step in this analysis is the categorization of claims into the approximately 95 detailed service categories shown in the attached exhibits. Claims are assigned to these categories based on the detailed criteria described in OMAP's "bucket books" for encounter and fee-for-service data.

The next step involves calculating utilization rates and the charge or payment amount per unit of service for each category of service, with the data subset for each eligibility category. The encounter data serves as the primary data source for the analysis of capitated services, with Medicaid MMIS data

forming the basis of non-capitated services and periods of eligibility. Average charges are therefore calculated from the encounter data and average payment amounts are calculated from the fee-for-service data. Amounts paid by health plans to providers are not reported on the encounter database.

Utilization rates are measured by counting all claims for each of the categories of service. The sum of the number of claims is then divided by the number of member months of enrollment for the appropriate population group.

Hospital claims are recorded on a per admission basis, while all other claims are recorded for each separate service that is provided. For example, a series of office visits for a single condition are counted separately for each visit rather than as one episode of illness. Each separate prescription is also counted.

Exhibits 3-A (encounter) and 3-B (fee-for-service) show a comparison of the utilization rates by general category of service for each of the Medicaid eligibility categories after adjustments for changes such as the “budget issues” described in the preceding section.

Translating Average Charges to Measures of Cost

The Oregon Health Plan requires that the capitation rates for the program be based on “rates necessary to cover the costs of services.” In previous reports on per capita costs² we developed a method for defining costs based on a combination of cost-to-charge ratios for hospital services, the Medicare Resource Based Relative Value Schedule for professional services, and managed care contracting rates. We have largely retained those same methods for this analysis, with some exceptions for specific services.

The charges per unit of service developed from the encounter data are adjusted to estimate a measure of “cost” for each general category of service based on a cost-to-charge ratio. Adjustments unique to each of the categories

² Coopers & Lybrand and PricewaterhouseCoopers reports dated May 1, 1991, April 19, 1993, February 10, 1995, December 16, 1996, December 8, 1998, and September 21, 2000.

of service are made to translate the average charge amounts to values that would reflect “rates necessary to cover costs.”

Data on hospital costs and charges are reported to state agencies, from which average cost-to-charge ratios are calculated. These ratios are used to adjust the average charge amounts for inpatient and outpatient hospital services to the costs for those services.

For other categories of service, there are no generally accepted means of determining the “cost” of providing services. As a substitute, we examined published information on the percentage of total gross revenue (or charges) used to cover overhead expenses where that information is readily available as a first step in estimating the relationship between average charge amounts and the costs associated with providing services. We also examined payment rates made by Medicare and information on loss ratios reported by OHP health plans.

In past reports, we have used the Medicare fee schedule as a benchmark for the costs for other services. For the FFY 2004-05 per capita cost development, we have continued this methodology using the 2002 Medicare fee schedule to derive imputed costs. We used the relationship between payment rates for specific services in the Medicare fee schedule to develop cost-to-charge ratios for each of the professional service categories. Exceptions were made for Maternity and Newborn services, as those services are not well represented in Medicare’s data. Extraordinarily low implied cost-to-charge ratios resulted from our application of the Medicare payment methodology for those services. As a substitute, we assigned the value calculated for Physician Office Visits for those service categories.

For dental services, we do not apply a discount factor. Based on discussions with dental care organizations and our review of the data, we believe the encounter data reflect the amounts paid by DCOs for services rather than a charge amount.

For mental health plans, the reported amounts generally reflected the fee-for-service Medicaid fee schedule. These amounts are below the plans’ cost of

providing services. One plan recently undertook a cost allocation analysis, and these amounts were used as the MHO cost benchmark in our analysis.

As described in Section II, prescription drug data was provided by certain participating health plans directly for this analysis, as OMAP did not collect this data during the data period. The plans did not provide pharmacy payment amounts as this was considered to be proprietary information. Therefore, First Health processed the encounter data using OMAP's pharmacy payment levels as the reported cost. We surveyed the plans to obtain information to allow us to estimate the average discounts, dispensing fees, rebates, and administrative costs negotiated by the plans with their PBMs. Based on information obtained from six plans, the plans are receiving rebates ranging from 2% to 6%, discounts ranging from 13% to 27% off Average Wholesale Price (AWP), dispensing fees ranging from \$2.25 to \$2.75 per script, and basic administrative fees ranging from \$0.19 to \$0.65 per claim. The prices reflected in the First Health data are based on OMAP dispensing fees of \$3.80, discounts of 11% off AWP, and no administrative fees or rebates. Based on this information, we developed an adjustment, a 5% reduction, that was applied to the reported costs to reflect the estimated difference between the plans' costs and the OMAP reimbursement levels reported by First Health.

For three service categories: Transportation – Ambulance, Durable Medical Equipment and Supplies, and Home Health, we conducted research on the methods used by Medicare to determine payment. For each of these services we developed a payment formula equal to the formula used by Medicare with limited exceptions where the data elements needed to calculate the implied Medicare payment amount were not available in the encounter data. These data elements would have allowed finer differentiation in the calculation, but were determined to have only a nominal impact on the resulting calculations.

Where Medicare data are used as a benchmark for comparison, the calendar year 2002 fee schedules are used. The 2002 Medicare RBRVS fee schedule represents an approximately 5.4% reduction from the 2001 fee schedule. An additional reduction of 4.9% is scheduled to take effect in 2003; we have not adjusted the implied payment rates to account for this expected reduction.

For individuals who are dually eligible for Medicare and Medicaid, health plans are responsible only for that portion of costs that are not covered by Medicare.³ The billed amounts included in the encounter data reflect 100% of charges for the encounter, and do not include an offset for Medicare payments. We calculated cost-to-charge ratios for individuals with Medicare coverage by examining differences in the OMAP fee-for-service payment amount for the AB/AD population with and without Medicare coverage and the OAA population with and without Medicare coverage. The ratio of the payment amount, with a maximum value of 1.0, was applied to the standard cost-to-charge ratio to determine the cost-to-charge ratio for service provided to individuals who are dually eligible for Medicare and Medicaid.⁴

The cost-to-charge ratios used in the analysis are shown in Exhibit 4.

Malpractice costs in Oregon have increased significantly in the past 18 months. Insurance premium increases for obstetricians have been particularly high. A calculation of the increased cost per delivery attributable to increased malpractice insurance costs was estimated to be approximately \$300 per maternity delivery. An analysis performed by ORS staff indicated that this results in an increase in reimbursement for maternity services of 31.6% based on the Medicaid fee schedule. We applied this adjustment to the Physician – Maternity category of service for the fee-for-service delivery system. The FCHP maternity malpractice adjustment was calculated relative to the 2002 Medicare Physician Fee Schedule since it is used as the benchmark for FCHP Physician reimbursement in the per capita cost development for FFY 2004-05. The calculated adjustment to the Physician – Maternity category of service for the FCHP delivery system was 1.257. In recognition of the requirement to pay health plans at rates necessary to cover the costs of providing services, additional adjustments to the managed care

³ OHP plans with Medicare Risk contracts are responsible for all costs, but the services that are covered under the Medicare scope of services are assigned to their Medicare line of business.

⁴ Under both the FFS and FCHP delivery system, many providers choose not to submit claims for services when no payment is anticipated. For example, if Medicare payment is higher than the Medicaid allowed amount, providers often do not submit a separate bill to Medicaid, since the payment amount would be \$0. We confirmed with managed care plans that similar practices occur in that setting, and that the encounter data can be expected to show similar patterns in costs per unit of service. Where the cost-to-charge ratio for services provided to Medicare recipients is equal to the cost-to-charge ratio for non-Medicare recipients, this circumstance is prevalent.

rates were made for recent increases in malpractice premiums. It is our expectation that the costs for increased malpractice premiums are being passed on to the plans through higher negotiated physician reimbursement rates.

“Data Issues”

Several adjustments were made for missing data, changes in policy during the data period, problems with data submissions, or services that are reported in the data but are not the responsibility of the OHP. These adjustments are described below.

IBNR

The claim and encounter data represents services incurred July 1, 1999 through June 30, 2001. The data includes fee-for-service claims adjudicated by OMAP and managed care encounters submitted by managed care plans and processed by OMAP through January 2002. Claims and encounters paid or submitted after this date are not included in the dataset. Therefore, an adjustment for incurred but not reported (IBNR) claims and encounters is necessary to fully reflect the services provided during the data period.

For the fee-for-service claims, the data included both dates of service and dates of payments. We used this data and generally accepted actuarial methods to estimate the value of the IBNR claims by analyzing the historical claim payment patterns.

For the encounter data, the dates of payment were not available. Therefore, OMAP provided us with the value of encounters submitted and processed subsequent to the January 2002 process date, which our data included. Using this information, we developed IBNR adjustments to the encounter data.

Missing Dental Service Encounters

The encounter data we received for one dental plan had several “gaps”. Data is submitted to OMAP approximately twice per month. Therefore, there are 48 possible data submissions over the 24 month data period. It appeared that we were missing 8 data submissions from that plan. Therefore, we applied a 20% increase ($48 \div 40$) to the plan’s utilization data. This resulted in an overall adjustment to the dental encounter data of approximately 2.4%.

Mental Health Acute Care Days

The mental health encounter data includes days reported by the MHOs, but paid by the state for long term care patients. The cost of these days is not the responsibility of the MHOs. Office of Rate Setting staff performed an analysis, matching the names of patients in the encounter data to names in the OMHAS payment records. Through this process, OMHAS identified approximately 4.1% of mental health acute care inpatient days that were paid by the state and should not be included in the OHP per capita cost development. We applied an adjustment of 0.959 ($1 - .041$) to the Mental Health Acute Care utilization.

FCHP Drugs

Encounter drug data was submitted by several FCHPs and processed by First Health. Through its data processing, First Health determined that approximately 11.9% of the encounters were invalid for various reasons. Of these, approximately 95% failed because the patients appeared to be ineligible at the time the drug was dispensed. The other 5% of failed encounters were determined to be invalid for other reasons, such as invalid NDC codes. A subsequent analysis by ORS staff determined that approximately 93% of those encounters rejected for eligibility reasons should not have been rejected. We applied a pro rata adjustment of 11.9% ($278,958$ incorrectly rejected encounters divided by $2,345,307$ accepted encounters) to the encounter drug utilization provided by First Health to adjust for the incorrectly rejected encounters. First Health did not price encounters that were rejected. Therefore, we assumed that the average cost per script for the rejected claims was equivalent to the average cost per script for the accepted

claims. An analysis performed by ORS staff confirmed that this was a valid assumption.

Duplicate Claims and Encounters

OMAP employs a variety of data “cleanup” processes to the claim and encounter data. These processes include the identification and removal of duplicate claims and encounters. Through PwC data analyses, we found additional duplicate claims and encounters and confirmed their presence with OMAP staff. These duplicate records, valued at 0.2% of billed charges were removed from the data.

“Budget Issues”

Certain adjustments are made for changes in covered services or other changes expected to occur during the contract period; these adjustments are referred to as “budget issues”. These data were provided by OMAP for both fee-for-service and managed care delivery systems issues, and reflect the following items:

Service Category	Budget Adjustment	Delivery Systems Affected
• Ambulance	Ambulance reimbursement	FFS
• Ambulatory services	Ambulatory services copayment	FFS
• Anesthesia	Anesthesiology reimbursement	FFS
• Chemical dependency	DUII treatment	FFS and Managed Care
• DME/Supplies	Incontinent supplies reimbursement	FFS
• Mental Health	Child Welfare Assessment and Follow-ups	FFS and Managed Care
• Mental Health Drugs	Case management for antidepressants	FFS
• Physical Health	Case management for most expensive clients	FFS
• Physical Health	Disease state management	FFS
• Prescription Drugs	Practitioner-managed prescription drug plan	FFS
• Prescription Drugs	Maximum allowable charge	FFS
• Prescription Drugs	Pharmacy copayments	FFS
• Prescription Drugs	Pharmacy lock-in	FFS
• Prescription Drugs	Pharmacy reimbursement and dispensing fees	FFS

An important policy change is the introduction of copayment requirements for certain ambulatory services and prescription drugs. The copayments on medications will be \$2 for generic drugs and \$3 for brand-name drugs, and the copayment for specified ambulatory services will be \$3. In compliance with 42 CFR 447.53(b), individuals through age 18, pregnant women, institutionalized individuals, emergency services, family planning services and supplies, and services provided by health plans will be exempt from copayment requirements. Copayments will be collected by providers;

however, those members who indicate to the provider that they cannot pay the copayment at the time the service is provided cannot be refused services.

Adjustments for Services Not Reported in Encounter Data

During the data reporting period Mental Health Organizations were expected to provide specific types of ancillary services, including Prevention, Education, and Outreach (PEO), as well as other Ancillary Services. Specific reporting protocols had not yet been developed to allow the utilization of these services to be tracked through the encounter data reporting system. MHOs provided separate reports of these activities, which were subject to review by OMHAS staff. Those services that were considered similar in nature to Exceptional Needs Care Coordination were included in the calculation. The MHOs provided data showing expenditures for the following specific categories of service:

- PEO1 - Public Information,
- PEO2 - Community Education,
- PEO3 - Parent/Family Education,
- PEO4 - Alternative Activities
- PEO5 - Community Mobilization,
- PEO6 - Life Skills Development,
- PEO7 - Prevention Support Activities,
- PEO8 - Community Based Outreach, and
- PEO9 - Services Integration.

The costs related to PEO3, PEO6, PEO7, and PEO9 were deemed to be attributable to services provided to individuals, and therefore, could be reasonably considered as healthcare costs. These categories represented approximately 60% of the total PEO costs reported by the plans for calendar

year 2001. In addition, \$1,167,000 in Treatment Support Services was determined to be reasonable non-encountered costs. The total adjustment for PEO and Treatment Support Services was \$0.57 PMPM.

Method for Trending Data Forward to FFY 2004/05

The cost per unit of service for all categories of service is trended forward to reflect the contract period of October 1, 2003 through September 30, 2005. Total trend rates are made up of two components:

- the increase in cost per unit of service (cost trend), and
- the increase in the number of units of service provided, in the relative intensity of services provided, and in the level of new technology used to provide medical services (utilization trend).

The trend rates in this analysis are calculated using two different approaches to reflect the differences in contracting arrangements and payment rates under the OHP. In addition, separate trend rates are developed for members with and without Medicare coverage. The trend rates used in this analysis can be found in Exhibits 6-A and 6-B for managed care and fee-for-service, respectively.

The trend rates for managed care calculations are based on a combination of data including the following three key data sources:

1. Information reported by the Centers for Medicare and Medicaid Services (CMS), Office of the Actuary in their projections of national health expenditures,⁵
2. Regression models based on health plan encounter data that measure rates of change in utilization of services and billed charges per member per month, subset by major eligibility category and service type; and

⁵ Cost trends can be found in Tables 3a, 4a and 5a at www.hcfa.gov/stats/NHE-Proj/tables/default.htm. Total trends are reported in Tables 10 and 13 at www.hcfa.gov/stats/indicatr.htm.

3. Published reports on expected rates of change in per capita costs for prescription drugs.

Where CMS data are used, we have generally applied the measure of expected change in the “commercial” portion of the CMS report. For managed care dental services, the “total” (all payer) CMS expenditure information is used, as dental services have a higher level of patient copay requirement in commercial plans than would be experienced in the OHP. The utilization trends are adjusted to reflect observed trends for inpatient, outpatient, and physician services.

Where appropriate, we have used the health plan experience during the data period, and the CMS trend projections for the future.

Separate trend rates are calculated for each year and then combined to develop annualized trend adjustments.

Trend rates for the fee-for-service delivery system are developed based on expected cost increases provided by OMAP and a calculation of total trend based on OHP experience during our data period. Utilization trend is derived by subtracting the cost trend value from the total trend.

Administrative Cost Allowance

The total program cost for the Fully Capitated Health Plan (FCHP) portion of the calculation includes an 8% allowance to cover administrative expenses. This amount is intended to cover the costs of administering a mature managed care program that already has information systems in place. Additional costs associated with plan start-up or with marketing individual plans are not intended to be covered by the 8% administrative cost allowance. Administrative costs of 8% are also paid for Dental Care Organizations, Mental Health Organizations, and the Chemical Dependency Organization as well as for the chemical dependency services covered by Fully Capitated Health Plans. The administrative cost allowance is typically reported as a percentage of total premium and the amount allocated for administrative costs shown here for the FCHP portion of the program is expressed in those terms.

We reviewed plan financial reports and confirmed that, on average, reported administrative costs ranged around 8%. For the fee-for-service portion of the program we have included a case management fee to be paid to the Primary Care Case Managers for the portion of the population enrolled with PCCMs.

Adjustments for Non-Covered Services

Under the OHP, only those diagnoses and treatments on the Prioritized List through the approved funding line are considered to be covered by the program. Our examination of the data showed some services in both the FFS and encounter data that presumably were not eligible for coverage. Under the FFS system, services that are considered to be associated with a higher funding line and that represent comorbidities are allowed. Based on these decision rules, we assumed a comparable level of services in the encounter data system would also be allowed despite their having been identified as being below the funding line.

We conducted a thorough analysis of the encounter data for certain health plans to assess the prevalence of claims that appear to represent services that should have been disallowed based on the Prioritized List. We found numerous records that were for non-specified, or apparently non-covered services. However, on further review of the data, we found those services were largely related to initial diagnostic visits, as allowed under the Oregon Health Plan, or were associated with covered, comorbid conditions. While we believe improvements in coding should be made to more clearly identify the reason for coverage for services that appear to be non-covered, we have included 100% of both the fee-for-service and encounter data in the calculation of expected costs.

Line 566 of the 2001/2003 Prioritized List

Both the fee-for-service and encounter data described above provide information on the services provided under the OHP during the period July 1999 through June 2001. During the data reporting period, the OHP covered services only through line 566 of the 2001-2003 prioritized list. Services

matching condition/treatment pairs below line 566 were not covered by the program and are not represented in the data used here.

Given the lack of any recent claims information below line 566 of the 2001-2003 list, and the likelihood that the legislature will continue to fund services at this line or above, these calculations have not been expanded to cover services below this line. If additional services are funded, additional calculations will be performed at that time to determine the added cost.

Final Per Capita Costs through Line 557 of the Prioritized List

Exhibits 7-A (managed care) and 7-B (fee-for-service) show the detailed calculation of per capita costs through Line 557 of the Prioritized List for each of the population groups with the expenditures trended to FFY2004/05. These per capita costs reflect the expected claims costs per person per month under each delivery system. Fee-for-service costs for managed care enrollees are shown in Exhibit 8. Administrative costs for managed care plans or for Primary Care Case Managers are reflected in the appropriate section of Exhibit 8 and in Exhibits 10-A through 10-F.

The per capita cost for the demonstration period is based on the distribution of enrollees by eligibility category and health service delivery system. Exhibits 9-A through 9-C show the expected population distribution during FFY2002/03; these estimates were provided by DHS Caseload Unit staff.

Exhibits 10-A through 10-F show the expected per capita cost for the Oregon Health Plan through Line 557 of the Prioritized List, based on the per capita costs developed in Exhibits 7-A and 7-B and the expected population distribution from Exhibits 9-A through 9-C.

SECTION IV: Pricing the Prioritized List of Services

Introduction

The final per capita cost for the program will be based on the specific services that the Legislature determines will be covered and the population distribution by eligibility category and delivery system. The rate calculated thus far shows costs through Line 557 of the prioritized list. However, the Legislature may decide that funds are not available to fully cover all health care services through that level. Alternatively, the legislature may fund services beyond Line 557. The data available for this analysis did not permit an accurate calculation of costs beyond Line 557.⁶ Should additional funding become available to expand services, additional data and analysis will be required to calculate the added costs and new funding threshold.

Process for Identifying Expenditures by Condition/Treatment Pair

To determine the per capita costs associated with covering a portion of health care services, we used the condition/treatment pairs developed by the HSC. All of the non-pharmacy expenditures in our databases were allocated to the line items in the Prioritized List of services, with minor exceptions.⁷ The specific process used for allocating expenditures to line items is described

⁶ The data underlying the calculation of the per capita costs includes coverage of services through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium. Coverage through Line 557 of the Prioritized List as configured during the 2003-2005 Biennium excludes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721, which were previously covered.

⁷ A small percentage of the expenditures in the FFS and encounter data bases (between 7% and 8% of the total) did not match any of the criteria for assigning expenditures to one of the line items.

below.⁸ Separate analyses were performed for the encounter and FFS databases.

Types of Condition/Treatment Pairs

The HSC developed condition/treatment pairs based on combinations of ICD9 diagnosis codes and CPT-4 procedure codes. For mental health services, ICD-9-CM diagnosis codes and OMAP-specific “BA” procedure codes are used, and for dental services CDT-3 procedure codes are used. In the Prioritized List, the same diagnosis code is often associated with different types of treatments. The primary distinction is among treatments that include a surgery and treatments that are primarily medical in nature. Surgery claims are generally defined by CPT-4 codes in the range of 10000-69999. Medical Therapies are generally defined by CPT-4 codes in the range of 90000-99999. The remaining CPT-4 codes describe Dental (CDT-3 codes D0100-D9999), Anesthesia (codes 00100-01999), Radiology (codes 70000-79999) and Pathology and Laboratory (codes 80000-89399) services.

In addition to the services that can be identified based on specific combinations of condition/treatment pairs, there are a large proportion of services that are coded based on something other than CPT-4 code. These include ancillary services as well as hospital inpatient and outpatient services and prescription drugs. In addition, the HSC did not specifically identify the laboratory tests, x-rays, anesthesia, or other ancillary services that are associated with each of the condition/treatment pairs because of the large amount of overlap that occurs (i.e., the same codes would be used for nearly all of the line items).

Initial Diagnosis

Expenditures associated with initial diagnosis are always covered and thus included at the beginning of the list. These expenditures are identified as

⁸ The term “line item” is used to describe the condition/treatment pairs developed by the HSC for the Prioritized List.

those with ICD9 codes in the range of 780 through 799, or several other ICD9 codes that are primarily diagnostic in nature, or with CPT-4 codes identified by the HSC as being associated with initial diagnosis. These treatments include biopsies and other diagnostic procedures as well as most lab and x-ray services. A few services, such as Targeted Case Management, Exceptional Needs Care Coordination, and Transportation – Other are allocated to the beginning of the list because diagnostic information is not available and they are assumed to be always covered.

Medical and Surgical Therapies

Medical Therapies are those services that do not include a surgery. These services are coded with CPT-4 codes in the range 90000-99999 (excluding those ranges uniquely associated with a Prioritized List line item). An issue in developing the condition/treatment pairs is that many of the diagnoses have a primary treatment that is medical only and a companion treatment that is primarily surgical. For example, for most cancer diagnoses, patients can receive either medical therapy or surgical therapy. In addition, in some cases the range of diagnoses on the Prioritized List provided for a given condition/treatment pair includes some diagnoses that occur for another line item with the same treatment. In other cases, the patient's age or stage of disease is used to differentiate between condition/treatment pairs. In either of these cases the same services could theoretically be allocated to more than one condition/treatment pair, so we developed decision rules for allocating the expenditures to each pair.

The classification imposed by the current coding system is such that some claims have the potential of falling into more than one of the line items on the Prioritized List. For example, individuals who receive a surgical therapy also generally have some expenditures that may be associated with medical therapy. This issue is most clearly defined for those conditions that have one line item for medical therapy and one line for surgical therapy. For example, individuals with heart failure can be treated with a heart transplant (surgical treatment) or can be treated by non-invasive medical therapy. Similarly, patients with stomach ulcers may receive either surgical or non-invasive

treatment. An analysis of members with ulcers and heart failure indicates that approximately 25% of the expenditures associated with medical therapy (services with CPT-4 codes in the range of 90000-99999) are for members who received surgical treatment. The remaining 75% of medical therapy CPT codes are associated with members who did not receive a surgical treatment.

To allocate the physical health expenditures to each of the line items we used the following logic:

1. We identified all claims as fitting into one of several general categories:
 - i. Claims with CPT-4 or ICD9 codes that were identified as “always covered” by the HSC or were otherwise deemed to be always covered. These claims were placed on “line zero”.
 - ii. Claims with codes in a range that we expected to match exactly with at least one of the condition/treatment pairs.
 - iii. Claims with codes in a range that we did not expect to match exactly with one condition/treatment pair.
 - iv. Claims associated with services that were deemed by the HSC to be “never covered”. These claims were deleted from the database for purposes of assigning costs to lines.
2. Claims with service codes that we expected to exactly match a line item on the Prioritized List were further divided into two groups: those that represented surgeries, mental health, or dental, and those that did not meet any of these criteria. Surgery claims were identified as those with CPT-4 codes in the range of 10000-69999. Mental Health therapies were identified by CPT-4 codes 90801-90899, 96100, 99052, 99201-99275, 99291. Dental claims were identified by the presence of a

CDT-3 code on the claim. Claims with all other procedure codes were identified as medical.

3. Surgery, mental health and dental claims were matched against the Prioritized List and allocated to a specific line item when possible.
4. Medical claims and claims without procedure codes were matched to determine the first five line items with which the expenditure could be associated based on primary ICD9 code alone.
5. For the claims matched in step 4 that did have medical CPT-4 codes, we then determined whether any of the line items represented only “Medical Therapy”. Medical Therapy lines are identified by the HSC.
6. In cases where the claim’s ICD9 code matched exactly two line items, one of which represented “Medical Therapy” and the other of which represented a form of surgery, 75% of the medical therapy expenditures were allocated to the “Medical Therapy” line item and 25% of the medical therapy expenditures were allocated to the surgical therapy line item based on our analysis of the “Medical Therapy” expenditures for individuals with Heart Failure and Ulcers.
7. In cases where the ICD9 code matched several line items, all of which represented “Medical Therapy”, the expenditures were distributed equally based on the number of line items.
8. In cases where the ICD9 code matched several line items, all of which represented various surgical therapies, the expenditures were distributed equally based on the number of line items.
9. In cases with multiple medical therapies and one or more surgical therapies, 75% of the medical expenditures were allocated to the medical therapy line items, with the

expenditures allocated to each line based on the number of medical therapy lines. The remaining 25% of the medical therapy expenditures were allocated to the surgical therapies, with the expenditures allocated equally to each line based on the number of surgical therapy lines.

10. For the claims matched in step 4 that did not have medical CPT-4 codes, including inpatient hospital, outpatient hospital coded without HCPCs, the expenditures were proportionally distributed across all matched lines to the total dollars by line of claims matched in steps 4 through 9.
11. All allocated services were then summarized to obtain total amounts by line item. Separate totals were calculated for each of Chemical Dependency, Mental Health, Dental, and Physical Health claim types.
12. The total dollars for prescription drug expenditures by line item were calculated separately based on the results of the global per capita cost calculation. From that analysis we identified the percentage of physical health costs associated with prescription drugs for each eligibility category. The prescription drug dollar amount on each line was calculated by multiplying this percentage by the physical health costs that were allocated to the line through the process described above. (Prescription drug claims do not include diagnosis codes so it is not possible to directly match the expenditures to specific condition/treatment pairs.) A separate calculation is made for mental health drugs and the costs are assigned to the appropriate mental health and chemical dependency lines on the prioritized list.
13. The expenditures were then summed across all line items to obtain a total dollar amount.

14. The percentage of total dollars represented by each line item was calculated by dividing the dollars for the line item by the total dollars for the entire database.
15. We then calculated the cost per person per month, by delivery system, by multiplying the percentage of the total represented by each line item by the total cost per person per month shown in Exhibits 7-A and 7-B.

The above methodology was used separately for costs under managed care plans (FCHPs, DCOs and MHOs), under the fee-for-service/Primary Care Case Manager system, and also for services provided to managed care enrollees on a fee-for-service basis. Within each delivery system, separate percentages were calculated for each eligibility category for each line of the Prioritized List. Weighted average percentages were then calculated by delivery system across all eligibility categories for physical medicine, Chemical Dependency, Dental and Mental Health services.

Exhibit 11 provides a summary of the criteria used for assigning claim dollars to each of the condition/treatment pairs.

Calculating the Cost Per Person Per Month Based on Covered Services

The cost per person per month for several “threshold” levels of services was calculated by determining the services that would be above and below the line at each threshold. These thresholds were identified by their rank on the Prioritized List.

The cost per person per month at each threshold was calculated by summing the cost per person per month for each line item through the threshold. In other words, for the threshold at line 377, all lines from 1 through 377 were summed. Exhibits 13-A and 13-B show the per capita cost at each of the ten threshold levels based on the expected eligibility distribution for the OHP under each delivery system. Per capita cost estimates are shown separately

for broad service categories. Exhibit 13-C shows total program costs at these threshold levels across all eligibility categories and delivery systems.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Description of Eligibility Categories

	2002-2003 Definition	2004-2005 Definition
Temporary Assistance to Needy Families	Recipients of Temporary Assistance to Needy Families under current eligibility rules (including former recipients with extended Medicaid eligibility)	Recipients of Temporary Assistance to Needy Families under current eligibility rules (including former recipients with extended Medicaid eligibility)
General Assistance	Recipients of state General Assistance grants	Recipients of state General Assistance grants
PLM Adults	Pregnant women with family income under 170% of FPL and not eligible for cash assistance	Pregnant women with family income under 185% of FPL and not eligible for cash assistance
PLM Children under 1 year	Children under one year of age with family income under 133% FPL or born to mothers who were eligible as PLM Adults at the time of the child's birth; and not eligible for cash assistance	Children under one year of age with family income under 133% FPL or born to mothers who were eligible as PLM Adults at the time of the child's birth; and not eligible for cash assistance
PLM Children 1 through 5 years	Children aged at least one but less than six years with family income under 133% FPL and not eligible for cash assistance	Children aged at least one but less than six years with family income under 133% FPL and not eligible for cash assistance
PLM Children 6 through 18 years	Children aged at least six but less than nineteen years with family income under 100% FPL and not eligible for cash assistance	Children aged at least six but less than nineteen years with family income under 100% FPL and not eligible for cash assistance
OHP Adults & Couples	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child under age 19 in the household	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child under age 19 in the household

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Description of Eligibility Categories

	2002-2003 Definition	2004-2005 Definition
OHP Families	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child under age 19 in the household	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child under age 19 in the household
AB/AD with Medicare	Recipients of Aid to Blind or Aid to Disabled with concurrent Medicare eligibility	Recipients of Aid to Blind or Aid to Disabled with concurrent Medicare eligibility
AB/AD without Medicare	Recipients of Aid to Blind or Aid to Disabled without concurrent Medicare eligibility	Recipients of Aid to Blind or Aid to Disabled without concurrent Medicare eligibility
OAA with Medicare	Recipients of Old Age Assistance with concurrent eligibility for Medicare Part A and/or B	Recipients of Old Age Assistance with concurrent eligibility for Medicare Part A and/or B
OAA without Medicare	Recipients of Old Age Assistance without concurrent Medicare eligibility	Recipients of Old Age Assistance without concurrent Medicare eligibility
SCF Children	Children covered by the State Office for Services to Children and Families	Children covered by the State Office for Services to Children and Families
CHIP Children under 1 year	Children under one year of age with family income under 170% FPL who do not meet one of the other eligibility classifications	Children under one year of age with family income under 185% FPL who do not meet one of the other eligibility classifications
CHIP Children 1 through 5 years	Children aged at least one but less than six years with family income under 170% FPL who do not meet one of the other eligibility classifications	Children aged at least one but less than six years with family income under 185% FPL who do not meet one of the other eligibility classifications
CHIP Children 6 through 18 years	Children aged at least six but less than nineteen years with family income under 170% FPL who do not meet one of the other eligibility classifications	Children aged at least six but less than nineteen years with family income under 185% FPL who do not meet one of the other eligibility classifications
CAWEM (Citizen-Alien Waived Emergency Medical)	Individuals who meet criteria for one of the above eligibility categories except for US citizenship or residency requirements	Individuals who meet criteria for one of the above eligibility categories except for US citizenship or residency requirements

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Expected Distribution of Population to be Covered by the Demonstration Project

	Expected Average Program Distribution
Temporary Assistance to Needy Families (Adults Only)	6.8%
General Assistance	0.7%
Poverty Level Medical Adults	1.8%
PLM, TANF, and CHIP Children < 1	4.7%
PLM, TANF, and CHIP Children 1 - 5	14.4%
PLM, TANF, and CHIP Children 6 - 18	22.7%
OHP Families	9.4%
OHP Adults & Couples	14.7%
Aid to the Blind/Aid to the Disabled with Medicare	4.1%
Aid to the Blind/Aid to the Disabled without Medicare	7.3%
Old Age Assistance with Medicare	6.2%
Old Age Assistance without Medicare	0.3%
SCF Children	2.9%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.9%
TOTAL	100.0%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Encounter Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLMA UNITS/1000	CHILDREN 00-01 UNITS/1000	CHILDREN 01-05 UNITS/1000	CHILDREN 06-18 UNITS/1000	OHPFAM UNITS/1000
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims							
ANESTHESIA	Claims	172.41	272.34	667.36	76.44	66.79	35.50	88.57
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	14.16	4.51	9.08	0.08	0.03	2.59	10.73
FP - PHYS	Service	217.07	22.45	251.68	0.19	0.17	32.57	122.13
HYSTERECTOMY - ANESTHESIA	Claims	2.84	1.07	0.63				2.85
HYSTERECTOMY - IP HOSP	Admits	6.06	3.49	0.28	0.04			5.26
HYSTERECTOMY - OP HOSP	Claims	0.43		0.18	0.04		0.02	0.84
HYSTERECTOMY - PHYS	Service	17.58	8.22	1.29			0.01	15.76
IP HOSP - ACUTE DETOX	Admits	4.32	32.36	0.74			0.23	3.37
IP HOSP - MATERNITY	Admits	136.98	5.64	1,258.61			5.97	10.63
IP HOSP - MEDICAL/SURGICAL	Admits	64.70	332.37	26.15	96.57	21.98	14.20	49.67
IP HOSP - NEWBORN	Admits				627.87	0.01	0.01	
LAB & RAD - DIAGNOSTIC X-RAY	Service	1,693.07	3,737.36	3,161.92	999.17	319.41	476.45	1,259.94
LAB & RAD - LAB	Service	4,888.03	7,019.03	11,020.90	946.38	864.30	1,059.33	3,675.95
LAB & RAD - THERAPEUTIC X-RAY	Service	20.32	288.46	0.74	1.57	1.27	0.76	35.66
OP ER - SOMATIC MH	Claims	29.74	96.04	8.80	0.44	0.57	5.67	16.27
OP HOSP - BASIC	Claims	1,579.79	4,815.12	1,093.11	1,238.35	653.89	414.70	1,185.19
OP HOSP - EMERGENCY ROOM	Claims	798.34	1,177.32	366.43	814.17	468.51	279.59	465.14
OP HOSP - LAB & RAD	Claims	2,968.37	7,175.85	2,522.12	1,293.36	593.87	674.33	2,349.76
OP HOSP - MATERNITY	Claims	449.75	54.38	5,096.11	0.19	0.27	24.00	150.40
OP HOSP - SOMATIC MH	Claims	98.18	408.16	19.62	2.63	16.84	26.77	62.46
OTH MED - DME	Claims	166.18	897.28	138.07	237.90	57.96	34.85	112.54
OTH MED - HHC/PDN	Service	1,599.05	4,558.62	787.43	761.86	554.71	468.80	1,297.20
OTH MED - HOSPICE	Claims	1.17	162.02	0.36	6.55	0.80		9.83
OTH MED - MATERNITY MGT	Cases	4.77	0.21	51.88	0.26	0.01	0.37	0.85
OTH MED - SUPPLIES	Claims	155.23	743.63	95.05	166.94	69.29	75.04	137.50
PHYS CONSULTATION, IP & ER VISITS	Service	937.23	2,654.89	1,252.37	1,923.23	387.74	264.26	618.39
PHYS HOME OR LONG-TERM CARE VISITS	Service	1.22	85.40	5.68	3.82	1.79	1.26	1.53
PHYS MATERNITY	Cases	241.23	11.29	2,028.03	2.39	0.52	11.05	42.53
PHYS NEWBORN	Cases	5.61	7.25	29.35	547.89	3.66	2.37	2.35
PHYS OFFICE VISITS	Service	4,024.06	6,651.84	1,812.62	9,108.69	3,514.64	1,995.08	3,531.43
PHYS OTHER	Service	2,874.10	13,778.38	1,687.02	10,879.20	2,518.45	1,114.55	2,331.31
PHYS SOMATIC MH	Service	575.92	1,483.73	105.98	14.47	118.04	222.62	402.25
POST - HOSP EXTENDED CARE	Days	4.29	34.28	15.21	3.46	0.13	0.74	1.15

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Encounter Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLMA UNITS/1000	CHILDREN 00-01 UNITS/1000	CHILDREN 01-05 UNITS/1000	CHILDREN 06-18 UNITS/1000	OHPFAM UNITS/1000
PRES DRUGS - BASIC	Prescriptions	12,332.59	38,120.54	9,306.54	5,544.61	3,675.78	2,984.61	10,040.07
PRES DRUGS - FP	Prescriptions	419.57	70.19	384.46	1.25	1.56	73.36	374.02
PRES DRUGS - MH/CD	Prescriptions							
PRES DRUGS - NEURONTIN	Prescriptions	123.72	938.22	5.69		0.32	3.95	66.33
PRES DRUGS - OP HOSP BASIC	Claims	597.33	987.89	398.49	356.82	246.21	149.21	372.16
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	16.45	62.25	4.01	0.07	0.27	2.04	9.14
PRES DRUGS - TOBACCO CESSATION	Claims	144.17	329.78	45.09	0.29	0.45	4.72	118.46
SCHOOL-BASED HEALTH SERVICES	Service							
STERILIZATION - ANESTHESIA FEMALE	Claims	20.14	0.21	80.37			0.08	7.14
STERILIZATION - ANESTHESIA MALE	Claims	0.03					0.01	0.04
STERILIZATION - IP HOSP FEMALE	Admits	13.09	0.22	78.82			0.03	1.23
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	730.37	73.33	5,081.70	1.58	0.46	48.42	169.18
STERILIZATION - OP HOSP MALE	Claims	0.61	0.86	0.91	0.19	0.14	0.09	1.36
STERILIZATION - PHY FEMALE	Service	29.41	0.23	137.03			0.07	7.18
STERILIZATION - PHY MALE	Service	1.60	0.43				0.01	5.80
SURGERY	Cases	700.15	1,455.28	1,053.67	413.40	170.85	200.57	621.11
TARGETED CASE MAN - BABIES FIRST	Cases							
TARGETED CASE MAN - HIV	Cases							
THERAPEUTIC ABORTION - IP HOSP	Admits							
THERAPEUTIC ABORTION - OP HOSP	Claims							
THERAPEUTIC ABORTION - PHYS	Service							
TOBACCO CES-IP HSP	Admits	21.62	38.62	47.67	0.04	0.03	0.85	7.95
TOBACCO CES-OP HSP	Claims	265.61	418.50	102.35	0.49	0.14	16.48	152.98
TOBACCO CES-PHYS	Service	64.11	82.56	20.99	0.11	0.16	6.20	46.12
TRANSPORTATION - AMBULANCE	Claims	112.70	497.84	125.46	82.02	30.06	26.15	60.42
TRANSPORTATION - OTHER	Claims							
VISION CARE - EXAMS & THERAPY	Service	290.12	421.48	258.20	27.58	72.33	276.85	361.59
VISION CARE - MATERIALS & FITTING	Service	833.23	1,098.56	728.66	6.60	85.74	651.94	980.90
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims	2.72	18.27	0.63			0.04	3.05
CD SERVICES - METHADONE	Service	4,270.38	25,643.70	645.78		0.55	19.47	3,236.59
CD SERVICES - OP	Service	12,465.32	19,984.01	4,409.88	0.18	2.48	1,079.41	5,686.27

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Encounter Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLMA UNITS/1000	CHILDREN 00-01 UNITS/1000	CHILDREN 01-05 UNITS/1000	CHILDREN 06-18 UNITS/1000	OHPFAM UNITS/1000
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	88.73	82.33	54.36	0.20	38.78	29.17	77.53
DENTAL - ANESTHESIA SURGICAL	Claims	87.37	63.74	26.21	1.02	105.56	90.53	71.37
DENTAL - DIAGNOSTIC	Service	1,785.84	1,650.76	1,337.34	12.78	1,030.07	1,732.37	2,049.96
DENTAL - ENDODONTICS	Service	103.03	84.40	67.34	0.10	120.96	79.42	112.81
DENTAL - I/P FIXED	Service	2.27	7.51	0.82			0.08	2.99
DENTAL - MAXILLOFACIAL PROS	Service	0.47	0.75	0.07		0.01	0.02	0.64
DENTAL - ORAL SURGERY	Service	546.78	682.92	188.08	1.25	102.76	198.58	503.24
DENTAL - ORTHODONTICS	Service	0.07		0.07		0.09	0.58	0.05
DENTAL - PERIODONTICS	Service	232.82	258.77	101.96	0.10	0.44	12.64	299.97
DENTAL - PREVENTIVE	Service	312.30	312.01	330.09	6.19	395.21	1,067.74	437.68
DENTAL - PROS REMOVABLE	Service	89.22	247.38	8.36		0.02	1.05	87.83
DENTAL - RESTORATIVE	Service	867.45	786.80	545.85	2.20	682.34	924.39	1,093.03
DENTAL - TOBACCO CES	Service	7.13	5.25	3.65		0.02	1.42	7.83
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	70.29	772.71	15.34		1.29	37.86	43.12
MH SERVICES ASSESS & EVAL	Service	1,111.08	2,931.66	434.34	6.11	224.61	661.65	573.47
MH SERVICES CASE MANAGEMENT	Service	331.09	7,337.89	70.72	0.62	97.10	385.80	137.91
MH SERVICES CONSULTATION	Service	92.99	617.45	21.59	0.59	43.35	155.30	27.61
MH SERVICES ANCILLARY SERVICES	Service	21.69	39.59	1.04		0.41	5.19	3.50
MH SERVICES MED MANAGEMENT	Service	563.66	4,520.30	55.98	0.03	15.37	152.01	227.02
MH SERVICES ALTERNATIVE TO IP	Service	179.99	4,962.28	3.04			9.10	141.14
MH SERVICES FAMILY SUPPORT	Service	33.64	382.75	0.09	1.79	39.98	206.53	2.36
MH SERVICES OP THERAPY	Service	5,325.40	23,140.49	1,313.02	8.66	858.38	3,487.73	2,189.72
MH SERVICES OTHER OP	Service	3.46	19.01	0.78		0.09	1.61	2.43
MH SERVICES PHYS IP	Service	12.17	136.79	8.79		0.41	6.23	8.57
MH SERVICES PHYS OP	Service	267.18	1,626.44	68.03	0.11	86.72	101.48	115.27
MH SERVICES SUPPORT DAY PROGRAM	Service	527.30	31,143.07	69.43	1.10	745.72	677.33	227.15

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Encounter Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC UNITS/1000	ABAD-MED UNITS/1000	ABAD UNITS/1000	OAA-MED UNITS/1000	OAA UNITS/1000	SCF UNITS/1000	CAWEM UNITS/1000
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims							
ANESTHESIA	Claims	132.37	166.32	167.08	179.06	197.64	51.90	
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	3.51	0.87	6.51			7.22	
FP - PHYS	Service	35.20	27.96	46.14	0.17		27.10	
HYSTERECTOMY - ANESTHESIA	Claims	1.77	1.03	1.11	0.56			
HYSTERECTOMY - IP HOSP	Admits	4.12	2.52	2.61	1.24	0.65		
HYSTERECTOMY - OP HOSP	Claims	0.55	0.12	0.07	0.23			
HYSTERECTOMY - PHYS	Service	11.47	4.51	7.47	2.04	3.53		
IP HOSP - ACUTE DETOX	Admits	13.88	3.75	5.62	0.81	0.66		
IP HOSP - MATERNITY	Admits	1.98	3.00	6.92	1.08		2.91	
IP HOSP - MEDICAL/SURGICAL	Admits	105.43	221.98	204.33	363.50	221.93	15.87	
IP HOSP - NEWBORN	Admits			0.14			1.83	
LAB & RAD - DIAGNOSTIC X-RAY	Service	1,894.54	2,209.86	2,385.59	2,937.91	3,497.07	457.07	
LAB & RAD - LAB	Service	4,473.66	3,409.72	4,917.22	3,267.35	4,747.30	1,485.17	
LAB & RAD - THERAPEUTIC X-RAY	Service	82.71	72.04	80.42	118.11	79.28	0.07	
OP ER - SOMATIC MH	Claims	32.59	55.85	61.35	12.14	7.66	13.56	
OP HOSP - BASIC	Claims	1,905.39	3,003.41	2,835.66	2,491.56	2,776.08	630.20	
OP HOSP - EMERGENCY ROOM	Claims	646.62	649.14	744.98	428.43	330.84	225.60	
OP HOSP - LAB & RAD	Claims	3,423.33	3,690.98	4,710.32	4,647.79	5,195.01	793.89	
OP HOSP - MATERNITY	Claims	64.38	13.04	41.10	0.13		33.21	
OP HOSP - SOMATIC MH	Claims	115.79	202.96	293.87	111.13	61.96	171.11	
OTH MED - DME	Claims	203.14	1,539.77	1,289.68	1,833.10	1,264.26	77.74	
OTH MED - HHC/PDN	Service	1,869.44	3,477.83	3,564.74	3,172.44	2,762.90	507.90	
OTH MED - HOSPICE	Claims	28.81	76.93	260.64	96.78	507.51	3.85	
OTH MED - MATERNITY MGT	Cases	0.14		0.35			0.14	
OTH MED - SUPPLIES	Claims	252.94	2,703.05	1,849.09	2,719.02	1,862.04	164.67	
PHYS CONSULTATION, IP & ER VISITS	Service	1,075.32	2,370.11	1,934.54	2,516.11	3,093.96	349.23	
PHYS HOME OR LONG-TERM CARE VISITS	Service	7.16	130.26	60.78	584.30	419.78	13.10	
PHYS MATERNITY	Cases	14.06	6.27	15.64	0.46	1.61	6.59	
PHYS NEWBORN	Cases	3.04	3.83	5.84	4.22	5.28	11.37	
PHYS OFFICE VISITS	Service	4,135.91	5,151.77	5,145.60	4,966.89	5,135.20	2,549.07	
PHYS OTHER	Service	4,473.43	11,814.74	10,894.94	16,745.39	13,971.79	3,353.20	
PHYS SOMATIC MH	Service	551.41	4,087.76	2,499.10	3,627.23	2,933.23	1,188.02	
POST - HOSP EXTENDED CARE	Days	5.13	21.42	40.25	24.93	24.60	0.07	

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Encounter Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC UNITS/1000	ABAD-MED UNITS/1000	ABAD UNITS/1000	OAA-MED UNITS/1000	OAA UNITS/1000	SCF UNITS/1000	CAWEM UNITS/1000
PRES DRUGS - BASIC	Prescriptions	16,765.44	41,493.08	32,128.30	47,095.11	26,749.15	6,171.63	
PRES DRUGS - FP	Prescriptions	151.21	218.40	145.61	3.54	9.15	97.40	
PRES DRUGS - MH/CD	Prescriptions							
PRES DRUGS - NEURONTIN	Prescriptions	171.24	633.23	442.82	261.77	69.40	25.52	
PRES DRUGS - OP HOSP BASIC	Claims	520.37	614.96	691.42	472.41	445.24	118.77	
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	28.39	24.91	28.98	8.44	10.77	3.54	
PRES DRUGS - TOBACCO CESSATION	Claims	195.50	209.73	164.92	36.69	18.27	5.62	
SCHOOL-BASED HEALTH SERVICES	Service							
STERILIZATION - ANESTHESIA FEMALE	Claims	1.13	0.82	1.75				
STERILIZATION - ANESTHESIA MALE	Claims							
STERILIZATION - IP HOSP FEMALE	Admits	0.08	0.25	0.54				
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	74.05	25.96	76.84	0.40		17.63	
STERILIZATION - OP HOSP MALE	Claims	0.51	0.04	0.23				
STERILIZATION - PHY FEMALE	Service	1.14	0.66	1.79				
STERILIZATION - PHY MALE	Service	0.84	0.41	0.31				
SURGERY	Cases	864.62	924.57	1,126.71	1,086.48	971.37	235.06	
TARGETED CASE MAN - BABIES FIRST	Cases							
TARGETED CASE MAN - HIV	Cases							
THERAPEUTIC ABORTION - IP HOSP	Admits							
THERAPEUTIC ABORTION - OP HOSP	Claims							
THERAPEUTIC ABORTION - PHYS	Service							
TOBACCO CES-IP HSP	Admits	17.27	13.54	14.60	7.91	5.21	0.22	
TOBACCO CES-OP HSP	Claims	269.50	161.54	228.97	68.72	85.84	7.73	
TOBACCO CES-PHYS	Service	65.85	49.87	40.05	12.21	3.92	7.10	
TRANSPORTATION - AMBULANCE	Claims	154.14	390.77	359.97	597.09	625.63	34.39	
TRANSPORTATION - OTHER	Claims							
VISION CARE - EXAMS & THERAPY	Service	443.66	389.46	341.18	496.78	498.37	269.02	
VISION CARE - MATERIALS & FITTING	Service	1,173.62	872.15	846.72	839.57	868.68	621.80	
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims	16.78	0.65	3.46			0.22	
CD SERVICES - METHADONE	Service	12,041.16	2,485.05	5,919.68	128.90	33.09	2.89	
CD SERVICES - OP	Service	16,425.21	4,089.81	4,034.42	88.70	3.82	4,130.30	

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Encounter Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC UNITS/1000	ABAD-MED UNITS/1000	ABAD UNITS/1000	OAA-MED UNITS/1000	OAA UNITS/1000	SCF UNITS/1000	CAWEM UNITS/1000
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	80.25	88.97	66.09	82.56	78.81	28.19	
DENTAL - ANESTHESIA SURGICAL	Claims	71.15	42.00	49.37	7.48	41.21	90.60	
DENTAL - DIAGNOSTIC	Service	2,034.95	1,370.62	1,250.18	705.49	1,244.14	1,688.24	
DENTAL - ENDODONTICS	Service	102.93	50.93	53.68	17.96	51.94	69.26	
DENTAL - I/P FIXED	Service	6.27	6.69	4.04	13.85	7.76		
DENTAL - MAXILLOFACIAL PROS	Service	1.55	1.22	0.76	1.37			
DENTAL - ORAL SURGERY	Service	769.78	384.97	356.73	231.08	473.68	148.12	
DENTAL - ORTHODONTICS	Service	0.01	0.03	0.33			0.65	
DENTAL - PERIODONTICS	Service	316.68	231.09	166.24	77.09	142.56	11.46	
DENTAL - PREVENTIVE	Service	415.75	394.86	355.95	165.02	248.80	1,073.10	
DENTAL - PROS REMOVABLE	Service	202.73	157.99	135.72	230.15	398.24	0.82	
DENTAL - RESTORATIVE	Service	1,023.73	700.04	616.41	261.41	388.57	930.72	
DENTAL - TOBACCO CES	Service	8.29	2.95	3.18	0.63	0.60	0.94	
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	159.17	430.61	498.92	71.30	11.95	225.45	
MH SERVICES ASSESS & EVAL	Service	975.08	1,008.05	1,180.58	191.13	193.11	2,426.35	
MH SERVICES CASE MANAGEMENT	Service	552.82	4,669.57	4,099.31	485.26	241.99	3,067.20	
MH SERVICES CONSULTATION	Service	78.55	361.65	401.47	98.15	46.35	1,525.35	
MH SERVICES ANCILLARY SERVICES	Service	3.97	27.96	71.28	14.38	99.67	21.74	
MH SERVICES MED MANAGEMENT	Service	604.99	3,155.04	2,632.90	280.39	333.25	1,226.88	
MH SERVICES ALTERNATIVE TO IP	Service	832.48	3,379.42	2,222.23	22.95		290.33	
MH SERVICES FAMILY SUPPORT	Service	3.60	128.28	1,096.32	11.84		3,445.50	
MH SERVICES OP THERAPY	Service	4,151.23	7,492.16	7,878.11	675.56	394.20	23,892.01	
MH SERVICES OTHER OP	Service	10.49	21.85	12.60	8.05		10.24	
MH SERVICES PHYS IP	Service	23.69	84.38	96.24	19.42		42.65	
MH SERVICES PHYS OP	Service	304.99	706.69	697.86	115.95	228.45	1,011.84	
MH SERVICES SUPPORT DAY PROGRAM	Service	1,580.82	35,880.10	25,940.67	4,853.56	4,206.20	5,945.78	

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLMA UNITS/1000	CHILDREN 00-01 UNITS/1000	CHILDREN 01-05 UNITS/1000	CHILDREN 06-18 UNITS/1000	OHPFAM UNITS/1000
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims	78.05	1,225.96	15.37	2.26	2.33	4.74	28.12
ANESTHESIA	Claims	89.85	274.44	302.41	56.42	36.68	24.87	91.91
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	40.77	5.58	51.88			6.00	21.70
FP - PHYS	Service	1,746.28	199.39	1,718.36	0.81	0.47	621.13	1,145.93
HYSTERECTOMY - ANESTHESIA	Claims	3.10		0.53				3.09
HYSTERECTOMY - IP HOSP	Admits	6.67	1.40	0.52			0.02	5.95
HYSTERECTOMY - OP HOSP	Claims							
HYSTERECTOMY - PHYS	Service	9.68	2.11	1.58			0.02	9.23
IP HOSP - ACUTE DETOX	Admits	2.52	11.93	0.52			0.42	2.69
IP HOSP - MATERNITY	Admits	102.65	2.81	910.77			5.08	54.53
IP HOSP - MEDICAL/SURGICAL	Admits	62.33	432.46	16.02	99.59	26.32	18.81	85.01
IP HOSP - NEWBORN	Admits	0.07		0.17	1,402.28	0.25	0.04	0.08
LAB & RAD - DIAGNOSTIC X-RAY	Service	1,403.34	4,835.14	2,676.47	1,354.01	270.22	414.09	1,232.24
LAB & RAD - LAB	Service	2,739.30	4,440.76	7,747.46	540.13	369.10	525.39	1,911.43
LAB & RAD - THERAPEUTIC X-RAY	Service	18.96	438.35	1.22	0.20	0.96	2.07	27.28
OP ER - SOMATIC MH	Claims							
OP HOSP - BASIC	Claims	2,334.22	7,810.91	1,349.36	2,327.81	1,011.80	730.97	1,997.00
OP HOSP - EMERGENCY ROOM	Claims	1,083.11	1,478.59	514.78	920.37	558.91	376.12	759.49
OP HOSP - LAB & RAD	Claims	3,334.18	9,736.08	3,059.95	1,603.30	707.28	857.85	2,995.81
OP HOSP - MATERNITY	Claims	437.73	11.16	6,303.38	0.10	0.16	20.66	125.98
OP HOSP - SOMATIC MH	Claims	151.10	815.00	22.11	1.72	10.02	43.26	119.68
OTH MED - DME	Claims	117.16	1,298.41	74.92	273.04	78.98	33.67	84.63
OTH MED - HHC/PDN	Service	1,961.06	6,929.87	862.90	962.47	637.80	673.13	1,878.36
OTH MED - HOSPICE	Claims	4.11	550.73		0.71		1.51	8.69
OTH MED - MATERNITY MGT	Cases	124.92	5.58	945.62			7.70	13.98
OTH MED - SUPPLIES	Claims	163.15	1,578.75	135.97	198.69	59.76	74.64	186.23
PHYS CONSULTATION, IP & ER VISITS	Service	795.94	4,570.62	1,009.12	2,720.60	339.37	249.59	734.87
PHYS HOME OR LONG-TERM CARE VISITS	Service	10.86	209.93	108.95	43.76	1.22	0.91	4.15
PHYS MATERNITY	Cases	297.34	15.71	2,606.22	0.94	0.04	16.31	108.45
PHYS NEWBORN	Cases	2.07	12.64	4.38	978.65	3.06	1.73	1.59
PHYS OFFICE VISITS	Service	3,403.65	6,385.52	1,441.78	8,417.36	2,505.91	1,541.44	2,673.69
PHYS OTHER	Service	4,684.88	59,101.35	1,922.26	7,390.48	1,581.57	891.91	3,033.52
PHYS SOMATIC MH	Service	727.06	2,029.04	267.48	170.98	7,286.07	11,331.35	375.61
POST - HOSP EXTENDED CARE	Days		2.11			0.34		0.41

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLMA UNITS/1000	CHILDREN 00-01 UNITS/1000	CHILDREN 01-05 UNITS/1000	CHILDREN 06-18 UNITS/1000	OHPFAM UNITS/1000
PRES DRUGS - BASIC	Prescriptions	7,830.37	25,256.25	5,025.36	3,075.14	2,218.12	1,993.03	6,086.76
PRES DRUGS - FP	Prescriptions	675.25	237.35	538.65	0.48	0.27	122.25	672.90
PRES DRUGS - MH/CD	Prescriptions	2,606.62	11,261.91	549.66	8.94	32.13	260.27	1,821.70
PRES DRUGS - NEURONTIN	Prescriptions	106.45	788.08	2.14		0.59	3.86	56.52
PRES DRUGS - OP HOSP BASIC	Claims	788.43	1,504.27	416.48	478.90	323.42	215.99	607.60
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	39.50	301.69	6.92	0.20	0.40	5.23	27.59
PRES DRUGS - TOBACCO CESSATION	Claims	102.28	207.41	22.11		0.06	3.92	70.89
SCHOOL-BASED HEALTH SERVICES	Service	6.42	60.06	9.48	212.50	927.01	1,088.46	0.25
STERILIZATION - ANESTHESIA FEMALE	Claims	13.53		46.07			0.04	7.44
STERILIZATION - ANESTHESIA MALE	Claims				0.10			0.04
STERILIZATION - IP HOSP FEMALE	Admits	13.71		77.12			0.04	4.69
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	817.27	41.17	6,408.71			73.08	279.28
STERILIZATION - OP HOSP MALE	Claims	0.37	0.70					1.37
STERILIZATION - PHY FEMALE	Service	19.51		86.18			0.09	9.31
STERILIZATION - PHY MALE	Service	1.11	1.40					4.80
SURGERY	Cases	520.25	1,698.27	928.03	580.10	128.68	149.01	498.84
TARGETED CASE MAN - BABIES FIRST	Cases				257.92	42.79		
TARGETED CASE MAN - HIV	Cases	0.04	1.77					0.04
THERAPEUTIC ABORTION - IP HOSP	Admits	0.12		1.12			0.01	0.10
THERAPEUTIC ABORTION - OP HOSP	Claims	25.46	0.64	109.98	0.03		2.70	10.38
THERAPEUTIC ABORTION - PHYS	Service	77.88	6.97	340.93	0.03	0.02	7.46	37.00
TOBACCO CES-IP HSP	Admits	22.46	58.97	41.78			1.35	14.83
TOBACCO CES-OP HSP	Claims	484.81	646.84	299.26	0.50	0.59	39.11	372.65
TOBACCO CES-PHYS	Service	22.25	40.02	5.08	0.10	0.06	2.38	28.30
TRANSPORTATION - AMBULANCE	Claims	320.01	2,576.72	213.32	189.60	54.73	67.38	195.54
TRANSPORTATION - OTHER	Claims	1,751.03	22,600.77	344.80	93.86	53.42	123.52	845.45
VISION CARE - EXAMS & THERAPY	Service	298.26	456.50	160.91	36.74	61.59	207.23	244.65
VISION CARE - MATERIALS & FITTING	Service	1,131.09	1,497.94	694.32	12.92	104.47	739.57	978.65
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims							
CD SERVICES - METHADONE	Service	2,196.82	10,255.41	509.12			3.31	2,024.59
CD SERVICES - OP	Service	14,916.20	15,576.81	2,337.03		0.37	1,180.85	6,827.66

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLMA UNITS/1000	CHILDREN 00-01 UNITS/1000	CHILDREN 01-05 UNITS/1000	CHILDREN 06-18 UNITS/1000	OHPFAM UNITS/1000
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	16.99	7.27	7.60		9.12	7.34	12.99
DENTAL - ANESTHESIA SURGICAL	Claims	7.16	2.91	1.58		9.06	8.59	7.45
DENTAL - DIAGNOSTIC	Service	352.59	241.21	120.35	0.35	135.80	261.52	299.64
DENTAL - ENDODONTICS	Service	22.47	14.53	6.97		16.76	11.97	15.12
DENTAL - I/P FIXED	Service							0.07
DENTAL - MAXILLOFACIAL PROS	Service						0.04	0.07
DENTAL - ORAL SURGERY	Service	95.06	90.09	21.22		13.73	29.09	72.62
DENTAL - ORTHODONTICS	Service	0.14						
DENTAL - PERIODONTICS	Service	31.03	68.29	6.33	0.18		1.98	30.24
DENTAL - PREVENTIVE	Service	28.51	31.97	16.79		45.32	116.75	35.07
DENTAL - PROS REMOVABLE	Service	3.51	21.80			0.11	0.14	5.82
DENTAL - RESTORATIVE	Service	118.65	97.35	32.62	0.18	76.20	102.98	90.93
DENTAL - TOBACCO CES	Service	1.12					0.18	0.43
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	82.60	2,620.62	10.68	5.45	1.08	78.46	90.62
MH SERVICES ASSESS & EVAL	Service	1,079.63	3,788.52	198.28	4.14	151.06	464.01	435.34
MH SERVICES CASE MANAGEMENT	Service	168.87	8,731.76	38.51		48.11	223.90	113.73
MH SERVICES CONSULTATION	Service	57.53	605.69	10.93		25.18	83.68	19.22
MH SERVICES ANCILLARY SERVICES	Service	9.59	15.63	1.49		5.45	3.68	0.93
MH SERVICES MED MANAGEMENT	Service	241.85	2,573.22	23.85		8.64	81.43	158.82
MH SERVICES ALTERNATIVE TO IP	Service	3.02	156.31				1.53	1.29
MH SERVICES FAMILY SUPPORT	Service	0.53	1.95			0.54	1.71	
MH SERVICES OP THERAPY	Service	2,530.20	20,452.92	436.56		447.68	1,826.65	1,114.38
MH SERVICES OTHER OP	Service	1.61	263.44			1.52	3.05	0.99
MH SERVICES PHYS IP	Service	13.50	466.97	0.75		0.05	9.73	10.46
MH SERVICES PHYS OP	Service	2.84	23.45			0.05	0.51	0.99
MH SERVICES SUPPORT DAY PROGRAM	Service	233.50	57,411.98	51.43		416.41	734.15	295.50

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC UNITS/1000	ABAD-MED UNITS/1000	ABAD UNITS/1000	OAA-MED UNITS/1000	OAA UNITS/1000	SCF UNITS/1000	CAWEM UNITS/1000
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims	223.76	14.73	22.49	0.93	1.58	185.52	0.06
ANESTHESIA	Claims	169.35	171.32	134.68	80.78	226.92	34.54	60.73
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	6.94	5.20	8.10	0.08		7.73	0.32
FP - PHYS	Service	789.55	113.84	230.43			205.71	2.61
HYSTERECTOMY - ANESTHESIA	Claims	2.69	1.39	1.63	0.43			0.22
HYSTERECTOMY - IP HOSP	Admits	5.08	2.62	2.56	0.74			0.47
HYSTERECTOMY - OP HOSP	Claims			0.06				
HYSTERECTOMY - PHYS	Service	8.72	5.84	4.37	1.01			0.38
IP HOSP - ACUTE DETOX	Admits	16.51	4.71	5.11	0.77		0.40	0.09
IP HOSP - MATERNITY	Admits	6.39	2.10	5.52			2.18	165.80
IP HOSP - MEDICAL/SURGICAL	Admits	252.33	225.15	230.50	191.92	353.45	24.07	30.59
IP HOSP - NEWBORN	Admits			1.45			11.89	0.28
LAB & RAD - DIAGNOSTIC X-RAY	Service	2,783.70	2,563.50	2,302.24	2,049.04	5,761.01	396.55	178.15
LAB & RAD - LAB	Service	2,899.94	1,254.63	3,346.66	680.90	3,088.28	633.87	47.65
LAB & RAD - THERAPEUTIC X-RAY	Service	123.28	98.36	109.05	78.41	538.32	1.98	3.01
OP ER - SOMATIC MH	Claims							
OP HOSP - BASIC	Claims	3,737.78	5,705.24	4,639.91	2,377.97	5,157.98	936.57	217.47
OP HOSP - EMERGENCY ROOM	Claims	1,313.38	895.39	955.95	349.42	641.99	257.44	141.08
OP HOSP - LAB & RAD	Claims	5,540.32	5,952.82	6,154.22	3,380.13	7,961.98	1,068.41	341.27
OP HOSP - MATERNITY	Claims	72.49	8.40	30.39	0.04	9.44	19.12	25.81
OP HOSP - SOMATIC MH	Claims	276.09	464.67	473.09	117.21	207.70	209.60	4.14
OTH MED - DME	Claims	195.50	1,539.72	1,591.83	1,237.51	1,288.90	152.16	0.16
OTH MED - HHC/PDN	Service	3,706.52	6,279.11	6,825.00	2,257.67	6,072.67	795.58	266.52
OTH MED - HOSPICE	Claims	73.36	5.11	519.57	46.71	654.80		
OTH MED - MATERNITY MGT	Cases	3.61	3.47	7.64			1.59	0.44
OTH MED - SUPPLIES	Claims	421.22	3,581.86	3,254.63	3,260.19	4,234.58	339.82	1.37
PHYS CONSULTATION, IP & ER VISITS	Service	2,049.13	1,960.31	2,176.59	1,342.85	6,038.49	351.23	184.25
PHYS HOME OR LONG-TERM CARE VISITS	Service	9.59	214.42	135.25	563.96	1,200.10	5.68	
PHYS MATERNITY	Cases	22.85	8.37	18.47	0.05		7.87	186.18
PHYS NEWBORN	Cases	3.56	5.93	6.58	3.15	19.00	17.74	0.32
PHYS OFFICE VISITS	Service	3,824.30	4,242.00	4,501.13	2,262.12	3,232.98	1,927.77	18.97
PHYS OTHER	Service	12,673.79	19,811.79	16,791.04	8,621.84	10,031.43	4,239.96	26.77
PHYS SOMATIC MH	Service	888.80	1,988.12	35,252.59	2,888.21	4,768.73	32,260.91	8.98
POST - HOSP EXTENDED CARE	Days	0.04	0.09	21.21	0.04			

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

Adjusted for changes in utilization, benefits, and eligibility

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC UNITS/1000	ABAD-MED UNITS/1000	ABAD UNITS/1000	OAA-MED UNITS/1000	OAA UNITS/1000	SCF UNITS/1000	CAWEM UNITS/1000
PRES DRUGS - BASIC	Prescriptions	10,022.23	36,085.35	22,445.51	45,577.90	70,164.47	3,903.13	28.01
PRES DRUGS - FP	Prescriptions	280.69	375.86	302.34	3.44	84.39	115.50	1.15
PRES DRUGS - MH/CD	Prescriptions	3,120.34	11,214.29	7,829.67	6,675.14	4,379.08	1,945.61	2.12
PRES DRUGS - NEURONTIN	Prescriptions	143.41	712.14	411.60	383.92	452.08	27.88	0.09
PRES DRUGS - OP HOSP BASIC	Claims	1,038.55	923.86	989.67	379.71	1,266.79	160.77	101.05
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	97.92	92.39	140.97	21.83	93.84	10.73	1.85
PRES DRUGS - TOBACCO CESSATION	Claims	123.12	135.42	104.14	35.11	43.64	3.64	
SCHOOL-BASED HEALTH SERVICES	Service	5.09	388.88	17,298.15			6,895.44	4.59
STERILIZATION - ANESTHESIA FEMALE	Claims	1.10	0.87	0.82				2.20
STERILIZATION - ANESTHESIA MALE	Claims			0.06				
STERILIZATION - IP HOSP FEMALE	Admits	0.31	0.35	0.46				7.08
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	148.48	39.68	61.25			12.58	246.19
STERILIZATION - OP HOSP MALE	Claims	1.14	0.26	0.98				0.51
STERILIZATION - PHY FEMALE	Service	1.14	1.74	1.22				1.27
STERILIZATION - PHY MALE	Service	0.99	0.35	0.52				
SURGERY	Cases	934.84	787.54	1,078.53	489.53	1,095.54	201.94	35.06
TARGETED CASE MAN - BABIES FIRST	Cases		0.05	9.80			11.10	
TARGETED CASE MAN - HIV	Cases	0.10	1.02	0.70				
THERAPEUTIC ABORTION - IP HOSP	Admits	0.04	0.06					0.25
THERAPEUTIC ABORTION - OP HOSP	Claims	6.67	0.80	2.75	0.30		0.66	2.91
THERAPEUTIC ABORTION - PHYS	Service	16.81	1.99	3.98	0.09		2.83	1.21
TOBACCO CES-IP HSP	Admits	48.76	15.54	16.74	4.38	9.47	0.69	1.17
TOBACCO CES-OP HSP	Claims	767.68	324.77	363.38	80.35	78.68	11.99	5.54
TOBACCO CES-PHYS	Service	36.20	15.52	11.42	1.55		3.59	
TRANSPORTATION - AMBULANCE	Claims	732.47	5,156.57	2,421.42	5,940.70	12,089.41	67.56	48.75
TRANSPORTATION - OTHER	Claims	4,443.46	8,580.70	6,043.87	5,193.11	4,720.47	1,169.90	0.19
VISION CARE - EXAMS & THERAPY	Service	372.26	404.17	356.09	359.97	424.99	195.70	0.41
VISION CARE - MATERIALS & FITTING	Service	1,386.43	1,093.79	1,126.88	724.18	1,262.39	709.97	0.09
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims							
CD SERVICES - METHADONE	Service	6,097.00	2,346.29	2,716.92	37.66		8.99	1.94
CD SERVICES - OP	Service	22,206.14	3,876.00	3,716.34	47.61		11,800.16	0.22

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 557* of the Prioritized List

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CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC UNITS/1000	ABAD-MED UNITS/1000	ABAD UNITS/1000	OAA-MED UNITS/1000	OAA UNITS/1000	SCF UNITS/1000	CAWEM UNITS/1000
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	11.83	9.07	28.46	8.60	17.55	6.29	
DENTAL - ANESTHESIA SURGICAL	Claims	7.08	2.45	11.43	0.64		11.83	
DENTAL - DIAGNOSTIC	Service	326.22	217.46	269.64	86.80	81.92	370.34	0.13
DENTAL - ENDODONTICS	Service	11.21	4.90	11.31	0.77		11.53	
DENTAL - I/P FIXED	Service	0.07						
DENTAL - MAXILLOFACIAL PROS	Service							
DENTAL - ORAL SURGERY	Service	99.07	43.88	66.23	20.42	5.85	29.34	
DENTAL - ORTHODONTICS	Service	0.07					0.15	
DENTAL - PERIODONTICS	Service	22.96	30.15	17.89	4.11		1.65	
DENTAL - PREVENTIVE	Service	36.71	36.04	88.97	36.59	5.85	229.33	0.03
DENTAL - PROS REMOVABLE	Service	8.80	26.72	12.55	29.40	17.55	0.15	
DENTAL - RESTORATIVE	Service	77.00	73.06	143.40	23.37		150.74	
DENTAL - TOBACCO CES	Service	0.83	0.74	0.50	0.13		0.15	
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	713.23	424.22	619.48	74.45	11.22	435.88	13.14
MH SERVICES ASSESS & EVAL	Service	1,432.79	938.18	1,193.46	131.63	268.41	2,366.83	1.43
MH SERVICES CASE MANAGEMENT	Service	607.62	3,818.36	2,427.30	198.01	33.55	1,678.95	2.86
MH SERVICES CONSULTATION	Service	64.43	375.27	386.97	70.19	139.80	1,032.20	0.19
MH SERVICES ANCILLARY SERVICES	Service	1.83	10.14	8.79	0.30		0.74	
MH SERVICES MED MANAGEMENT	Service	474.63	1,516.31	1,114.18	86.21	55.92	806.81	0.10
MH SERVICES ALTERNATIVE TO IP	Service	21.15	47.13	26.21	1.72		20.10	
MH SERVICES FAMILY SUPPORT	Service	0.63	7.16	10.74	0.07		17.68	
MH SERVICES OP THERAPY	Service	2,617.60	6,413.95	6,448.70	330.91	805.24	12,958.28	4.10
MH SERVICES OTHER OP	Service	0.80	60.56	12.21	3.89	33.65	51.00	
MH SERVICES PHYS IP	Service	52.45	592.74	105.49	99.60	178.94	92.50	1.08
MH SERVICES PHYS OP	Service	2.24	29.23	17.26	7.78	50.33	7.44	
MH SERVICES SUPPORT DAY PROGRAM	Service	1,633.59	34,027.54	24,732.62	1,558.00	307.56	16,153.50	

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Cost-to-Charge Ratios by Category of Service

Exhibit 4

CATEGORY OF SERVICE	Members w/o Medicare	Members w/Medicare
PHYSICAL HEALTH		
ADMINISTRATIVE EXAMS	100%	100%
ANESTHESIA	35%	5%
EXCEPT NEEDS CARE COORDINATION	100%	100%
FP - IP HOSP	65%	65%
FP - OP HOSP	61%	13%
FP - PHYS	66%	64%
HYSTERECTOMY - ANESTHESIA	35%	2%
HYSTERECTOMY - IP HOSP	65%	1%
HYSTERECTOMY - OP HOSP	61%	61%
HYSTERECTOMY - PHYS	31%	0%
IP HOSP - ACUTE DETOX	65%	5%
IP HOSP - MATERNITY	65%	8%
IP HOSP - MEDICAL/SURGICAL	65%	3%
IP HOSP - NEWBORN	65%	65%
LAB & RAD - DIAGNOSTIC X-RAY	51%	5%
LAB & RAD - LAB	50%	12%
LAB & RAD - THERAPEUTIC X-RAY	39%	2%
OP ER - SOMATIC MH	61%	61%
OP HOSP - BASIC	61%	15%
OP HOSP - EMERGENCY ROOM	61%	16%
OP HOSP - LAB & RAD	61%	12%
OP HOSP - MATERNITY	61%	15%
OP HOSP - SOMATIC MH	61%	7%
OTH MED - DME	55%	17%
OTH MED - HHC/PDN	59%	8%
OTH MED - HOSPICE	59%	59%
OTH MED - MATERNITY MGT	100%	100%
OTH MED - SUPPLIES	55%	40%
PHYS CONSULTATION, IP & ER VISITS	48%	4%
PHYS HOME OR LONG-TERM CARE VISITS	80%	18%
PHYS MATERNITY	73%	28%
PHYS NEWBORN	73%	4%
PHYS OFFICE VISITS	73%	17%
PHYS OTHER	48%	24%
PHYS SOMATIC MH	66%	35%
POST - HOSP EXTENDED CARE	65%	65%
PRES DRUGS - BASIC	95%	95%
PRES DRUGS - FP	95%	95%
PRES DRUGS - MH/CD	100%	100%
PRES DRUGS - OP HOSP BASIC	61%	16%
PRES DRUGS - OP HOSP FP	61%	61%
PRES DRUGS - OP HOSP MH/CD	100%	100%
PRES DRUGS - TOBACCO CESSATION	95%	90%
SCHOOL-BASED HEALTH SERVICES	100%	100%
STERILIZATION - ANESTHESIA FEMALE	35%	19%
STERILIZATION - ANESTHESIA MALE	35%	35%
STERILIZATION - IP HOSP FEMALE	65%	0%
STERILIZATION - IP HOSP MALE	65%	65%
STERILIZATION - OP HOSP FEMALE	61%	15%
STERILIZATION - OP HOSP MALE	61%	57%
STERILIZATION - PHY FEMALE	26%	18%
STERILIZATION - PHY MALE	93%	93%
SURGERY	38%	9%
TARGETED CASE MAN - BABIES FIRST	100%	100%
TARGETED CASE MAN - HIV	100%	100%
THERAPEUTIC ABORTION - IP HOSP	100%	100%
THERAPEUTIC ABORTION - OP HOSP	100%	100%
THERAPEUTIC ABORTION - PHYS	100%	100%
TOBACCO CES-IP HSP	65%	2%
TOBACCO CES-OP HSP	61%	15%
TOBACCO CES-PHYS	65%	30%
TRANSPORTATION - AMBULANCE	71%	31%
TRANSPORTATION - OTHER	100%	100%
VISION CARE - EXAMS & THERAPY	94%	39%
VISION CARE - MATERIALS & FITTING	89%	83%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 4

Cost-to-Charge Ratios by Category of Service

CATEGORY OF SERVICE	Members w/o Medicare	Members w/Medicare
CHEMICAL DEPENDENCY		
CD SERVICES - ALTERNATIVE TO DETOX	100%	100%
CD SERVICES - METHADONE	100%	94%
CD SERVICES - OP	100%	100%
DENTAL		
DENTAL - ADJUNCTIVE GENERAL	100%	100%
DENTAL - ANESTHESIA SURGICAL	100%	100%
DENTAL - DIAGNOSTIC	100%	100%
DENTAL - ENDODONTICS	100%	100%
DENTAL - I/P FIXED	100%	100%
DENTAL - MAXILLOFACIAL PROS	100%	100%
DENTAL - ORAL SURGERY	100%	100%
DENTAL - ORTHODONTICS	100%	100%
DENTAL - PERIODONTICS	100%	100%
DENTAL - PREVENTIVE	100%	100%
DENTAL - PROS REMOVABLE	100%	100%
DENTAL - RESTORATIVE	100%	100%
DENTAL - TOBACCO CES	100%	100%
MENTAL HEALTH		
MH SERVICES ACUTE INPATIENT	68%	10%
MH SERVICES ASSESS & EVAL	105%	94%
MH SERVICES CASE MANAGEMENT	111%	111%
MH SERVICES CONSULTATION	116%	116%
MH SERVICES ANCILLARY SERVICES	130%	120%
MH SERVICES MED MANAGEMENT	108%	94%
MH SERVICES ALTERNATIVE TO IP	100%	79%
MH SERVICES FAMILY SUPPORT	112%	112%
MH SERVICES OP THERAPY	115%	105%
MH SERVICES OTHER OP	115%	73%
MH SERVICES PHYS IP	115%	57%
MH SERVICES PHYS OP	111%	40%
MH SERVICES SUPPORT DAY PROGRAM	113%	113%

* These services are based on Medicaid payment amounts.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Encounter Billed Charges/Unit

7/99 - 6/01 MMIS Data

Charges per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	TANF BILLED CHGS/UNIT	GA BILLED CHGS/UNIT	PLMA BILLED CHGS/UNIT	CHILDREN 00-01 BILLED CHGS/UNIT	CHILDREN 01-05 BILLED CHGS/UNIT	CHILDREN 06-18 BILLED CHGS/UNIT	OHPFAM BILLED CHGS/UNIT
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims							
ANESTHESIA	Claims	\$596.31	\$679.65	\$594.31	\$547.87	\$544.77	\$541.01	\$592.19
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	\$61.59	\$88.61	\$56.14	\$171.29	\$171.29	\$46.19	\$67.52
FP - PHYS	Service	\$63.25	\$69.02	\$105.98	\$27.51	\$84.56	\$52.61	\$71.83
HYSTERECTOMY - ANESTHESIA	Claims	\$789.93	\$818.00	\$698.89				\$769.88
HYSTERECTOMY - IP HOSP	Admits	\$7,960.21	\$8,299.52	\$24,080.12	\$6,269.81			\$7,757.57
HYSTERECTOMY - OP HOSP	Claims	\$462.10		\$34.95	\$95.00		\$35.55	\$626.55
HYSTERECTOMY - PHYS	Service	\$1,225.21	\$1,182.47	\$1,242.97			\$1,962.00	\$1,231.62
IP HOSP - ACUTE DETOX	Admits	\$2,639.93	\$3,696.43	\$2,788.61			\$2,611.05	\$3,266.54
IP HOSP - MATERNITY	Admits	\$4,082.87	\$5,451.98	\$4,136.60			\$4,042.81	\$3,960.85
IP HOSP - MEDICAL/SURGICAL	Admits	\$9,401.54	\$12,644.09	\$6,028.92	\$8,652.14	\$7,122.85	\$9,191.07	\$9,543.51
IP HOSP - NEWBORN	Admits				\$3,591.00	\$1,260.10	\$1,050.69	
LAB & RAD - DIAGNOSTIC X-RAY	Service	\$112.20	\$99.74	\$151.48	\$62.26	\$67.10	\$78.24	\$109.43
LAB & RAD - LAB	Service	\$27.62	\$28.43	\$26.91	\$22.07	\$20.84	\$23.73	\$28.46
LAB & RAD - THERAPEUTIC X-RAY	Service	\$255.75	\$243.94	\$182.13	\$102.84	\$321.19	\$204.25	\$272.17
OP ER - SOMATIC MH	Claims	\$170.38	\$230.47	\$166.63	\$108.97	\$170.95	\$171.20	\$169.43
OP HOSP - BASIC	Claims	\$194.08	\$188.95	\$138.83	\$168.35	\$214.79	\$189.15	\$210.72
OP HOSP - EMERGENCY ROOM	Claims	\$176.76	\$220.63	\$167.97	\$151.59	\$145.18	\$152.03	\$176.87
OP HOSP - LAB & RAD	Claims	\$87.63	\$103.01	\$64.48	\$73.08	\$74.85	\$82.79	\$87.92
OP HOSP - MATERNITY	Claims	\$71.42	\$94.90	\$63.37	\$27.86	\$54.38	\$62.77	\$50.51
OP HOSP - SOMATIC MH	Claims	\$63.39	\$60.63	\$88.35	\$107.15	\$119.85	\$70.37	\$56.35
OTH MED - DME	Claims	\$119.96	\$158.28	\$51.26	\$100.95	\$76.18	\$102.78	\$127.91
OTH MED - HHG/PDN	Service	\$39.58	\$39.73	\$41.47	\$36.63	\$31.90	\$30.79	\$39.91
OTH MED - HOSPICE	Claims	\$112.26	\$111.23	\$95.59	\$110.14	\$34.56		\$106.47
OTH MED - MATERNITY MGT	Cases	\$154.82	\$214.90	\$143.30	\$91.38	\$20.13	\$268.16	\$97.88
OTH MED - SUPPLIES	Claims	\$44.81	\$72.98	\$90.86	\$59.91	\$62.46	\$48.71	\$42.57
PHYS CONSULTATION, IP & ER VISITS	Service	\$149.12	\$157.24	\$134.27	\$139.86	\$135.01	\$139.54	\$151.42
PHYS HOME OR LONG-TERM CARE VISITS	Service	\$91.52	\$90.26	\$92.45	\$113.95	\$82.81	\$82.98	\$105.32
PHYS MATERNITY	Cases	\$1,695.52	\$772.70	\$1,819.71	\$75.20	\$174.86	\$1,634.02	\$986.11
PHYS NEWBORN	Cases	\$201.59	\$151.50	\$223.31	\$455.67	\$266.67	\$285.38	\$170.47
PHYS OFFICE VISITS	Service	\$72.98	\$75.07	\$69.34	\$79.32	\$73.76	\$70.42	\$75.46
PHYS OTHER	Service	\$31.26	\$31.26	\$28.14	\$20.08	\$20.24	\$24.58	\$36.50
PHYS SOMATIC MH	Service	\$59.41	\$53.95	\$71.37	\$67.97	\$53.14	\$63.56	\$60.02
POST - HOSP EXTENDED CARE	Days	\$137.92	\$124.70	\$127.02	\$90.64	\$122.68	\$90.94	\$102.25

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Encounter Billed Charges/Unit

7/99 - 6/01 MMIS Data

Charges per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	TANF BILLED CHGS/UNIT	GA BILLED CHGS/UNIT	PLMA BILLED CHGS/UNIT	CHILDREN 00-01 BILLED CHGS/UNIT	CHILDREN 01-05 BILLED CHGS/UNIT	CHILDREN 06-18 BILLED CHGS/UNIT	OHPFAM BILLED CHGS/UNIT
PRES DRUGS - BASIC	Prescriptions	\$25.19	\$35.46	\$15.54	\$10.62	\$13.60	\$22.54	\$23.39
PRES DRUGS - FP	Prescriptions	\$33.03	\$34.26	\$37.36	\$47.78	\$29.04	\$34.05	\$33.37
PRES DRUGS - MH/CD	Prescriptions							
PRES DRUGS - NEURONTIN	Prescriptions	\$106.99	\$113.13	\$67.67		\$99.54	\$93.08	\$102.94
PRES DRUGS - OP HOSP BASIC	Claims	\$72.70	\$106.80	\$57.07	\$96.38	\$47.61	\$60.85	\$100.10
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	\$33.90	\$48.17	\$40.22	\$10.86	\$58.39	\$37.16	\$36.78
PRES DRUGS - TOBACCO CESSATION	Claims	\$47.27	\$43.69	\$42.20	\$27.99	\$61.93	\$48.43	\$40.67
SCHOOL-BASED HEALTH SERVICES	Service							
STERILIZATION - ANESTHESIA FEMALE	Claims	\$560.96	\$400.13	\$541.63			\$576.68	\$547.36
STERILIZATION - ANESTHESIA MALE	Claims	\$720.00					\$180.00	\$441.00
STERILIZATION - IP HOSP FEMALE	Admits	\$3,913.13	\$7,324.28	\$3,879.91			\$1,671.48	\$4,078.91
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	\$147.52	\$123.45	\$116.27	\$74.52	\$97.19	\$114.27	\$197.23
STERILIZATION - OP HOSP MALE	Claims	\$129.16	\$34.68	\$42.05	\$61.40	\$87.93	\$67.63	\$125.05
STERILIZATION - PHY FEMALE	Service	\$586.21	\$375.16	\$535.30			\$804.58	\$780.39
STERILIZATION - PHY MALE	Service	\$446.95	\$568.55				\$444.34	\$425.71
SURGERY	Cases	\$415.06	\$676.88	\$116.08	\$306.48	\$336.49	\$332.12	\$402.08
TARGETED CASE MAN - BABIES FIRST	Cases							
TARGETED CASE MAN - HIV	Cases							
THERAPEUTIC ABORTION - IP HOSP	Admits							
THERAPEUTIC ABORTION - OP HOSP	Claims							
THERAPEUTIC ABORTION - PHYS	Service							
TOBACCO CES-IP HSP	Admits	\$318.16	\$490.23	\$246.86	\$424.19	\$190.01	\$280.29	\$387.92
TOBACCO CES-OP HSP	Claims	\$9.72	\$10.86	\$8.45	\$27.52	\$2.72	\$7.72	\$10.67
TOBACCO CES-PHYS	Service	\$54.91	\$80.69	\$80.95	\$47.12	\$83.24	\$35.20	\$61.13
TRANSPORTATION - AMBULANCE	Claims	\$370.55	\$364.51	\$476.81	\$779.16	\$485.35	\$401.47	\$413.43
TRANSPORTATION - OTHER	Claims							
VISION CARE - EXAMS & THERAPY	Service	\$64.08	\$64.98	\$60.73	\$101.33	\$64.49	\$61.18	\$63.82
VISION CARE - MATERIALS & FITTING	Service	\$22.90	\$23.27	\$19.68	\$25.76	\$19.91	\$18.77	\$22.34
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims	\$751.50	\$702.76	\$470.29			\$583.87	\$655.81
CD SERVICES - METHADONE	Service	\$8.06	\$7.78	\$8.73		\$7.86	\$9.25	\$7.85
CD SERVICES - OP	Service	\$9.18	\$9.68	\$9.55	\$20.40	\$12.89	\$10.85	\$9.19

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Encounter Billed Charges/Unit

7/99 - 6/01 MMIS Data

Charges per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	TANF BILLED CHGS/UNIT	GA BILLED CHGS/UNIT	PLMA BILLED CHGS/UNIT	CHILDREN 00-01 BILLED CHGS/UNIT	CHILDREN 01-05 BILLED CHGS/UNIT	CHILDREN 06-18 BILLED CHGS/UNIT	OHPFAM BILLED CHGS/UNIT
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	\$54.85	\$52.10	\$60.40	\$55.63	\$116.70	\$62.97	\$55.12
DENTAL - ANESTHESIA SURGICAL	Claims	\$56.64	\$64.21	\$62.98	\$10.71	\$43.67	\$37.54	\$70.46
DENTAL - DIAGNOSTIC	Service	\$30.15	\$29.09	\$29.98	\$33.21	\$23.92	\$25.74	\$29.92
DENTAL - ENDODONTICS	Service	\$289.37	\$293.87	\$267.29	\$335.98	\$82.41	\$166.50	\$287.20
DENTAL - I/P FIXED	Service	\$288.33	\$468.93	\$376.30			\$145.39	\$278.33
DENTAL - MAXILLOFACIAL PROS	Service	\$14.71	\$31.25	\$0.00		\$1,200.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	Service	\$92.58	\$86.57	\$100.36	\$89.23	\$70.58	\$82.64	\$93.71
DENTAL - ORTHODONTICS	Service	\$118.33		\$0.00		\$33.75	\$571.17	\$233.33
DENTAL - PERIODONTICS	Service	\$95.43	\$83.96	\$76.48	\$140.00	\$117.50	\$76.42	\$86.37
DENTAL - PREVENTIVE	Service	\$44.37	\$46.57	\$44.48	\$29.59	\$48.12	\$40.82	\$46.38
DENTAL - PROS REMOVABLE	Service	\$406.91	\$397.14	\$415.02		\$449.99	\$285.93	\$407.27
DENTAL - RESTORATIVE	Service	\$85.74	\$86.90	\$72.43	\$61.16	\$83.40	\$69.81	\$82.46
DENTAL - TOBACCO CES	Service	\$8.99	\$9.10	\$7.71		\$5.00	\$8.78	\$8.68
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	\$910.66	\$918.45	\$867.65		\$1,305.18	\$999.49	\$942.28
MH SERVICES ASSESS & EVAL	Service	\$26.76	\$28.10	\$29.66	\$20.75	\$26.05	\$27.66	\$27.74
MH SERVICES CASE MANAGEMENT	Service	\$21.14	\$20.55	\$22.56	\$21.73	\$20.71	\$21.62	\$22.03
MH SERVICES CONSULTATION	Service	\$23.08	\$21.98	\$23.10	\$19.73	\$22.33	\$22.81	\$22.89
MH SERVICES ANCILLARY SERVICES	Service	\$10.89	\$8.79	\$22.79		\$19.56	\$16.01	\$13.98
MH SERVICES MED MANAGEMENT	Service	\$33.23	\$31.27	\$34.81	\$35.26	\$36.55	\$34.50	\$32.82
MH SERVICES ALTERNATIVE TO IP	Service	\$14.25	\$22.31	\$242.32			\$187.71	\$12.98
MH SERVICES FAMILY SUPPORT	Service	\$10.47	\$7.91	\$7.41	\$5.25	\$8.98	\$8.05	\$10.35
MH SERVICES OP THERAPY	Service	\$19.09	\$17.15	\$19.98	\$19.05	\$19.08	\$20.91	\$20.09
MH SERVICES OTHER OP	Service	\$146.04	\$160.19	\$155.01		\$2,239.85	\$655.89	\$172.56
MH SERVICES PHYS IP	Service	\$115.80	\$94.68	\$70.10		\$144.08	\$113.23	\$107.96
MH SERVICES PHYS OP	Service	\$25.84	\$30.70	\$29.16	\$52.44	\$11.51	\$25.49	\$27.95
MH SERVICES SUPPORT DAY PROGRAM	Service	\$9.54	\$8.19	\$11.21	\$22.01	\$7.79	\$16.24	\$9.31

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Encounter Billed Charges/Unit

7/99 - 6/01 MMIS Data

Charges per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC BILLED CHGS/UNIT	ABAD-MED BILLED CHGS/UNIT	ABAD BILLED CHGS/UNIT	OAA-MED BILLED CHGS/UNIT	OAA BILLED CHGS/UNIT	SCF BILLED CHGS/UNIT	CAWEM BILLED CHGS/UNIT
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims							
ANESTHESIA	Claims	\$649.70	\$550.68	\$658.53	\$503.73	\$604.43	\$564.16	\$1,154.90
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	\$53.98	\$37.55	\$47.20			\$41.51	
FP - PHYS	Service	\$52.60	\$55.91	\$63.03	\$64.02		\$55.59	
HYSTERECTOMY - ANESTHESIA	Claims	\$907.28	\$609.79	\$830.67	\$736.02			
HYSTERECTOMY - IP HOSP	Admits	\$9,049.66	\$7,985.99	\$9,319.16	\$16,560.41	\$18,588.80		
HYSTERECTOMY - OP HOSP	Claims	\$683.46	\$81.40	\$66.95	\$180.63			
HYSTERECTOMY - PHYS	Service	\$1,350.00	\$1,200.08	\$1,305.76	\$1,308.97	\$906.19		
IP HOSP - ACUTE DETOX	Admits	\$2,931.58	\$4,397.26	\$3,755.94	\$5,451.84	\$1,176.38		
IP HOSP - MATERNITY	Admits	\$4,979.24	\$5,651.06	\$5,009.92	\$4,141.89		\$3,999.67	\$4,195.31
IP HOSP - MEDICAL/SURGICAL	Admits	\$12,012.92	\$11,620.23	\$11,923.04	\$10,462.47	\$13,074.00	\$9,016.36	
IP HOSP - NEWBORN	Admits			\$127,757.56			\$19,492.55	
LAB & RAD - DIAGNOSTIC X-RAY	Service	\$103.61	\$78.69	\$94.85	\$69.70	\$79.54	\$84.07	\$89.34
LAB & RAD - LAB	Service	\$27.36	\$26.74	\$26.93	\$25.25	\$24.56	\$21.79	\$30.56
LAB & RAD - THERAPEUTIC X-RAY	Service	\$273.03	\$233.56	\$271.30	\$255.99	\$245.67	\$187.84	
OP ER - SOMATIC MH	Claims	\$192.65	\$219.58	\$200.04	\$279.64	\$188.82	\$189.60	
OP HOSP - BASIC	Claims	\$208.06	\$256.31	\$208.02	\$248.64	\$332.61	\$200.91	\$157.92
OP HOSP - EMERGENCY ROOM	Claims	\$191.30	\$250.54	\$210.67	\$331.76	\$295.95	\$165.07	\$195.34
OP HOSP - LAB & RAD	Claims	\$94.09	\$92.93	\$86.11	\$84.38	\$82.53	\$73.06	\$99.78
OP HOSP - MATERNITY	Claims	\$55.11	\$74.64	\$74.75	\$39.77		\$61.69	\$93.04
OP HOSP - SOMATIC MH	Claims	\$65.73	\$73.59	\$57.38	\$71.15	\$77.89	\$54.29	
OTH MED - DME	Claims	\$145.76	\$180.69	\$185.14	\$137.55	\$107.72	\$153.88	
OTH MED - HHC/PDN	Service	\$42.02	\$42.92	\$38.94	\$50.44	\$52.44	\$36.72	\$49.49
OTH MED - HOSPICE	Claims	\$102.05	\$58.84	\$101.66	\$104.44	\$102.20	\$26.01	
OTH MED - MATERNITY MGT	Cases	\$92.28		\$210.82			\$44.28	
OTH MED - SUPPLIES	Claims	\$56.30	\$68.99	\$82.36	\$72.88	\$103.57	\$85.42	\$11.60
PHYS CONSULTATION, IP & ER VISITS	Service	\$152.65	\$109.82	\$143.99	\$124.79	\$131.32	\$148.58	\$178.98
PHYS HOME OR LONG-TERM CARE VISITS	Service	\$94.01	\$65.33	\$81.51	\$62.61	\$65.04	\$84.11	
PHYS MATERNITY	Cases	\$483.78	\$1,168.56	\$1,268.14	\$85.97	\$66.91	\$875.97	\$2,013.80
PHYS NEWBORN	Cases	\$195.37	\$256.73	\$856.84	\$167.84	\$128.32	\$1,353.28	
PHYS OFFICE VISITS	Service	\$75.25	\$67.42	\$74.35	\$69.22	\$73.79	\$76.32	\$72.08
PHYS OTHER	Service	\$37.57	\$18.23	\$29.67	\$14.03	\$16.35	\$38.35	\$11.27
PHYS SOMATIC MH	Service	\$61.30	\$18.59	\$24.86	\$9.74	\$6.93	\$38.64	\$42.33
POST - HOSP EXTENDED CARE	Days	\$169.12	\$243.92	\$192.39	\$179.69	\$152.15	\$549.93	

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Encounter Billed Charges/Unit

7/99 - 6/01 MMIS Data

Charges per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC BILLED CHGS/UNIT	ABAD-MED BILLED CHGS/UNIT	ABAD BILLED CHGS/UNIT	OAA-MED BILLED CHGS/UNIT	OAA BILLED CHGS/UNIT	SCF BILLED CHGS/UNIT	CAWEM BILLED CHGS/UNIT
PRES DRUGS - BASIC	Prescriptions	\$29.70	\$38.28	\$36.76	\$25.83	\$26.83	\$29.49	\$27.84
PRES DRUGS - FP	Prescriptions	\$33.43	\$28.55	\$32.55	\$72.61	\$51.46	\$33.70	\$32.19
PRES DRUGS - MH/CD	Prescriptions							
PRES DRUGS - NEURONTIN	Prescriptions	\$106.59	\$124.42	\$121.55	\$84.59	\$74.82	\$97.49	
PRES DRUGS - OP HOSP BASIC	Claims	\$105.45	\$127.48	\$126.91	\$125.62	\$115.88	\$68.37	\$56.53
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	\$50.41	\$55.37	\$52.88	\$57.66	\$51.49	\$84.94	
PRES DRUGS - TOBACCO CESSATION	Claims	\$45.11	\$47.73	\$49.37	\$45.07	\$47.36	\$41.14	
SCHOOL-BASED HEALTH SERVICES	Service							
STERILIZATION - ANESTHESIA FEMALE	Claims	\$560.25	\$517.17	\$586.15				\$527.17
STERILIZATION - ANESTHESIA MALE	Claims							
STERILIZATION - IP HOSP FEMALE	Admits	\$13,744.04	\$4,977.12	\$5,622.49				\$1,740.37
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	\$149.03	\$166.09	\$147.22	\$91.10		\$122.52	\$238.88
STERILIZATION - OP HOSP MALE	Claims	\$80.35	\$21.00	\$138.18				
STERILIZATION - PHY FEMALE	Service	\$861.55	\$614.38	\$949.54				\$479.20
STERILIZATION - PHY MALE	Service	\$426.39	\$439.41	\$435.69				
SURGERY	Cases	\$508.71	\$404.54	\$419.32	\$442.02	\$629.05	\$331.60	\$902.55
TARGETED CASE MAN - BABIES FIRST	Cases							
TARGETED CASE MAN - HIV	Cases							
THERAPEUTIC ABORTION - IP HOSP	Admits							
THERAPEUTIC ABORTION - OP HOSP	Claims							
THERAPEUTIC ABORTION - PHYS	Service							
TOBACCO CES-IP HSP	Admits	\$435.34	\$455.47	\$447.03	\$460.10	\$466.01	\$1,381.41	
TOBACCO CES-OP HSP	Claims	\$10.19	\$10.83	\$9.85	\$10.73	\$7.76	\$14.45	
TOBACCO CES-PHYS	Service	\$60.00	\$53.53	\$69.76	\$71.08	\$64.39	\$37.84	
TRANSPORTATION - AMBULANCE	Claims	\$381.60	\$325.28	\$380.92	\$312.02	\$327.15	\$416.33	\$314.93
TRANSPORTATION - OTHER	Claims							
VISION CARE - EXAMS & THERAPY	Service	\$64.49	\$64.12	\$68.11	\$69.24	\$66.85	\$61.04	\$96.10
VISION CARE - MATERIALS & FITTING	Service	\$21.92	\$24.43	\$22.53	\$27.89	\$26.18	\$19.59	
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims	\$691.27	\$748.96	\$648.01			\$795.50	
CD SERVICES - METHADONE	Service	\$8.14	\$8.06	\$7.65	\$6.97	\$6.84	\$12.55	
CD SERVICES - OP	Service	\$9.12	\$9.82	\$9.96	\$11.44	\$20.00	\$11.59	\$24.29

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Encounter Billed Charges/Unit

7/99 - 6/01 MMIS Data

Charges per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC BILLED CHGS/UNIT	ABAD-MED BILLED CHGS/UNIT	ABAD BILLED CHGS/UNIT	OAA-MED BILLED CHGS/UNIT	OAA BILLED CHGS/UNIT	SCF BILLED CHGS/UNIT	CAWEM BILLED CHGS/UNIT
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	\$53.17	\$63.42	\$68.61	\$43.24	\$41.69	\$79.43	\$143.04
DENTAL - ANESTHESIA SURGICAL	Claims	\$71.91	\$70.96	\$66.40	\$76.55	\$4.33	\$47.09	
DENTAL - DIAGNOSTIC	Service	\$30.26	\$27.67	\$27.70	\$26.97	\$25.62	\$25.59	\$29.96
DENTAL - ENDODONTICS	Service	\$273.25	\$276.04	\$256.42	\$258.90	\$243.36	\$144.39	\$71.00
DENTAL - I/P FIXED	Service	\$400.15	\$404.83	\$413.02	\$455.69	\$330.13		
DENTAL - MAXILLOFACIAL PROS	Service	\$0.36	\$1.55	\$21.30	\$2.43			
DENTAL - ORAL SURGERY	Service	\$88.69	\$88.92	\$88.72	\$87.65	\$81.22	\$87.17	\$58.09
DENTAL - ORTHODONTICS	Service	\$325.00	\$325.00	\$1,551.88			\$168.18	
DENTAL - PERIODONTICS	Service	\$85.69	\$85.53	\$88.35	\$78.97	\$95.04	\$75.30	\$58.14
DENTAL - PREVENTIVE	Service	\$45.42	\$48.88	\$46.21	\$49.17	\$45.96	\$41.19	\$46.31
DENTAL - PROS REMOVABLE	Service	\$405.77	\$324.86	\$340.07	\$292.62	\$300.54	\$332.33	\$574.99
DENTAL - RESTORATIVE	Service	\$84.14	\$86.56	\$86.26	\$89.37	\$83.38	\$68.82	\$53.60
DENTAL - TOBACCO CES	Service	\$8.66	\$10.65	\$10.84	\$9.63	\$17.99	\$17.49	
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	\$966.71	\$953.82	\$955.85	\$999.60	\$763.36	\$1,020.25	
MH SERVICES ASSESS & EVAL	Service	\$28.43	\$25.60	\$27.41	\$24.61	\$26.20	\$25.88	\$21.90
MH SERVICES CASE MANAGEMENT	Service	\$21.09	\$20.89	\$21.00	\$21.63	\$21.03	\$21.14	\$23.00
MH SERVICES CONSULTATION	Service	\$22.67	\$21.82	\$22.58	\$22.46	\$22.32	\$22.07	\$22.29
MH SERVICES ANCILLARY SERVICES	Service	\$12.44	\$9.03	\$11.61	\$10.67	\$7.97	\$16.76	
MH SERVICES MED MANAGEMENT	Service	\$32.96	\$27.32	\$29.31	\$32.29	\$29.89	\$34.16	\$30.96
MH SERVICES ALTERNATIVE TO IP	Service	\$13.81	\$18.62	\$19.93	\$77.92		\$231.91	
MH SERVICES FAMILY SUPPORT	Service	\$10.08	\$10.51	\$8.26	\$10.34		\$7.62	
MH SERVICES OP THERAPY	Service	\$18.88	\$17.72	\$18.69	\$20.70	\$16.08	\$18.37	\$12.94
MH SERVICES OTHER OP	Service	\$115.39	\$113.27	\$156.88	\$74.74		\$510.23	
MH SERVICES PHYS IP	Service	\$110.95	\$63.66	\$89.80	\$47.89		\$130.39	
MH SERVICES PHYS OP	Service	\$32.05	\$24.22	\$25.60	\$18.43	\$16.86	\$22.02	
MH SERVICES SUPPORT DAY PROGRAM	Service	\$9.00	\$8.67	\$9.07	\$7.96	\$6.98	\$20.47	

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Fee-For-Service Paid/Unit

7/99 - 6/01 MMIS Data

Paid per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	TANF PAID/UNIT	GA PAID/UNIT	PLMA PAID/UNIT	CHILDREN 00-01 PAID/UNIT	CHILDREN 01-05 PAID/UNIT	CHILDREN 06-18 PAID/UNIT	OHPFAM PAID/UNIT
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims	\$165.70	\$121.01	\$193.15	\$20.84	\$109.85	\$234.56	\$143.28
ANESTHESIA	Claims	\$305.64	\$339.02	\$298.46	\$242.57	\$265.43	\$267.54	\$279.33
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	\$38.16	\$14.56	\$29.80			\$23.39	\$30.57
FP - PHYS	Service	\$41.21	\$47.64	\$51.79	\$36.50	\$36.20	\$33.40	\$40.52
HYSTERECTOMY - ANESTHESIA	Claims	\$400.91		\$251.94				\$396.33
HYSTERECTOMY - IP HOSP	Admits	\$3,430.89	\$5,519.43	\$3,032.91			\$2,197.86	\$3,805.72
HYSTERECTOMY - OP HOSP	Claims							
HYSTERECTOMY - PHYS	Service	\$349.38	\$445.02	\$253.86			\$331.64	\$352.85
IP HOSP - ACUTE DETOX	Admits	\$1,457.18	\$1,456.72	\$1,716.92			\$1,801.96	\$1,540.43
IP HOSP - MATERNITY	Admits	\$1,751.35	\$1,250.44	\$1,620.23			\$1,901.08	\$1,500.81
IP HOSP - MEDICAL/SURGICAL	Admits	\$4,851.09	\$5,458.86	\$4,730.12	\$3,581.68	\$3,278.28	\$4,420.66	\$5,199.82
IP HOSP - NEWBORN	Admits	\$463.53		\$414.61	\$1,958.84	\$762.50	\$254.02	\$1,829.88
LAB & RAD - DIAGNOSTIC X-RAY	Service	\$34.34	\$29.52	\$47.32	\$16.46	\$20.21	\$21.57	\$31.27
LAB & RAD - LAB	Service	\$13.40	\$13.48	\$12.85	\$7.89	\$8.79	\$10.60	\$13.06
LAB & RAD - THERAPEUTIC X-RAY	Service	\$57.43	\$59.50	\$42.72	\$21.83	\$38.68	\$53.43	\$57.64
OP ER - SOMATIC MH	Claims							
OP HOSP - BASIC	Claims	\$62.76	\$65.06	\$46.97	\$49.83	\$66.57	\$65.61	\$69.46
OP HOSP - EMERGENCY ROOM	Claims	\$61.85	\$71.58	\$63.65	\$57.18	\$53.22	\$57.19	\$64.77
OP HOSP - LAB & RAD	Claims	\$30.13	\$31.65	\$24.38	\$19.11	\$20.45	\$27.22	\$31.35
OP HOSP - MATERNITY	Claims	\$26.08	\$42.75	\$22.90	\$28.52	\$18.12	\$26.09	\$21.34
OP HOSP - SOMATIC MH	Claims	\$26.67	\$21.51	\$22.13	\$37.67	\$69.79	\$31.32	\$26.01
OTH MED - DME	Claims	\$91.11	\$145.52	\$41.70	\$81.56	\$43.25	\$76.58	\$86.76
OTH MED - HHC/PDN	Service	\$15.57	\$19.26	\$11.27	\$15.03	\$13.07	\$11.65	\$15.73
OTH MED - HOSPICE	Claims	\$85.38	\$110.85		\$110.10		\$233.74	\$102.53
OTH MED - MATERNITY MGT	Cases	\$155.04	\$82.01	\$135.17			\$184.38	\$136.07
OTH MED - SUPPLIES	Claims	\$51.40	\$41.52	\$45.44	\$54.14	\$43.46	\$37.57	\$42.47
PHYS CONSULTATION, IP & ER VISITS	Service	\$54.72	\$50.87	\$54.08	\$56.70	\$50.06	\$51.69	\$57.71
PHYS HOME OR LONG-TERM CARE VISITS	Service	\$65.09	\$40.37	\$65.22	\$67.30	\$68.33	\$69.96	\$53.25
PHYS MATERNITY	Cases	\$635.87	\$510.25	\$556.53	\$121.71	\$27.51	\$598.01	\$544.82
PHYS NEWBORN	Cases	\$105.46	\$81.43	\$59.46	\$215.81	\$116.81	\$103.61	\$85.66
PHYS OFFICE VISITS	Service	\$56.80	\$45.58	\$47.37	\$55.59	\$45.73	\$57.77	\$48.48
PHYS OTHER	Service	\$14.90	\$12.42	\$14.32	\$16.17	\$17.41	\$22.73	\$17.69
PHYS SOMATIC MH	Service	\$33.38	\$40.12	\$21.12	\$19.99	\$12.76	\$13.00	\$44.06
POST - HOSP EXTENDED CARE	Days		\$0.00			\$0.00		\$0.00

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Fee-For-Service Paid/Unit

7/99 - 6/01 MMIS Data

Paid per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	TANF PAID/UNIT	GA PAID/UNIT	PLMA PAID/UNIT	CHILDREN 00-01 PAID/UNIT	CHILDREN 01-05 PAID/UNIT	CHILDREN 06-18 PAID/UNIT	OHPFAM PAID/UNIT
PRES DRUGS - BASIC	Prescriptions	\$26.58	\$44.16	\$18.45	\$18.43	\$18.56	\$27.71	\$30.06
PRES DRUGS - FP	Prescriptions	\$29.91	\$32.14	\$36.45	\$31.78	\$27.60	\$30.24	\$30.55
PRES DRUGS - MH/CD	Prescriptions	\$59.48	\$75.62	\$54.68	\$10.02	\$26.13	\$60.09	\$58.09
PRES DRUGS - NEURONTIN	Prescriptions	\$120.94	\$112.32	\$89.87		\$89.48	\$95.17	\$114.33
PRES DRUGS - OP HOSP BASIC	Claims	\$29.62	\$63.90	\$23.20	\$30.87	\$20.86	\$27.34	\$41.36
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	\$50.67	\$55.76	\$30.44	\$12.56	\$29.39	\$53.71	\$34.65
PRES DRUGS - TOBACCO CESSATION	Claims	\$63.29	\$64.88	\$57.87		\$70.22	\$57.86	\$64.67
SCHOOL-BASED HEALTH SERVICES	Service	\$14.20	\$10.65	\$16.16	\$19.68	\$15.25	\$16.36	\$22.12
STERILIZATION - ANESTHESIA FEMALE	Claims	\$271.01		\$269.06			\$288.41	\$281.53
STERILIZATION - ANESTHESIA MALE	Claims				\$265.20			\$165.24
STERILIZATION - IP HOSP FEMALE	Admits	\$2,086.25		\$1,699.43			\$1,316.44	\$1,503.61
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	\$54.97	\$30.86	\$45.81			\$42.92	\$73.21
STERILIZATION - OP HOSP MALE	Claims	\$49.14	\$5.94					\$137.31
STERILIZATION - PHY FEMALE	Service	\$143.03		\$116.60			\$220.17	\$185.03
STERILIZATION - PHY MALE	Service	\$263.42	\$230.10					\$247.18
SURGERY	Cases	\$140.62	\$217.25	\$34.65	\$68.39	\$122.29	\$132.07	\$164.52
TARGETED CASE MAN - BABIES FIRST	Cases				\$323.68	\$392.02		
TARGETED CASE MAN - HIV	Cases	\$256.00	\$353.27					\$426.67
THERAPEUTIC ABORTION - IP HOSP	Admits	\$12,862.59		\$2,093.98			\$9,596.46	\$2,077.28
THERAPEUTIC ABORTION - OP HOSP	Claims	\$197.95	\$299.22	\$180.79	\$100.94		\$163.08	\$199.64
THERAPEUTIC ABORTION - PHYS	Service	\$200.49	\$197.98	\$200.07	\$74.92	\$99.90	\$196.71	\$211.86
TOBACCO CES-IP HSP	Admits	\$143.74	\$227.48	\$86.88			\$120.86	\$182.39
TOBACCO CES-OP HSP	Claims	\$2.92	\$3.19	\$2.30	\$2.06	\$2.26	\$2.31	\$3.06
TOBACCO CES-PHYS	Service	\$68.75	\$51.46	\$85.13	\$97.22	\$58.40	\$79.17	\$34.94
TRANSPORTATION - AMBULANCE	Claims	\$98.48	\$60.59	\$158.70	\$320.47	\$159.88	\$125.10	\$122.61
TRANSPORTATION - OTHER	Claims	\$9.61	\$9.49	\$9.28	\$12.27	\$12.47	\$12.10	\$8.66
VISION CARE - EXAMS & THERAPY	Service	\$46.22	\$45.45	\$50.62	\$45.05	\$44.19	\$47.08	\$50.15
VISION CARE - MATERIALS & FITTING	Service	\$9.90	\$10.52	\$9.68	\$12.08	\$11.49	\$9.73	\$9.98
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims							
CD SERVICES - METHADONE	Service	\$6.98	\$7.45	\$7.21			\$12.20	\$6.88
CD SERVICES - OP	Service	\$7.86	\$8.70	\$8.06		\$0.00	\$9.01	\$7.99

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Fee-For-Service Paid/Unit

7/99 - 6/01 MMIS Data

Paid per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	TANF PAID/UNIT	GA PAID/UNIT	PLMA PAID/UNIT	CHILDREN 00-01 PAID/UNIT	CHILDREN 01-05 PAID/UNIT	CHILDREN 06-18 PAID/UNIT	OHPFAM PAID/UNIT
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	\$28.86	\$52.53	\$25.11		\$45.69	\$19.71	\$23.85
DENTAL - ANESTHESIA SURGICAL	Claims	\$25.96	\$60.77	\$22.66		\$15.53	\$10.33	\$38.76
DENTAL - DIAGNOSTIC	Service	\$18.52	\$18.07	\$19.04	\$21.60	\$16.39	\$16.02	\$17.65
DENTAL - ENDODONTICS	Service	\$139.30	\$130.34	\$82.60		\$39.20	\$68.42	\$135.63
DENTAL - I/P FIXED	Service							\$0.00
DENTAL - MAXILLOFACIAL PROS	Service						\$0.00	\$0.00
DENTAL - ORAL SURGERY	Service	\$54.83	\$52.04	\$60.14		\$44.12	\$42.67	\$57.41
DENTAL - ORTHODONTICS	Service	\$0.00						
DENTAL - PERIODONTICS	Service	\$32.31	\$33.22	\$36.08	\$30.90		\$33.36	\$30.15
DENTAL - PREVENTIVE	Service	\$25.22	\$28.87	\$26.98		\$26.22	\$22.14	\$22.61
DENTAL - PROS REMOVABLE	Service	\$161.65	\$157.20			\$0.00	\$45.23	\$78.22
DENTAL - RESTORATIVE	Service	\$37.94	\$39.99	\$33.86	\$0.00	\$38.09	\$33.07	\$36.96
DENTAL - TOBACCO CES	Service	\$1.25					\$8.00	\$1.67
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	\$296.80	\$140.89	\$362.10	\$307.20	\$390.14	\$285.26	\$304.25
MH SERVICES ASSESS & EVAL	Service	\$20.19	\$21.48	\$20.49	\$14.34	\$20.05	\$19.99	\$20.86
MH SERVICES CASE MANAGEMENT	Service	\$18.84	\$16.72	\$16.77		\$19.80	\$18.87	\$18.52
MH SERVICES CONSULTATION	Service	\$19.97	\$20.17	\$19.91		\$20.02	\$19.82	\$20.52
MH SERVICES ANCILLARY SERVICES	Service	\$6.64	\$7.43	\$7.51		\$6.92	\$7.23	\$7.39
MH SERVICES MED MANAGEMENT	Service	\$27.13	\$26.37	\$26.14		\$28.93	\$27.29	\$27.23
MH SERVICES ALTERNATIVE TO IP	Service	\$190.73	\$227.39				\$50.19	\$190.08
MH SERVICES FAMILY SUPPORT	Service	\$0.01	\$0.01			\$0.01	\$0.01	
MH SERVICES OP THERAPY	Service	\$15.81	\$11.98	\$14.95		\$16.62	\$16.62	\$16.77
MH SERVICES OTHER OP	Service	\$0.00	\$0.00			\$69.33	\$53.44	\$5.15
MH SERVICES PHYS IP	Service	\$57.67	\$29.75	\$36.44		\$33.01	\$44.82	\$61.01
MH SERVICES PHYS OP	Service	\$45.72	\$35.44			\$49.90	\$48.19	\$79.30
MH SERVICES SUPPORT DAY PROGRAM	Service	\$8.26	\$7.32	\$6.35		\$6.24	\$8.71	\$8.52

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Fee-For-Service Paid/Unit

7/99 - 6/01 MMIS Data

Paid per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC PAID/UNIT	ABAD-MED PAID/UNIT	ABAD PAID/UNIT	OAA-MED PAID/UNIT	OAA PAID/UNIT	SCF PAID/UNIT	CAWEM PAID/UNIT
PHYSICAL HEALTH								
ADMINISTRATIVE EXAMS	Claims	\$158.72	\$160.82	\$171.77	\$87.29	\$32.08	\$224.57	\$325.51
ANESTHESIA	Claims	\$315.45	\$51.09	\$298.68	\$39.20	\$157.79	\$255.69	\$297.17
EXCEPT NEEDS CARE COORDINATION	Cases							
FP - IP HOSP	Admits							
FP - OP HOSP	Claims	\$19.01	\$5.96	\$26.60	\$1.07		\$29.22	\$183.91
FP - PHYS	Service	\$39.80	\$41.97	\$43.36			\$34.37	\$78.51
HYSTERECTOMY - ANESTHESIA	Claims	\$443.85	\$15.50	\$495.02	\$33.72			\$459.66
HYSTERECTOMY - IP HOSP	Admits	\$4,312.22	\$91.40	\$4,966.35	\$82.53			\$4,855.49
HYSTERECTOMY - OP HOSP	Claims			\$364.97				
HYSTERECTOMY - PHYS	Service	\$384.15	\$4.62	\$372.60	\$4.68			\$356.47
IP HOSP - ACUTE DETOX	Admits	\$1,763.23	\$154.23	\$1,854.85	\$160.04		\$1,657.48	\$1,658.11
IP HOSP - MATERNITY	Admits	\$2,052.55	\$275.86	\$2,266.82			\$1,304.01	\$1,644.98
IP HOSP - MEDICAL/SURGICAL	Admits	\$5,713.98	\$167.99	\$5,315.75	\$255.99	\$2,368.89	\$3,890.17	\$5,780.49
IP HOSP - NEWBORN	Admits			\$9,437.27			\$3,122.97	\$707.45
LAB & RAD - DIAGNOSTIC X-RAY	Service	\$29.34	\$4.01	\$30.10	\$2.62	\$6.96	\$25.64	\$20.63
LAB & RAD - LAB	Service	\$13.92	\$3.36	\$12.07	\$2.44	\$8.89	\$10.10	\$26.17
LAB & RAD - THERAPEUTIC X-RAY	Service	\$61.49	\$4.00	\$56.41	\$1.75	\$25.63	\$77.60	\$50.24
OP ER - SOMATIC MH	Claims							
OP HOSP - BASIC	Claims	\$77.36	\$24.82	\$97.86	\$21.73	\$75.24	\$148.58	\$91.80
OP HOSP - EMERGFSSY ROOM	Claims	\$72.23	\$17.11	\$69.11	\$18.51	\$45.85	\$60.99	\$93.26
OP HOSP - LAB & RAD	Claims	\$31.14	\$5.01	\$25.73	\$4.80	\$12.14	\$21.75	\$24.94
OP HOSP - MATERNITY	Claims	\$22.31	\$6.13	\$24.12	\$0.00	\$8.48	\$24.94	\$37.85
OP HOSP - SOMATIC MH	Claims	\$24.48	\$2.00	\$22.15	\$3.57	\$6.11	\$32.96	\$24.96
OTH MED - DME	Claims	\$109.29	\$68.70	\$166.21	\$40.02	\$76.11	\$124.52	\$91.83
OTH MED - HHC/PDN	Service	\$16.11	\$2.29	\$15.77	\$1.63	\$5.05	\$15.43	\$15.99
OTH MED - HOSPICE	Claims	\$118.99	\$131.64	\$111.04	\$112.90	\$103.55		
OTH MED - MATERNITY MGT	Cases	\$92.34	\$207.23	\$181.52			\$170.47	\$47.25
OTH MED - SUPPLIES	Claims	\$45.55	\$41.00	\$71.72	\$56.44	\$55.11	\$94.20	\$19.79
PHYS CONSULTATION, IP & ER VISITS	Service	\$55.97	\$4.74	\$54.90	\$3.97	\$15.73	\$59.55	\$55.56
PHYS HOME OR LONG-TERM CARE VISITS	Service	\$40.22	\$6.75	\$38.94	\$8.17	\$9.64	\$42.32	
PHYS MATERNITY	Cases	\$323.68	\$224.32	\$566.18	\$0.00		\$536.85	\$564.41
PHYS NEWBORN	Cases	\$90.04	\$35.06	\$405.86	\$12.82	\$10.16	\$440.55	\$56.71
PHYS OFFICE VISITS	Service	\$54.46	\$11.65	\$43.90	\$9.35	\$36.83	\$46.86	\$58.89
PHYS OTHER	Service	\$13.59	\$6.49	\$14.82	\$8.31	\$11.13	\$14.31	\$24.27
PHYS SOMATIC MH	Service	\$40.57	\$9.62	\$9.24	\$3.35	\$4.18	\$10.66	\$21.76
POST - HOSP EXTENDED CARE	Days	\$0.00	\$0.00	\$0.00	\$0.00			

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Fee-For-Service Paid/Unit

7/99 - 6/01 MMIS Data

Paid per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC PAID/UNIT	ABAD-MED PAID/UNIT	ABAD PAID/UNIT	OAA-MED PAID/UNIT	OAA PAID/UNIT	SCF PAID/UNIT	CAWEM PAID/UNIT
PRES DRUGS - BASIC	Prescriptions	\$35.48	\$45.08	\$46.63	\$29.11	\$28.52	\$39.73	\$20.61
PRES DRUGS - FP	Prescriptions	\$30.04	\$29.82	\$30.08	\$39.14	\$22.63	\$30.51	\$37.03
PRES DRUGS - MH/CD	Prescriptions	\$59.75	\$86.27	\$79.61	\$55.36	\$45.69	\$71.40	\$57.54
PRES DRUGS - NEURONTIN	Prescriptions	\$113.89	\$124.32	\$129.37	\$76.67	\$74.31	\$89.78	\$119.96
PRES DRUGS - OP HOSP BASIC	Claims	\$48.17	\$29.02	\$76.37	\$10.37	\$34.41	\$43.06	\$34.81
PRES DRUGS - OP HOSP FP	Claims							
PRES DRUGS - OP HOSP MH/CD	Claims	\$42.09	\$81.71	\$65.71	\$52.34	\$66.78	\$48.70	\$11.04
PRES DRUGS - TOBACCO CESSATION	Claims	\$61.58	\$60.43	\$62.71	\$58.16	\$45.67	\$53.53	
SCHOOL-BASED HEALTH SERVICES	Service	\$18.84	\$6.05	\$10.44			\$11.76	\$22.72
STERILIZATION - ANESTHESIA FEMALE	Claims	\$301.20	\$190.74	\$351.26				\$286.20
STERILIZATION - ANESTHESIA MALE	Claims			\$153.00				
STERILIZATION - IP HOSP FEMALE	Admits	\$2,209.88	\$0.00	\$2,582.98				\$1,764.75
STERILIZATION - IP HOSP MALE	Admits							
STERILIZATION - OP HOSP FEMALE	Claims	\$55.86	\$15.86	\$66.07			\$52.02	\$57.92
STERILIZATION - OP HOSP MALE	Claims	\$56.66	\$137.13	\$147.81				\$79.98
STERILIZATION - PHY FEMALE	Service	\$216.29	\$129.83	\$189.58				\$91.72
STERILIZATION - PHY MALE	Service	\$213.27	\$299.33	\$196.05				
SURGERY	Cases	\$215.79	\$34.05	\$129.31	\$27.55	\$128.86	\$102.70	\$373.70
TARGETED CASE MAN - BABIES FIRST	Cases		\$180.00	\$476.34			\$372.49	
TARGETED CASE MAN - HIV	Cases	\$409.60	\$586.81	\$607.21				
THERAPEUTIC ABORTION - IP HOSP	Admits	\$3,588.80	\$173.00					\$1,114.09
THERAPEUTIC ABORTION - OP HOSP	Claims	\$156.21	\$113.07	\$131.70	\$48.95		\$232.80	\$31.34
THERAPEUTIC ABORTION - PHYS	Service	\$208.51	\$129.13	\$182.71	\$81.57		\$169.19	\$159.14
TOBACCO CES-IP HSP	Admits	\$188.78	\$8.25	\$198.91	\$5.91	\$64.22	\$84.21	\$225.32
TOBACCO CES-OP HSP	Claims	\$3.25	\$0.77	\$3.00	\$0.72	\$0.98	\$2.41	\$4.12
TOBACCO CES-PHYS	Service	\$39.36	\$30.40	\$61.67	\$22.46		\$78.00	
TRANSPORTATION - AMBULANCE	Claims	\$112.65	\$18.87	\$44.71	\$18.57	\$20.71	\$121.50	\$161.83
TRANSPORTATION - OTHER	Claims	\$8.69	\$13.06	\$11.74	\$12.75	\$11.34	\$13.12	\$159.82
VISION CARE - EXAMS & THERAPY	Service	\$48.81	\$22.41	\$42.93	\$15.34	\$24.61	\$45.57	\$53.87
VISION CARE - MATERIALS & FITTING	Service	\$10.09	\$10.22	\$10.61	\$9.61	\$9.69	\$9.62	\$423.86
CHEMICAL DEPENDENCY								
CD SERVICES - ALTERNATIVE TO DETOX	Claims							
CD SERVICES - METHADONE	Service	\$7.38	\$7.09	\$7.54	\$6.60		\$7.95	\$5.97
CD SERVICES - OP	Service	\$8.07	\$8.36	\$8.36	\$9.86		\$7.76	\$20.04

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Calculation of Fee-For-Service Paid/Unit

7/99 - 6/01 MMIS Data

Paid per Unit by Medicaid Eligibility Category

CATEGORY OF SERVICE	TYPE OF UNITS	OHPAC PAID/UNIT	ABAD-MED PAID/UNIT	ABAD PAID/UNIT	OAA-MED PAID/UNIT	OAA PAID/UNIT	SCF PAID/UNIT	CAWEM PAID/UNIT
DENTAL								
DENTAL - ADJUNCTIVE GENERAL	Service	\$27.82	\$29.13	\$22.17	\$20.37	\$19.83	\$29.11	
DENTAL - ANESTHESIA SURGICAL	Claims	\$38.89	\$32.94	\$18.54	\$58.04		\$10.86	
DENTAL - DIAGNOSTIC	Service	\$18.48	\$16.82	\$16.76	\$17.35	\$20.15	\$15.93	\$18.19
DENTAL - ENDODONTICS	Service	\$142.52	\$130.22	\$83.11	\$131.44		\$67.63	
DENTAL - I/P FIXED	Service	\$43.26						
DENTAL - MAXILLOFACIAL PROS	Service							
DENTAL - ORAL SURGERY	Service	\$54.95	\$55.24	\$50.72	\$52.61	\$75.19	\$46.23	
DENTAL - ORTHODONTICS	Service	\$0.00					\$2,180.00	
DENTAL - PERIODONTICS	Service	\$34.99	\$33.07	\$32.62	\$34.04		\$37.20	
DENTAL - PREVENTIVE	Service	\$14.76	\$29.20	\$24.00	\$9.49	\$25.00	\$22.13	\$36.71
DENTAL - PROS REMOVABLE	Service	\$101.30	\$126.29	\$142.19	\$154.55	\$26.44	\$30.90	
DENTAL - RESTORATIVE	Service	\$37.81	\$36.93	\$36.62	\$36.94		\$34.51	
DENTAL - TOBACCO CES	Service	\$3.33	\$0.00	\$2.50	\$0.00		\$0.00	
MENTAL HEALTH								
MH SERVICES ACUTE INPATIENT	Days	\$238.77	\$29.28	\$215.79	\$12.81	\$1,177.90	\$309.21	\$237.35
MH SERVICES ASSESS & EVAL	Service	\$21.15	\$18.35	\$20.65	\$18.48	\$18.82	\$20.59	\$21.86
MH SERVICES CASE MANAGEMENT	Service	\$17.79	\$16.50	\$16.47	\$17.96	\$20.67	\$19.04	\$16.60
MH SERVICES CONSULTATION	Service	\$19.68	\$19.69	\$18.82	\$20.65	\$20.41	\$19.36	\$3.64
MH SERVICES ANCILLARY SERVICES	Service	\$7.47	\$7.26	\$7.45	\$3.76		\$7.20	
MH SERVICES MED MANAGEMENT	Service	\$27.05	\$21.52	\$25.60	\$25.38	\$22.60	\$26.77	\$21.52
MH SERVICES ALTERNATIVE TO IP	Service	\$195.68	\$174.25	\$234.93	\$255.91		\$234.58	
MH SERVICES FAMILY SUPPORT	Service	\$0.01	\$0.01	\$0.01	\$0.01		\$0.01	
MH SERVICES OP THERAPY	Service	\$15.08	\$11.96	\$13.94	\$16.43	\$18.58	\$15.33	\$16.55
MH SERVICES OTHER OP	Service	\$11.21	\$3.05	\$60.39	\$8.15	\$0.00	\$31.91	
MH SERVICES PHYS IP	Service	\$42.83	\$4.91	\$44.97	\$4.98	\$9.72	\$35.81	\$29.32
MH SERVICES PHYS OP	Service	\$72.50	\$1.71	\$33.31	\$4.76	\$24.58	\$42.97	
MH SERVICES SUPPORT DAY PROGRAM	Service	\$8.44	\$7.62	\$7.61	\$7.54	\$14.63	\$8.61	

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Annual Trend Factors Used to Update Encounter Data to FFY 2003/05

MEDICAID ELIGIBILITY CATEGORIES *

CATEGORY OF SERVICE	COST BASED REIMBURSEMENT 2000 to 2002		
	Utilization Change	Cost change	Total
Inpatient Hospital	5.46%	2.89%	8.51%
Outpatient Hospital	5.15%	3.29%	8.60%
Physician & Other	4.88%	0.00%	4.88%
Prescription Drug	10.75%	5.74%	17.10%
Dental	0.79%	2.12%	2.93%
Mental Health/CD	0.43%	2.04%	2.48%

COST BASED REIMBURSEMENT 2002 to 2005

CATEGORY OF SERVICE	COST BASED REIMBURSEMENT 2002 to 2005		
	Utilization Change	Cost change	Total
Inpatient Hospital	4.10%	3.13%	7.36%
Outpatient Hospital	4.10%	3.13%	7.36%
Physician & Other	6.73%	1.53%	8.37%
Prescription Drug	8.70%	5.17%	14.32%
Dental	0.79%	2.12%	2.93%
Mental Health/CD	0.43%	2.04%	2.48%

* These factors apply to the TANF, PLM, CHIP, AB/AD without Medicare, OAA without Medicare, SCF Children, GA, OHP Families and OHP Adults & Couples eligibility categories.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Annual Trend Factors Used to Update Encounter Data to FFY 2003/05

DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES **

CATEGORY OF SERVICE	COST BASED REIMBURSEMENT 2000 to 2002		
	Utilization Change	Cost change	Total
Inpatient Hospital	7.35%	-0.10%	7.23%
Outpatient Hospital	3.91%	3.29%	7.32%
Physician & Other	4.79%	0.00%	4.79%
Prescription Drug	10.75%	5.74%	17.10%
Dental	0.79%	2.12%	2.93%
Mental Health/CD	-3.00%	1.12%	-1.91%

COST BASED REIMBURSEMENT 2002 to 2005

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
	Inpatient Hospital	2.26%	3.13%
Outpatient Hospital	2.26%	3.13%	5.47%
Physician & Other	4.73%	1.53%	6.34%
Prescription Drug	8.70%	5.17%	14.32%
Dental	0.79%	2.12%	2.93%
Mental Health/CD	-1.12%	1.12%	-0.01%

** These factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

Trend rates for managed care plans are calculated based on a combination of information reported by the Centers for Medicare and Medicaid Services, Office of the Actuary in their projections of national health expenditures; regression models based on health plan encounter data that measure rates of change in utilization of services and billed charges per member per month, subset by major eligibility category and service type; and published reports on expected rates of change in per capita costs for prescription drugs. Where CMS data are used, we have generally applied the measure of expected change in the "commercial" portion of the CMS report. For managed care dental services, the "total" (all payer) CMS expenditure information is used, as dental services have a higher level of patient copay requirement in commercial plans than would be experienced in the OHP. The utilization trends are adjusted to reflect observed trends for inpatient, outpatient, and physician services. Where appropriate, we have used the health plan experience during the data period, and the CMS trend projections for the future.

Prescription drug trends are calculated based on a report issued by Express Scripts, Express Scripts 2001 Drug Trend Report, June 2002. www.express-scripts.com

Separate trend rates are calculated for each year and then combined to develop annualized trend adjustments.

The data are trended from the midpoint of the data reporting period (July 1, 2000) to the midpoint of the projection period (October 1, 2004).

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 6-B

Annual Trend Factors Used to Update Fee-For-Service Data to FFY 2003/05

MEDICAID ELIGIBILITY CATEGORIES *

MEDICAID PAYMENT BASED REIMBURSEMENT 2000 to 2002

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
	Inpatient Hospital	-3.16%	4.35%
Outpatient Hospital	7.45%	0.21%	7.68%
Physician & Other	3.48%	5.80%	9.48%
Prescription Drug	-2.54%	8.59%	5.84%
Prescription Drug- MH/CD	9.64%	8.00%	18.41%
Dental	0.79%	2.81%	3.62%
Mental Health/CD	0.43%	2.48%	2.92%

MEDICAID PAYMENT BASED REIMBURSEMENT 2002 to 2005

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
	Inpatient Hospital	4.10%	0.42%
Outpatient Hospital	4.97%	0.42%	5.41%
Physician & Other	4.98%	1.30%	6.35%
Prescription Drug	-9.90%	9.54%	-1.31%
Prescription Drug- MH/CD	7.05%	5.19%	12.61%
Dental	0.79%	0.52%	1.31%
Mental Health/CD	3.82%	0.97%	4.82%

* These factors apply to the TANF, PLM, CHIP, ABAD without Medicare, OAA without Medicare, SCF Children, GA, OHP Families and OHP Adults & Couples eligibility categories.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 6-B

Annual Trend Factors Used to Update Fee-For-Service Data to FFY 2003/05

DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES **

MEDICAID PAYMENT BASED REIMBURSEMENT 2000 to 2002

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	2.44%	4.35%	6.90%
Outpatient Hospital	3.72%	0.21%	3.93%
Physician & Other	3.48%	5.80%	9.48%
Prescription Drug	-0.24%	9.03%	8.77%
Prescription Drug- MH/CD	8.78%	10.35%	20.05%
Dental	0.79%	2.81%	3.62%
Mental Health/CD	0.43%	2.48%	2.92%

MEDICAID PAYMENT BASED REIMBURSEMENT 2002 to 2005

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	4.12%	0.42%	4.55%
Outpatient Hospital	4.97%	0.42%	5.41%
Physician & Other	4.95%	1.30%	6.32%
Prescription Drug	-2.03%	8.78%	6.58%
Prescription Drug- MH/CD	7.90%	9.20%	17.82%
Dental	0.79%	0.52%	1.31%
Mental Health/CD	3.82%	0.97%	4.82%

** These factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

Trend rates for the fee-for-service delivery system are developed based on expected cost increases provided by OMAP and a calculation of total trend based on OHP experience during our data period. Utilization trend is derived by subtracting the cost trend value from the total trend.

Prescription drug trends are calculated using regression models based on fee-for-service claims that measure rates of change in utilization of services, cost of services, and costs per member per month.

Separate trend rates are calculated for each year and then combined to develop annualized trend adjustments.

The data are trended from the midpoint of the data reporting period (July 1, 2000) to the midpoint of the projection period (October 1, 2004).

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FCHP Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List
Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLMA COST PMPM (trended)	CHILDREN 00-01 COST PMPM (trended)	CHILDREN 01-05 COST PMPM (trended)	CHILDREN 06-18 COST PMPM (trended)	OHPFAM COST PMPM (trended)
PHYSICAL HEALTH							
ADMINISTRATIVE EXAMS							
ANESTHESIA	\$3.95	\$7.12	\$15.25	\$1.61	\$1.40	\$0.74	\$2.02
EXCEPT NEEDS CARE COORDINATION							
FP - IP HOSP							
FP - OP HOSP	\$0.06	\$0.03	\$0.04	\$0.00	\$0.00	\$0.01	\$0.05
FP - PHYS	\$0.99	\$0.11	\$1.92	\$0.00	\$0.00	\$0.12	\$0.63
HYSTERECTOMY - ANESTHESIA	\$0.09	\$0.03	\$0.02				\$0.08
HYSTERECTOMY - IP HOSP	\$3.63	\$2.18	\$0.50	\$0.02			\$3.07
HYSTERECTOMY - OP HOSP	\$0.01		\$0.00	\$0.00		\$0.00	\$0.04
HYSTERECTOMY - PHYS	\$0.72	\$0.33	\$0.05			\$0.00	\$0.65
IP HOSP - ACUTE DETOX	\$0.86	\$9.01	\$0.16			\$0.05	\$0.83
IP HOSP - MATERNITY	\$42.10	\$2.31	\$391.96			\$1.82	\$3.17
IP HOSP - MEDICAL/SURGICAL	\$45.79	\$316.39	\$11.87	\$62.91	\$11.79	\$9.83	\$35.69
IP HOSP - NEWBORN				\$169.75	\$0.00	\$0.00	
LAB & RAD - DIAGNOSTIC X-RAY	\$10.61	\$20.83	\$26.76	\$3.48	\$1.20	\$2.08	\$7.70
LAB & RAD - LAB	\$7.47	\$11.04	\$16.41	\$1.16	\$1.00	\$1.39	\$5.79
LAB & RAD - THERAPEUTIC X-RAY	\$0.22	\$3.01	\$0.01	\$0.01	\$0.02	\$0.01	\$0.42
OP ER - SOMATIC MH	\$0.36	\$1.57	\$0.10	\$0.00	\$0.01	\$0.07	\$0.20
OP HOSP - BASIC	\$21.69	\$64.37	\$10.74	\$14.75	\$9.94	\$5.55	\$17.67
OP HOSP - EMERGENCY ROOM	\$9.98	\$18.38	\$4.35	\$8.73	\$4.81	\$3.01	\$5.82
OP HOSP - LAB & RAD	\$18.40	\$52.30	\$11.51	\$6.69	\$3.14	\$3.95	\$14.62
OP HOSP - MATERNITY	\$2.27	\$0.37	\$22.85	\$0.00	\$0.00	\$0.11	\$0.54
OP HOSP - SOMATIC MH	\$0.44	\$1.75	\$0.12	\$0.02	\$0.14	\$0.13	\$0.25
OTH MED - DME	\$1.21	\$8.60	\$0.43	\$1.45	\$0.27	\$0.22	\$0.87
OTH MED - HHC/PDN	\$4.09	\$11.70	\$2.11	\$1.80	\$1.14	\$0.93	\$3.35
OTH MED - HOSPICE	\$0.01	\$1.16	\$0.00	\$0.05	\$0.00		\$0.07
OTH MED - MATERNITY MGT	\$0.08	\$0.01	\$0.82	\$0.00	\$0.00	\$0.01	\$0.01
OTH MED - SUPPLIES	\$0.42	\$3.29	\$0.52	\$0.61	\$0.26	\$0.22	\$0.35
PHYS CONSULTATION, IP & ER VISITS	\$7.40	\$22.11	\$8.91	\$14.25	\$2.77	\$1.95	\$4.96
PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	\$0.67	\$0.05	\$0.04	\$0.01	\$0.01	\$0.01
PHYS MATERNITY	\$32.71	\$0.70	\$295.11	\$0.01	\$0.01	\$1.44	\$3.35
PHYS NEWBORN	\$0.09	\$0.09	\$0.52	\$19.96	\$0.08	\$0.05	\$0.03
PHYS OFFICE VISITS	\$23.49	\$39.93	\$10.05	\$57.78	\$20.73	\$11.24	\$21.31
PHYS OTHER	\$4.77	\$22.86	\$2.52	\$11.60	\$2.71	\$1.45	\$4.52
PHYS SOMATIC MH	\$2.49	\$5.82	\$0.55	\$0.07	\$0.46	\$1.03	\$1.76
POST - HOSP EXTENDED CARE	\$0.04	\$0.32	\$0.15	\$0.02	\$0.00	\$0.01	\$0.01

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FCHP Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List
Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLMA COST PMPM (trended)	CHILDREN 00-01 COST PMPM (trended)	CHILDREN 01-05 COST PMPM (trended)	CHILDREN 06-18 COST PMPM (trended)	OHPFAM COST PMPM (trended)
PRES DRUGS - BASIC	\$45.57	\$198.31	\$21.21	\$8.64	\$7.33	\$9.87	\$34.45
PRES DRUGS - FP	\$2.03	\$0.35	\$2.11	\$0.01	\$0.01	\$0.37	\$1.83
PRES DRUGS - MH/CD							
PRES DRUGS - NEURONTIN	\$1.94	\$15.57	\$0.06		\$0.00	\$0.05	\$1.00
PRES DRUGS - OP HOSP BASIC	\$4.11	\$9.99	\$2.15	\$3.26	\$1.11	\$0.86	\$3.53
PRES DRUGS - OP HOSP FP							
PRES DRUGS - OP HOSP MH/CD	\$0.09	\$0.46	\$0.02	\$0.00	\$0.00	\$0.01	\$0.05
PRES DRUGS - TOBACCO CESSATION	\$1.00	\$2.11	\$0.28	\$0.00	\$0.00	\$0.03	\$0.71
SCHOOL-BASED HEALTH SERVICES							
STERILIZATION - ANESTHESIA FEMALE	\$0.43	\$0.00	\$1.67			\$0.00	\$0.15
STERILIZATION - ANESTHESIA MALE	\$0.00					\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	\$3.86	\$0.12	\$23.02			\$0.00	\$0.38
STERILIZATION - IP HOSP MALE							
STERILIZATION - OP HOSP FEMALE	\$7.62	\$0.64	\$41.80	\$0.01	\$0.00	\$0.39	\$2.36
STERILIZATION - OP HOSP MALE	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01
STERILIZATION - PHY FEMALE	\$0.49	\$0.00	\$2.08			\$0.00	\$0.16
STERILIZATION - PHY MALE	\$0.07	\$0.03				\$0.00	\$0.25
SURGERY	\$12.01	\$40.72	\$5.06	\$5.24	\$2.38	\$2.75	\$10.32
TARGETED CASE MAN - BABIES FIRST							
TARGETED CASE MAN - HIV							
THERAPEUTIC ABORTION - IP HOSP							
THERAPEUTIC ABORTION - OP HOSP							
THERAPEUTIC ABORTION - PHYS							
TOBACCO CES-IP HSP	\$0.52	\$1.43	\$0.89	\$0.00	\$0.00	\$0.02	\$0.23
TOBACCO CES-OP HSP	\$0.18	\$0.32	\$0.06	\$0.00	\$0.00	\$0.01	\$0.12
TOBACCO CES-PHYS	\$0.25	\$0.47	\$0.12	\$0.00	\$0.00	\$0.02	\$0.20
TRANSPORTATION - AMBULANCE	\$3.28	\$14.24	\$4.69	\$5.01	\$1.14	\$0.82	\$1.96
TRANSPORTATION - OTHER							
VISION CARE - EXAMS & THERAPY	\$1.92	\$2.83	\$1.62	\$0.29	\$0.48	\$1.75	\$2.39
VISION CARE - MATERIALS & FITTING	\$1.86	\$2.50	\$1.40	\$0.02	\$0.17	\$1.20	\$2.14
Total	\$333.74	\$918.47	\$944.59	\$399.23	\$74.52	\$65.58	\$202.07
CHEMICAL DEPENDENCY							
CD SERVICES - ALTERNATIVE TO DETOX	\$0.19	\$1.19	\$0.03			\$0.00	\$0.19
CD SERVICES - METHADONE	\$3.18	\$18.45	\$0.52		\$0.00	\$0.02	\$2.35
CD SERVICES - OP	\$10.58	\$17.90	\$3.90	\$0.00	\$0.00	\$1.08	\$4.83
Total	\$13.96	\$37.53	\$4.44	\$0.00	\$0.00	\$1.10	\$7.37

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FCHP Monthly Per Capita Cost for October 2003 through September 2005
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Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLMA COST PMPM (trended)	CHILDREN 00-01 COST PMPM (trended)	CHILDREN 01-05 COST PMPM (trended)	CHILDREN 06-18 COST PMPM (trended)	OHPFAM COST PMPM (trended)
DENTAL							
DENTAL - ADJUNCTIVE GENERAL	\$0.46	\$0.40	\$0.31	\$0.00	\$0.43	\$0.17	\$0.40
DENTAL - ANESTHESIA SURGICAL	\$0.47	\$0.39	\$0.16	\$0.00	\$0.43	\$0.32	\$0.47
DENTAL - DIAGNOSTIC	\$5.07	\$4.52	\$3.78	\$0.04	\$2.32	\$4.20	\$5.78
DENTAL - ENDODONTICS	\$2.81	\$2.34	\$1.70	\$0.00	\$0.94	\$1.25	\$3.05
DENTAL - I/P FIXED	\$0.06	\$0.33	\$0.03			\$0.00	\$0.08
DENTAL - MAXILLOFACIAL PROS	\$0.00	\$0.00			\$0.00		
DENTAL - ORAL SURGERY	\$4.77	\$5.57	\$1.78	\$0.01	\$0.68	\$1.55	\$4.44
DENTAL - ORTHODONTICS	\$0.00				\$0.00	\$0.03	\$0.00
DENTAL - PERIODONTICS	\$2.09	\$2.05	\$0.73	\$0.00	\$0.00	\$0.09	\$2.44
DENTAL - PREVENTIVE	\$1.31	\$1.37	\$1.38	\$0.02	\$1.79	\$4.11	\$1.91
DENTAL - PROS REMOVABLE	\$3.42	\$9.26	\$0.33		\$0.00	\$0.03	\$3.37
DENTAL - RESTORATIVE	\$7.01	\$6.44	\$3.73	\$0.01	\$5.36	\$6.08	\$8.49
DENTAL - TOBACCO CES	\$0.01	\$0.00	\$0.00		\$0.00	\$0.00	\$0.01
Total	\$27.47	\$32.68	\$13.92	\$0.09	\$11.97	\$17.83	\$30.46
MENTAL HEALTH							
MH SERVICES ACUTE INPATIENT	\$4.05	\$44.89	\$0.84		\$0.11	\$2.39	\$2.57
MH SERVICES ASSESS & EVAL	\$2.89	\$8.01	\$1.25	\$0.01	\$0.57	\$1.78	\$1.55
MH SERVICES CASE MANAGEMENT	\$0.72	\$15.53	\$0.16	\$0.00	\$0.21	\$0.86	\$0.31
MH SERVICES CONSULTATION	\$0.23	\$1.46	\$0.05	\$0.00	\$0.10	\$0.38	\$0.07
MH SERVICES ANCILLARY SERVICES	\$0.03	\$0.04	\$0.00		\$0.00	\$0.01	\$0.01
MH SERVICES MED MANAGEMENT	\$1.88	\$14.16	\$0.20	\$0.00	\$0.06	\$0.53	\$0.75
MH SERVICES ALTERNATIVE TO IP	\$0.24	\$10.24	\$0.07			\$0.16	\$0.17
MH SERVICES FAMILY SUPPORT	\$0.04	\$0.31	\$0.00	\$0.00	\$0.04	\$0.17	\$0.00
MH SERVICES OP THERAPY	\$10.86	\$42.38	\$2.80	\$0.02	\$1.75	\$7.79	\$4.70
MH SERVICES OTHER OP	\$0.05	\$0.32	\$0.01		\$0.02	\$0.11	\$0.04
MH SERVICES PHYS IP	\$0.15	\$1.38	\$0.07		\$0.01	\$0.07	\$0.10
MH SERVICES PHYS OP	\$0.71	\$5.14	\$0.20	\$0.00	\$0.10	\$0.27	\$0.33
MH SERVICES PEO	\$0.57	\$0.57	\$0.57	\$0.57	\$0.57	\$0.57	\$0.57
MH SERVICES SUPPORT DAY PROGRAM	\$0.53	\$26.69	\$0.08	\$0.00	\$0.61	\$1.15	\$0.22
Total	\$22.93	\$171.12	\$6.31	\$0.61	\$4.14	\$16.24	\$11.38
TOTAL ALL	\$398.10	\$1,159.80	\$969.27	\$399.92	\$90.63	\$100.75	\$251.28

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FCHP Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	OHPAC COST PMPM (trended)	ABAD-MED COST PMPM (trended)	ABAD COST PMPM (trended)	OAA-MED COST PMPM (trended)	OAA COST PMPM (trended)	SCF COST PMPM (trended)	CAWEM COST PMPM (trended)
PHYSICAL HEALTH							
ADMINISTRATIVE EXAMS							
ANESTHESIA	\$3.31	\$0.51	\$4.23	\$0.51	\$4.59	\$1.13	
EXCEPT NEEDS CARE COORDINATION							
FP - IP HOSP							
FP - OP HOSP	\$0.01	\$0.00	\$0.02			\$0.02	
FP - PHYS	\$0.13	\$0.10	\$0.21	\$0.00		\$0.11	
HYSTERECTOMY - ANESTHESIA	\$0.06	\$0.00	\$0.04	\$0.00			
HYSTERECTOMY - IP HOSP	\$2.81	\$0.03	\$1.83	\$0.03	\$0.92		
HYSTERECTOMY - OP HOSP	\$0.03	\$0.00	\$0.00	\$0.00			
HYSTERECTOMY - PHYS	\$0.52	\$0.00	\$0.33	\$0.00	\$0.11		
IP HOSP - ACUTE DETOX	\$3.06	\$0.10	\$1.59	\$0.03	\$0.06		
IP HOSP - MATERNITY	\$0.74	\$0.15	\$2.61	\$0.00		\$0.88	
IP HOSP - MEDICAL/SURGICAL	\$95.35	\$7.86	\$183.41	\$11.59	\$218.44	\$10.77	
IP HOSP - NEWBORN			\$1.37			\$2.68	
LAB & RAD - DIAGNOSTIC X-RAY	\$10.97	\$1.00	\$12.64	\$1.17	\$15.54	\$2.15	
LAB & RAD - LAB	\$6.77	\$1.15	\$7.32	\$1.04	\$6.45	\$1.79	
LAB & RAD - THERAPEUTIC X-RAY	\$0.97	\$0.03	\$0.93	\$0.06	\$0.83	\$0.00	
OP ER - SOMATIC MH	\$0.44	\$0.81	\$0.87	\$0.23	\$0.10	\$0.18	
OP HOSP - BASIC	\$28.05	\$12.24	\$41.73	\$9.85	\$65.32	\$8.96	
OP HOSP - EMERGENCY ROOM	\$8.75	\$2.79	\$11.10	\$2.44	\$6.93	\$2.63	
OP HOSP - LAB & RAD	\$22.79	\$4.38	\$28.70	\$5.01	\$30.33	\$4.10	
OP HOSP - MATERNITY	\$0.25	\$0.02	\$0.22	\$0.00		\$0.14	
OP HOSP - SOMATIC MH	\$0.54	\$0.12	\$1.19	\$0.06	\$0.34	\$0.66	
OTH MED - DME	\$1.79	\$4.91	\$14.46	\$4.45	\$8.25	\$0.72	
OTH MED - HHC/PDN	\$5.08	\$1.18	\$8.97	\$1.27	\$9.36	\$1.21	
OTH MED - HOSPICE	\$0.19	\$0.28	\$1.71	\$0.62	\$3.35	\$0.01	
OTH MED - MATERNITY MGT	\$0.00		\$0.01			\$0.00	
OTH MED - SUPPLIES	\$0.86	\$7.78	\$9.22	\$8.27	\$11.68	\$0.85	
PHYS CONSULTATION, IP & ER VISITS	\$8.69	\$1.06	\$14.75	\$1.28	\$21.52	\$2.75	
PHYS HOME OR LONG-TERM CARE VISITS	\$0.06	\$0.16	\$0.43	\$0.70	\$2.38	\$0.10	
PHYS MATERNITY	\$0.54	\$0.22	\$1.59	\$0.00	\$0.01	\$0.46	
PHYS NEWBORN	\$0.05	\$0.00	\$0.40	\$0.00	\$0.05	\$1.23	
PHYS OFFICE VISITS	\$24.89	\$6.31	\$30.59	\$6.24	\$30.30	\$15.56	
PHYS OTHER	\$8.92	\$5.47	\$17.16	\$5.97	\$12.13	\$6.83	
PHYS SOMATIC MH	\$2.46	\$2.76	\$4.52	\$1.28	\$1.48	\$3.34	
POST - HOSP EXTENDED CARE	\$0.07	\$0.37	\$0.58	\$0.32	\$0.28	\$0.00	

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FCHP Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	OHPAC COST PMPM (trended)	ABAD-MED COST PMPM (trended)	ABAD COST PMPM (trended)	OAA-MED COST PMPM (trended)	OAA COST PMPM (trended)	SCF COST PMPM (trended)	CAWEM COST PMPM (trended)
PRES DRUGS - BASIC	\$73.03	\$233.02	\$173.24	\$178.47	\$105.26	\$26.70	
PRES DRUGS - FP	\$0.74	\$0.91	\$0.70	\$0.04	\$0.07	\$0.48	
PRES DRUGS - MH/CD							
PRES DRUGS - NEURONTIN	\$2.68	\$8.84	\$7.90	\$2.48	\$0.76	\$0.36	
PRES DRUGS - OP HOSP BASIC	\$5.20	\$1.98	\$8.31	\$1.50	\$4.89	\$0.77	
PRES DRUGS - OP HOSP FP							
PRES DRUGS - OP HOSP MH/CD	\$0.22	\$0.21	\$0.24	\$0.08	\$0.09	\$0.05	
PRES DRUGS - TOBACCO CESSATION	\$1.29	\$1.40	\$1.19	\$0.23	\$0.13	\$0.03	
SCHOOL-BASED HEALTH SERVICES							
STERILIZATION - ANESTHESIA FEMALE	\$0.02	\$0.01	\$0.04				
STERILIZATION - ANESTHESIA MALE							
STERILIZATION - IP HOSP FEMALE	\$0.09		\$0.23				
STERILIZATION - IP HOSP MALE							
STERILIZATION - OP HOSP FEMALE	\$0.78	\$0.07	\$0.80	\$0.00		\$0.15	
STERILIZATION - OP HOSP MALE	\$0.00	\$0.00	\$0.00				
STERILIZATION - PHY FEMALE	\$0.03	\$0.01	\$0.05				
STERILIZATION - PHY MALE	\$0.04	\$0.02	\$0.01				
SURGERY	\$18.18	\$3.46	\$19.53	\$4.45	\$25.26	\$3.22	
TARGETED CASE MAN - BABIES FIRST							
TARGETED CASE MAN - HIV							
THERAPEUTIC ABORTION - IP HOSP							
THERAPEUTIC ABORTION - OP HOSP							
THERAPEUTIC ABORTION - PHYS							
TOBACCO CES-IP HSP	\$0.57	\$0.02	\$0.49	\$0.01	\$0.18	\$0.02	
TOBACCO CES-OP HSP	\$0.19	\$0.03	\$0.16	\$0.01	\$0.05	\$0.01	
TOBACCO CES-PHYS	\$0.28	\$0.09	\$0.20	\$0.03	\$0.02	\$0.02	
TRANSPORTATION - AMBULANCE	\$4.61	\$4.17	\$10.76	\$6.11	\$16.06	\$1.12	
TRANSPORTATION - OTHER							
VISION CARE - EXAMS & THERAPY	\$2.96	\$1.03	\$2.40	\$1.42	\$3.45	\$1.70	
VISION CARE - MATERIALS & FITTING	\$2.51	\$1.85	\$1.86	\$2.04	\$2.22	\$1.19	
Total	\$352.59	\$318.91	\$632.87	\$259.26	\$609.19	\$105.08	\$0.00
CHEMICAL DEPENDENCY							
CD SERVICES - ALTERNATIVE TO DETOX	\$1.07	\$0.04	\$0.21			\$0.02	
CD SERVICES - METHADONE	\$9.06	\$1.48	\$4.19	\$0.07	\$0.02	\$0.00	
CD SERVICES - OP	\$13.86	\$3.15	\$3.72	\$0.08	\$0.01	\$4.43	
Total	\$23.99	\$4.67	\$8.11	\$0.15	\$0.03	\$4.45	\$0.00

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
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CATEGORY OF SERVICE	OHPAC COST PMPM (trended)	ABAD-MED COST PMPM (trended)	ABAD COST PMPM (trended)	OAA-MED COST PMPM (trended)	OAA COST PMPM (trended)	SCF COST PMPM (trended)	CAWEM COST PMPM (trended)
DENTAL							
DENTAL - ADJUNCTIVE GENERAL	\$0.40	\$0.53	\$0.43	\$0.34	\$0.31	\$0.21	
DENTAL - ANESTHESIA SURGICAL	\$0.48	\$0.28	\$0.31	\$0.05	\$0.02	\$0.40	
DENTAL - DIAGNOSTIC	\$5.80	\$3.57	\$3.26	\$1.79	\$3.00	\$4.07	
DENTAL - ENDODONTICS	\$2.65	\$1.32	\$1.30	\$0.44	\$1.19	\$0.94	
DENTAL - I/P FIXED	\$0.24	\$0.26	\$0.16	\$0.59	\$0.24		
DENTAL - MAXILLOFACIAL PROS	\$0.00	\$0.00	\$0.00	\$0.00			
DENTAL - ORAL SURGERY	\$6.43	\$3.23	\$2.98	\$1.91	\$3.63	\$1.22	
DENTAL - ORTHODONTICS	\$0.00	\$0.00	\$0.05			\$0.01	
DENTAL - PERIODONTICS	\$2.56	\$1.86	\$1.38	\$0.57	\$1.28	\$0.08	
DENTAL - PREVENTIVE	\$1.78	\$1.82	\$1.55	\$0.76	\$1.08	\$4.16	
DENTAL - PROS REMOVABLE	\$7.75	\$4.84	\$4.35	\$6.35	\$11.28	\$0.03	
DENTAL - RESTORATIVE	\$8.12	\$5.71	\$5.01	\$2.20	\$3.05	\$6.04	
DENTAL - TOBACCO CES	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$36.22	\$23.42	\$20.78	\$15.01	\$25.07	\$17.16	\$0.00
MENTAL HEALTH							
MH SERVICES ACUTE INPATIENT	\$9.73	\$3.13	\$30.17	\$0.54	\$0.58	\$14.55	
MH SERVICES ASSESS & EVAL	\$2.69	\$1.90	\$3.15	\$0.35	\$0.49	\$6.10	
MH SERVICES CASE MANAGEMENT	\$1.20	\$8.54	\$8.87	\$0.92	\$0.52	\$6.68	
MH SERVICES CONSULTATION	\$0.19	\$0.72	\$0.97	\$0.20	\$0.11	\$3.62	
MH SERVICES ANCILLARY SERVICES	\$0.01	\$0.02	\$0.10	\$0.01	\$0.10	\$0.04	
MH SERVICES MED MANAGEMENT	\$2.00	\$6.37	\$7.73	\$0.67	\$1.00	\$4.20	
MH SERVICES ALTERNATIVE TO IP	\$1.06	\$3.88	\$4.10	\$0.11		\$6.23	
MH SERVICES FAMILY SUPPORT	\$0.00	\$0.12	\$0.94	\$0.01		\$2.72	
MH SERVICES OP THERAPY	\$8.37	\$10.98	\$15.72	\$1.16	\$0.68	\$46.88	
MH SERVICES OTHER OP	\$0.13	\$0.14	\$0.21	\$0.03		\$0.55	
MH SERVICES PHYS IP	\$0.28	\$0.24	\$0.92	\$0.04		\$0.59	
MH SERVICES PHYS OP	\$1.01	\$0.53	\$1.84	\$0.07	\$0.40	\$2.30	
MH SERVICES PEO	\$0.57	\$0.57	\$0.57	\$0.57	\$0.57	\$0.57	
MH SERVICES SUPPORT DAY PROGRAM	\$1.49	\$27.64	\$24.61	\$3.43	\$3.07	\$12.74	
Total	\$28.73	\$64.78	\$99.88	\$8.12	\$7.51	\$107.76	\$0.00
TOTAL ALL	\$441.53	\$411.78	\$761.65	\$282.53	\$641.80	\$234.45	\$0.00

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FFS Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List
Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLMA COST PMPM (trended)	CHILDREN 00-01 COST PMPM (trended)	CHILDREN 01-05 COST PMPM (trended)	CHILDREN 06-18 COST PMPM (trended)	OHPFAM COST PMPM (trended)
PHYSICAL HEALTH							
ADMINISTRATIVE EXAMS	\$1.48	\$17.02	\$0.34	\$0.01	\$0.03	\$0.13	\$0.46
ANESTHESIA	\$3.15	\$10.67	\$10.35	\$1.57	\$1.12	\$0.76	\$2.94
EXCEPT NEEDS CARE COORDINATION							
FP - IP HOSP							
FP - OP HOSP	\$0.17	\$0.01	\$0.17			\$0.02	\$0.07
FP - PHYS	\$8.25	\$1.09	\$10.21	\$0.00	\$0.00	\$2.38	\$5.33
HYSTERECTOMY - ANESTHESIA	\$0.14		\$0.02				\$0.14
HYSTERECTOMY - IP HOSP	\$2.15	\$0.73	\$0.15			\$0.00	\$2.13
HYSTERECTOMY - OP HOSP							
HYSTERECTOMY - PHYS	\$0.39	\$0.11	\$0.05			\$0.00	\$0.37
IP HOSP - ACUTE DETOX	\$0.35	\$1.63	\$0.08			\$0.07	\$0.39
IP HOSP - MATERNITY	\$16.90	\$0.33	\$138.75			\$0.91	\$7.69
IP HOSP - MEDICAL/SURGICAL	\$28.43	\$221.97	\$7.12	\$33.54	\$8.11	\$7.82	\$41.56
IP HOSP - NEWBORN	\$0.00		\$0.01	\$258.27	\$0.02	\$0.00	\$0.01
LAB & RAD - DIAGNOSTIC X-RAY	\$5.53	\$16.37	\$14.53	\$2.56	\$0.63	\$1.02	\$4.42
LAB & RAD - LAB	\$4.21	\$6.87	\$11.42	\$0.49	\$0.37	\$0.64	\$2.86
LAB & RAD - THERAPEUTIC X-RAY	\$0.12	\$2.99	\$0.01	\$0.00	\$0.00	\$0.01	\$0.18
OP ER - SOMATIC MH							
OP HOSP - BASIC	\$15.94	\$55.28	\$6.89	\$12.62	\$7.33	\$5.22	\$15.09
OP HOSP - EMERGENCY ROOM	\$7.29	\$11.51	\$3.56	\$5.72	\$3.24	\$2.34	\$5.35
OP HOSP - LAB & RAD	\$10.93	\$33.52	\$8.12	\$3.33	\$1.57	\$2.54	\$10.22
OP HOSP - MATERNITY	\$1.24	\$0.05	\$15.70	\$0.00	\$0.00	\$0.06	\$0.29
OP HOSP - SOMATIC MH	\$0.44	\$1.91	\$0.05	\$0.01	\$0.08	\$0.15	\$0.34
OTH MED - DME	\$1.22	\$21.67	\$0.36	\$2.55	\$0.39	\$0.30	\$0.84
OTH MED - HHC/PDN	\$3.50	\$15.31	\$1.12	\$1.66	\$0.96	\$0.90	\$3.39
OTH MED - HOSPICE	\$0.04	\$7.00		\$0.01		\$0.04	\$0.10
OTH MED - MATERNITY MGT	\$2.22	\$0.05	\$14.66			\$0.16	\$0.22
OTH MED - SUPPLIES	\$0.96	\$7.52	\$0.71	\$1.23	\$0.30	\$0.32	\$0.91
PHYS CONSULTATION, IP & ER VISITS	\$5.00	\$26.67	\$6.26	\$17.70	\$1.95	\$1.48	\$4.87
PHYS HOME OR LONG-TERM CARE VISITS	\$0.08	\$0.97	\$0.82	\$0.34	\$0.01	\$0.01	\$0.03
PHYS MATERNITY	\$21.69	\$0.92	\$166.38	\$0.01	\$0.00	\$1.12	\$6.78
PHYS NEWBORN	\$0.03	\$0.12	\$0.03	\$24.23	\$0.04	\$0.02	\$0.02
PHYS OFFICE VISITS	\$22.18	\$33.39	\$7.83	\$53.67	\$13.15	\$10.22	\$14.87
PHYS OTHER	\$8.01	\$84.21	\$3.16	\$13.71	\$3.16	\$2.33	\$6.16
PHYS SOMATIC MH	\$2.78	\$9.34	\$0.65	\$0.39	\$10.66	\$16.90	\$1.90
POST - HOSP EXTENDED CARE							

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CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLMA COST PMPM (trended)	CHILDREN 00-01 COST PMPM (trended)	CHILDREN 01-05 COST PMPM (trended)	CHILDREN 06-18 COST PMPM (trended)	OHPFAM COST PMPM (trended)
PRES DRUGS - BASIC	\$18.86	\$101.08	\$8.40	\$5.14	\$3.73	\$5.00	\$16.58
PRES DRUGS - FP	\$1.83	\$0.69	\$1.78	\$0.00	\$0.00	\$0.34	\$1.86
PRES DRUGS - MH/CD	\$23.66	\$129.98	\$4.59	\$0.01	\$0.13	\$2.39	\$16.15
PRES DRUGS - NEURONTIN	\$1.17	\$8.02	\$0.02		\$0.00	\$0.03	\$0.59
PRES DRUGS - OP HOSP BASIC	\$2.12	\$8.71	\$0.88	\$1.34	\$0.61	\$0.54	\$2.28
PRES DRUGS - OP HOSP FP							
PRES DRUGS - OP HOSP MH/CD	\$0.31	\$2.57	\$0.03	\$0.00	\$0.00	\$0.04	\$0.15
PRES DRUGS - TOBACCO CESSATION	\$0.59	\$1.22	\$0.12		\$0.00	\$0.02	\$0.42
SCHOOL-BASED HEALTH SERVICES	\$0.01	\$0.07	\$0.02	\$0.48	\$1.62	\$2.04	\$0.00
STERILIZATION - ANESTHESIA FEMALE	\$0.42		\$1.42			\$0.00	\$0.24
STERILIZATION - ANESTHESIA MALE				\$0.00			\$0.00
STERILIZATION - IP HOSP FEMALE	\$2.69		\$12.32			\$0.00	\$0.66
STERILIZATION - IP HOSP MALE							
STERILIZATION - OP HOSP FEMALE	\$4.89	\$0.14	\$31.94			\$0.34	\$2.22
STERILIZATION - OP HOSP MALE	\$0.00	\$0.00					\$0.02
STERILIZATION - PHY FEMALE	\$0.32		\$1.15			\$0.00	\$0.20
STERILIZATION - PHY MALE	\$0.03	\$0.04					\$0.14
SURGERY	\$8.39	\$42.32	\$3.69	\$4.55	\$1.81	\$2.26	\$9.41
TARGETED CASE MAN - BABIES FIRST				\$9.58	\$1.92		
TARGETED CASE MAN - HIV	\$0.00	\$0.07					\$0.00
THERAPEUTIC ABORTION - IP HOSP	\$0.15		\$0.22			\$0.01	\$0.02
THERAPEUTIC ABORTION - OP HOSP	\$0.55	\$0.02	\$2.16	\$0.00		\$0.05	\$0.23
THERAPEUTIC ABORTION - PHYS	\$1.79	\$0.16	\$7.82	\$0.00	\$0.00	\$0.17	\$0.90
TOBACCO CES-IP HSP	\$0.30	\$1.26	\$0.34			\$0.02	\$0.25
TOBACCO CES-OP HSP	\$0.15	\$0.22	\$0.07	\$0.00	\$0.00	\$0.01	\$0.12
TOBACCO CES-PHYS	\$0.18	\$0.24	\$0.05	\$0.00	\$0.00	\$0.02	\$0.11
TRANSPORTATION - AMBULANCE	\$3.61	\$17.91	\$3.88	\$6.97	\$1.00	\$0.97	\$2.75
TRANSPORTATION - OTHER	\$1.93	\$24.61	\$0.37	\$0.13	\$0.08	\$0.17	\$0.84
VISION CARE - EXAMS & THERAPY	\$1.58	\$2.38	\$0.93	\$0.19	\$0.31	\$1.12	\$1.41
VISION CARE - MATERIALS & FITTING	\$1.29	\$1.81	\$0.77	\$0.02	\$0.14	\$0.83	\$1.12
Total	\$251.64	\$932.75	\$512.47	\$462.03	\$64.46	\$74.21	\$198.60
CHEMICAL DEPENDENCY							
CD SERVICES - ALTERNATIVE TO DETOX							
CD SERVICES - METHADONE	\$1.50	\$7.50	\$0.36			\$0.00	\$1.37
CD SERVICES - OP	\$11.51	\$13.30	\$1.85			\$1.04	\$5.35
Total	\$13.01	\$20.80	\$2.21	\$0.00	\$0.00	\$1.05	\$6.72

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FFS Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List
Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLMA COST PMPM (trended)	CHILDREN 00-01 COST PMPM (trended)	CHILDREN 01-05 COST PMPM (trended)	CHILDREN 06-18 COST PMPM (trended)	OHPFAM COST PMPM (trended)
DENTAL							
DENTAL - ADJUNCTIVE GENERAL	\$0.05	\$0.04	\$0.02		\$0.04	\$0.01	\$0.03
DENTAL - ANESTHESIA SURGICAL	\$0.02	\$0.02	\$0.00		\$0.01	\$0.01	\$0.03
DENTAL - DIAGNOSTIC	\$0.60	\$0.40	\$0.21	\$0.00	\$0.21	\$0.39	\$0.49
DENTAL - ENDODONTICS	\$0.29	\$0.17	\$0.05		\$0.06	\$0.08	\$0.19
DENTAL - I/P FIXED							
DENTAL - MAXILLOFACIAL PROS							
DENTAL - ORAL SURGERY	\$0.48	\$0.43	\$0.12		\$0.06	\$0.11	\$0.38
DENTAL - ORTHODONTICS							
DENTAL - PERIODONTICS	\$0.09	\$0.21	\$0.02	\$0.00		\$0.01	\$0.08
DENTAL - PREVENTIVE	\$0.07	\$0.09	\$0.04		\$0.11	\$0.24	\$0.07
DENTAL - PROS REMOVABLE	\$0.05	\$0.32				\$0.00	\$0.04
DENTAL - RESTORATIVE	\$0.41	\$0.36	\$0.10		\$0.27	\$0.31	\$0.31
DENTAL - TOBACCO CES	\$0.00					\$0.00	\$0.00
Total	\$2.06	\$2.03	\$0.57	\$0.00	\$0.75	\$1.16	\$1.62
MENTAL HEALTH							
MH SERVICES ACUTE INPATIENT	\$2.41	\$36.23	\$0.38	\$0.16	\$0.04	\$2.20	\$2.71
MH SERVICES ASSESS & EVAL	\$2.14	\$7.99	\$0.40	\$0.01	\$0.30	\$0.91	\$0.89
MH SERVICES CASE MANAGEMENT	\$0.31	\$14.33	\$0.06		\$0.09	\$0.41	\$0.21
MH SERVICES CONSULTATION	\$0.11	\$1.20	\$0.02		\$0.05	\$0.16	\$0.04
MH SERVICES ANCILLARY SERVICES	\$0.01	\$0.01	\$0.00		\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	\$0.64	\$6.66	\$0.06		\$0.02	\$0.22	\$0.42
MH SERVICES ALTERNATIVE TO IP	\$0.06	\$3.49				\$0.01	\$0.02
MH SERVICES FAMILY SUPPORT	\$0.00	\$0.00			\$0.00	\$0.00	
MH SERVICES OP THERAPY	\$3.93	\$24.05	\$0.64		\$0.73	\$2.98	\$1.83
MH SERVICES OTHER OP					\$0.01	\$0.02	\$0.00
MH SERVICES PHYS IP	\$0.08	\$1.36	\$0.00		\$0.00	\$0.04	\$0.06
MH SERVICES PHYS OP	\$0.01	\$0.08			\$0.00	\$0.00	\$0.01
MH SERVICES PEO							
MH SERVICES SUPPORT DAY PROGRAM	\$0.19	\$41.23	\$0.03		\$0.25	\$0.63	\$0.25
Total	\$9.88	\$136.63	\$1.60	\$0.17	\$1.51	\$7.58	\$6.44
TOTAL ALL	\$276.59	\$1,092.20	\$516.85	\$462.20	\$66.72	\$84.00	\$213.38

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FFS Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	OHPAC COST PMPM (trended)	ABAD-MED COST PMPM (trended)	ABAD COST PMPM (trended)	OAA-MED COST PMPM (trended)	OAA COST PMPM (trended)	SCF COST PMPM (trended)	CAWEM COST PMPM (trended)
PHYSICAL HEALTH							
ADMINISTRATIVE EXAMS	\$4.07	\$0.27	\$0.44	\$0.01	\$0.01	\$4.78	\$0.00
ANESTHESIA	\$6.13	\$1.00	\$4.61	\$0.36	\$4.11	\$1.01	\$2.07
EXCEPT NEEDS CARE COORDINATION							
FP - IP HOSP							
FP - OP HOSP	\$0.01	\$0.00	\$0.02	\$0.00		\$0.02	\$0.01
FP - PHYS	\$3.60	\$0.55	\$1.15			\$0.81	\$0.02
HYSTERECTOMY - ANESTHESIA	\$0.14	\$0.00	\$0.09	\$0.00			\$0.01
HYSTERECTOMY - IP HOSP	\$2.06	\$0.03	\$1.19	\$0.01			\$0.22
HYSTERECTOMY - OP HOSP			\$0.00				
HYSTERECTOMY - PHYS	\$0.38	\$0.00	\$0.19	\$0.00			\$0.02
IP HOSP - ACUTE DETOX	\$2.74	\$0.08	\$0.89	\$0.01		\$0.06	\$0.01
IP HOSP - MATERNITY	\$1.23	\$0.06	\$1.18			\$0.27	\$25.64
IP HOSP - MEDICAL/SURGICAL	\$135.57	\$3.98	\$115.21	\$5.17	\$78.73	\$8.80	\$16.62
IP HOSP - NEWBORN			\$1.29			\$3.49	\$0.02
LAB & RAD - DIAGNOSTIC X-RAY	\$9.37	\$1.18	\$7.95	\$0.62	\$4.60	\$1.17	\$0.42
LAB & RAD - LAB	\$4.63	\$0.48	\$4.64	\$0.19	\$3.15	\$0.73	\$0.14
LAB & RAD - THERAPEUTIC X-RAY	\$0.87	\$0.05	\$0.71	\$0.02	\$1.58	\$0.02	\$0.02
OP ER - SOMATIC MH							
OP HOSP - BASIC	\$31.45	\$14.35	\$49.39	\$5.24	\$42.21	\$15.14	\$2.17
OP HOSP - EMERGENCY ROOM	\$10.32	\$1.55	\$7.19	\$0.66	\$3.20	\$1.71	\$1.43
OP HOSP - LAB & RAD	\$18.77	\$3.02	\$17.23	\$1.64	\$10.51	\$2.53	\$0.93
OP HOSP - MATERNITY	\$0.18	\$0.01	\$0.08		\$0.01	\$0.05	\$0.11
OP HOSP - SOMATIC MH	\$0.74	\$0.09	\$1.14	\$0.04	\$0.14	\$0.75	\$0.01
OTH MED - DME	\$2.45	\$12.13	\$30.35	\$5.68	\$11.25	\$2.17	\$0.00
OTH MED - HHC/PDN	\$6.85	\$1.65	\$12.34	\$0.42	\$3.52	\$1.41	\$0.49
OTH MED - HOSPICE	\$1.00	\$0.08	\$6.62	\$0.60	\$7.78		
OTH MED - MATERNITY MGT	\$0.04	\$0.08	\$0.16			\$0.03	\$0.00
OTH MED - SUPPLIES	\$2.20	\$16.84	\$26.78	\$21.10	\$26.77	\$3.67	\$0.00
PHYS CONSULTATION, IP & ER VISITS	\$13.16	\$1.06	\$13.71	\$0.61	\$10.90	\$2.40	\$1.17
PHYS HOME OR LONG-TERM CARE VISITS	\$0.04	\$0.17	\$0.60	\$0.53	\$1.33	\$0.03	
PHYS MATERNITY	\$0.85	\$0.22	\$1.20			\$0.48	\$12.05
PHYS NEWBORN	\$0.04	\$0.02	\$0.31	\$0.00	\$0.02	\$0.90	\$0.00
PHYS OFFICE VISITS	\$23.89	\$5.67	\$22.67	\$2.42	\$13.66	\$10.36	\$0.13
PHYS OTHER	\$19.75	\$14.74	\$28.55	\$8.22	\$12.80	\$6.96	\$0.07
PHYS SOMATIC MH	\$4.14	\$2.19	\$37.35	\$1.11	\$2.28	\$39.43	\$0.02
POST - HOSP EXTENDED CARE							

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FFS Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	OHPAC COST PMPM (trended)	ABAD-MED COST PMPM (trended)	ABAD COST PMPM (trended)	OAA-MED COST PMPM (trended)	OAA COST PMPM (trended)	SCF COST PMPM (trended)	CAWEM COST PMPM (trended)
PRES DRUGS - BASIC	\$32.23	\$185.07	\$94.85	\$150.98	\$181.35	\$14.05	\$0.05
PRES DRUGS - FP	\$0.76	\$1.28	\$0.82	\$0.02	\$0.17	\$0.32	\$0.00
PRES DRUGS - MH/CD	\$28.46	\$168.03	\$95.13	\$64.18	\$30.54	\$21.20	\$0.02
PRES DRUGS - NEURONTIN	\$1.48	\$10.07	\$4.83	\$3.35	\$3.04	\$0.23	\$0.00
PRES DRUGS - OP HOSP BASIC	\$4.53	\$3.05	\$6.85	\$0.45	\$3.95	\$0.63	\$0.32
PRES DRUGS - OP HOSP FP							
PRES DRUGS - OP HOSP MH/CD	\$0.63	\$1.31	\$1.41	\$0.20	\$0.96	\$0.08	\$0.00
PRES DRUGS - TOBACCO CESSATION	\$0.69	\$0.93	\$0.59	\$0.23	\$0.18	\$0.02	\$0.00
SCHOOL-BASED HEALTH SERVICES	\$0.01	\$0.27	\$20.71			\$9.31	\$0.01
STERILIZATION - ANESTHESIA FEMALE	\$0.04	\$0.02	\$0.03				\$0.07
STERILIZATION - ANESTHESIA MALE			\$0.00				
STERILIZATION - IP HOSP FEMALE	\$0.06		\$0.11				\$1.18
STERILIZATION - IP HOSP MALE							
STERILIZATION - OP HOSP FEMALE	\$0.90	\$0.06	\$0.44			\$0.07	\$1.55
STERILIZATION - OP HOSP MALE	\$0.01	\$0.00	\$0.02				\$0.00
STERILIZATION - PHY FEMALE	\$0.03	\$0.03	\$0.03				\$0.01
STERILIZATION - PHY MALE	\$0.02	\$0.01	\$0.01				
SURGERY	\$23.14	\$3.07	\$16.00	\$1.55	\$16.19	\$2.38	\$1.50
TARGETED CASE MAN - BABIES FIRST		\$0.00	\$0.54			\$0.47	
TARGETED CASE MAN - HIV	\$0.00	\$0.07	\$0.05				
THERAPEUTIC ABORTION - IP HOSP	\$0.01	\$0.00					\$0.03
THERAPEUTIC ABORTION - OP HOSP	\$0.11	\$0.01	\$0.04	\$0.00		\$0.02	\$0.01
THERAPEUTIC ABORTION - PHYS	\$0.40	\$0.03	\$0.08	\$0.00		\$0.05	\$0.02
TOBACCO CES-IP HSP	\$0.87	\$0.01	\$0.31	\$0.00	\$0.06	\$0.01	\$0.02
TOBACCO CES-OP HSP	\$0.27	\$0.03	\$0.12	\$0.01	\$0.01	\$0.00	\$0.00
TOBACCO CES-PHYS	\$0.16	\$0.05	\$0.08	\$0.00		\$0.03	
TRANSPORTATION - AMBULANCE	\$9.46	\$11.15	\$12.42	\$12.64	\$28.72	\$0.94	\$0.91
TRANSPORTATION - OTHER	\$4.43	\$12.84	\$8.14	\$7.59	\$6.14	\$1.76	\$0.00
VISION CARE - EXAMS & THERAPY	\$2.08	\$1.04	\$1.75	\$0.63	\$1.20	\$1.02	\$0.00
VISION CARE - MATERIALS & FITTING	\$1.60	\$1.28	\$1.37	\$0.80	\$1.40	\$0.78	\$0.00
Total	\$419.07	\$481.29	\$661.95	\$297.29	\$512.46	\$162.57	\$69.56
CHEMICAL DEPENDENCY							
CD SERVICES - ALTERNATIVE TO DETOX							
CD SERVICES - METHADONE	\$4.42	\$1.63	\$2.01	\$0.02		\$0.01	\$0.00
CD SERVICES - OP	\$17.59	\$3.18	\$3.05	\$0.05		\$8.99	\$0.00
Total	\$22.01	\$4.81	\$5.06	\$0.07	\$0.00	\$8.99	\$0.00

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Calculation of FFS Monthly Per Capita Cost for October 2003 through September 2005
through Line 557* of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	OHPAC COST PMPM (trended)	ABAD-MED COST PMPM (trended)	ABAD COST PMPM (trended)	OAA-MED COST PMPM (trended)	OAA COST PMPM (trended)	SCF COST PMPM (trended)	CAWEM COST PMPM (trended)
DENTAL							
DENTAL - ADJUNCTIVE GENERAL	\$0.03	\$0.02	\$0.06	\$0.02	\$0.03	\$0.02	
DENTAL - ANESTHESIA SURGICAL	\$0.03	\$0.01	\$0.02	\$0.00		\$0.01	
DENTAL - DIAGNOSTIC	\$0.56	\$0.34	\$0.42	\$0.14	\$0.15	\$0.54	\$0.00
DENTAL - ENDODONTICS	\$0.15	\$0.06	\$0.09	\$0.01		\$0.07	
DENTAL - I/P FIXED	\$0.00						
DENTAL - MAXILLOFACIAL PROS							
DENTAL - ORAL SURGERY	\$0.50	\$0.22	\$0.31	\$0.10	\$0.04	\$0.12	
DENTAL - ORTHODONTICS						\$0.03	
DENTAL - PERIODONTICS	\$0.07	\$0.09	\$0.05	\$0.01		\$0.01	
DENTAL - PREVENTIVE	\$0.05	\$0.10	\$0.20	\$0.03	\$0.01	\$0.47	\$0.00
DENTAL - PROS REMOVABLE	\$0.08	\$0.31	\$0.16	\$0.42	\$0.04	\$0.00	
DENTAL - RESTORATIVE	\$0.27	\$0.25	\$0.48	\$0.08		\$0.48	
DENTAL - TOBACCO CES	\$0.00		\$0.00				
Total	\$1.74	\$1.40	\$1.79	\$0.81	\$0.28	\$1.75	\$0.00
MENTAL HEALTH							
MH SERVICES ACUTE INPATIENT	\$16.71	\$1.22	\$13.12	\$0.09	\$1.30	\$13.23	\$0.31
MH SERVICES ASSESS & EVAL	\$2.97	\$1.69	\$2.42	\$0.24	\$0.50	\$4.78	\$0.00
MH SERVICES CASE MANAGEMENT	\$1.06	\$6.18	\$3.92	\$0.35	\$0.07	\$3.14	\$0.00
MH SERVICES CONSULTATION	\$0.12	\$0.73	\$0.71	\$0.14	\$0.28	\$1.96	\$0.00
MH SERVICES ANCILLARY SERVICES	\$0.00	\$0.01	\$0.01	\$0.00		\$0.00	
MH SERVICES MED MANAGEMENT	\$1.26	\$3.20	\$2.80	\$0.21	\$0.12	\$2.12	\$0.00
MH SERVICES ALTERNATIVE TO IP	\$0.41	\$0.81	\$0.60	\$0.04		\$0.46	
MH SERVICES FAMILY SUPPORT	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
MH SERVICES OP THERAPY	\$3.87	\$7.53	\$8.82	\$0.53	\$1.47	\$19.50	\$0.01
MH SERVICES OTHER OP	\$0.00	\$0.02	\$0.07	\$0.00		\$0.16	
MH SERVICES PHYS IP	\$0.22	\$0.29	\$0.47	\$0.05	\$0.17	\$0.33	\$0.00
MH SERVICES PHYS OP	\$0.02	\$0.00	\$0.06	\$0.00	\$0.12	\$0.03	
MH SERVICES PEO							
MH SERVICES SUPPORT DAY PROGRAM	\$1.35	\$25.45	\$18.48	\$1.15	\$0.44	\$13.65	
Total	\$22.77	\$47.12	\$51.48	\$2.82	\$4.47	\$59.35	\$0.32
TOTAL ALL	\$428.59	\$534.62	\$720.29	\$300.99	\$517.21	\$232.66	\$69.88

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Summary Monthly Per Capita Cost Trended to October 2003 - September 2005

By Delivery System Through Line 557* of the Prioritized List

PHYSICAL HEALTH	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families (Adults Only)	\$333.74	\$29.58	\$251.96
General Assistance	\$918.47	\$171.94	\$932.99
PLM Adults	\$944.59	\$15.52	\$512.63
PLM, TANF, and CHIP Children < 1	\$399.23	\$10.21	\$462.36
PLM, TANF, and CHIP Children 1 - 5	\$74.52	\$3.78	\$64.78
PLM, TANF, and CHIP Children 6 - 18	\$65.58	\$4.95	\$74.53
OHP Families	\$202.07	\$18.60	\$198.85
OHP Adults & Couples	\$352.59	\$37.51	\$419.31
Aid to the Blind/Aid to the Disabled with Medicare	\$318.91	\$181.53	\$482.08
Aid to the Blind/Aid to the Disabled without Medicare	\$632.87	\$125.14	\$662.75
Old Age Assistance with Medicare	\$259.26	\$71.78	\$298.17
Old Age Assistance without Medicare	\$609.19	\$36.68	\$513.35
SCF Children	\$105.08	\$37.59	\$163.16
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$69.56

CHEMICAL DEPENDENCY	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families (Adults Only)	\$13.96	\$0.00	\$13.01
General Assistance	\$37.53	\$0.00	\$20.80
PLM Adults	\$4.44	\$0.00	\$2.21
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.10	\$0.00	\$1.05
OHP Families	\$7.37	\$0.00	\$6.72
OHP Adults & Couples	\$23.99	\$0.00	\$22.01
Aid to the Blind/Aid to the Disabled with Medicare	\$4.67	\$0.00	\$4.81
Aid to the Blind/Aid to the Disabled without Medicare	\$8.11	\$0.00	\$5.06
Old Age Assistance with Medicare	\$0.15	\$0.00	\$0.07
Old Age Assistance without Medicare	\$0.03	\$0.00	\$0.00
SCF Children	\$4.45	\$0.00	\$8.99
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Summary Monthly Per Capita Cost Trended to October 2003 - September 2005

By Delivery System Through Line 557* of the Prioritized List

DENTAL	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families (Adults Only)	\$27.47	\$0.00	\$2.06
General Assistance	\$32.68	\$0.00	\$2.03
PLM Adults	\$13.92	\$0.00	\$0.57
PLM, TANF, and CHIP Children < 1	\$0.09	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$11.97	\$0.00	\$0.75
PLM, TANF, and CHIP Children 6 - 18	\$17.83	\$0.00	\$1.16
OHP Families	\$30.46	\$0.00	\$1.62
OHP Adults & Couples	\$36.22	\$0.00	\$1.74
Aid to the Blind/Aid to the Disabled with Medicare	\$23.42	\$0.00	\$1.40
Aid to the Blind/Aid to the Disabled without Medicare	\$20.78	\$0.00	\$1.79
Old Age Assistance with Medicare	\$15.01	\$0.00	\$0.81
Old Age Assistance without Medicare	\$25.07	\$0.00	\$0.28
SCF Children	\$17.16	\$0.00	\$1.75
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00

MENTAL HEALTH	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families (Adults Only)	\$22.93	\$0.00	\$9.88
General Assistance	\$171.12	\$0.00	\$136.63
PLM Adults	\$6.31	\$0.00	\$1.60
PLM, TANF, and CHIP Children < 1	\$0.61	\$0.00	\$0.17
PLM, TANF, and CHIP Children 1 - 5	\$4.14	\$0.00	\$1.51
PLM, TANF, and CHIP Children 6 - 18	\$16.24	\$0.00	\$7.58
OHP Families	\$11.38	\$0.00	\$6.44
OHP Adults & Couples	\$28.73	\$0.00	\$28.01
Aid to the Blind/Aid to the Disabled with Medicare	\$64.78	\$0.00	\$47.12
Aid to the Blind/Aid to the Disabled without Medicare	\$99.88	\$0.00	\$51.48
Old Age Assistance with Medicare	\$8.12	\$0.00	\$2.82
Old Age Assistance without Medicare	\$7.51	\$0.00	\$4.47
SCF Children	\$107.76	\$0.00	\$59.35
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.32

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Summary Monthly Per Capita Cost Trended to October 2003 - September 2005

By Delivery System Through Line 557* of the Prioritized List

PHYSICAL HEALTH, DENTAL, & CHEMICAL DEPENDENCY	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families (Adults Only)	\$375.17	\$29.58	\$267.03
General Assistance	\$988.68	\$171.94	\$955.81
PLM Adults	\$962.96	\$15.52	\$515.40
PLM, TANF, and CHIP Children < 1	\$399.32	\$10.21	\$462.37
PLM, TANF, and CHIP Children 1 - 5	\$86.49	\$3.78	\$65.53
PLM, TANF, and CHIP Children 6 - 18	\$84.51	\$4.95	\$76.74
OHP Families	\$239.89	\$18.60	\$207.19
OHP Adults & Couples	\$412.80	\$37.51	\$443.05
Aid to the Blind/Aid to the Disabled with Medicare	\$347.00	\$181.53	\$488.30
Aid to the Blind/Aid to the Disabled without Medicare	\$661.76	\$125.14	\$669.60
Old Age Assistance with Medicare	\$274.42	\$71.78	\$299.05
Old Age Assistance without Medicare	\$634.29	\$36.68	\$513.63
SCF Children	\$126.69	\$37.59	\$173.91
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$69.56

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families (Adults Only)	\$407.79	\$29.58	\$267.03
General Assistance	\$1,074.65	\$171.94	\$955.81
PLM Adults	\$1,046.69	\$15.52	\$515.40
PLM, TANF, and CHIP Children < 1	\$434.04	\$10.21	\$462.37
PLM, TANF, and CHIP Children 1 - 5	\$94.01	\$3.78	\$65.53
PLM, TANF, and CHIP Children 6 - 18	\$91.86	\$4.95	\$76.74
OHP Families	\$260.76	\$18.60	\$207.19
OHP Adults & Couples	\$448.70	\$37.51	\$443.05
Aid to the Blind/Aid to the Disabled with Medicare	\$377.17	\$181.53	\$488.30
Aid to the Blind/Aid to the Disabled without Medicare	\$719.31	\$125.14	\$669.60
Old Age Assistance with Medicare	\$298.28	\$71.78	\$299.05
Old Age Assistance without Medicare	\$689.44	\$36.68	\$513.63
SCF Children	\$137.70	\$37.59	\$173.91
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$69.56

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Summary Monthly Per Capita Cost Trended to October 2003 - September 2005

By Delivery System Through Line 557* of the Prioritized List

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, & MENTAL HEALTH	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families (Adults Only)	\$398.10	\$29.58	\$276.91
General Assistance	\$1,159.80	\$171.94	\$1,092.44
PLM Adults	\$969.27	\$15.52	\$517.00
PLM, TANF, and CHIP Children < 1	\$399.92	\$10.21	\$462.54
PLM, TANF, and CHIP Children 1 - 5	\$90.63	\$3.78	\$67.04
PLM, TANF, and CHIP Children 6 - 18	\$100.75	\$4.95	\$84.32
OHP Families	\$251.28	\$18.60	\$213.64
OHP Adults & Couples	\$441.53	\$37.51	\$471.05
Aid to the Blind/Aid to the Disabled with Medicare	\$411.78	\$181.53	\$535.42
Aid to the Blind/Aid to the Disabled without Medicare	\$761.65	\$125.14	\$721.08
Old Age Assistance with Medicare	\$282.53	\$71.78	\$301.88
Old Age Assistance without Medicare	\$641.80	\$36.68	\$518.10
SCF Children	\$234.45	\$37.59	\$233.26
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$69.88

HEALTH CARE EXPENSE PLUS ADMINISTRATION	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE **
Temporary Assistance to Needy Families (Adults Only)	\$432.72	\$29.58	\$276.91
General Assistance	\$1,260.65	\$171.94	\$1,092.44
PLM Adults	\$1,053.56	\$15.52	\$517.00
PLM, TANF, and CHIP Children < 1	\$434.70	\$10.21	\$462.54
PLM, TANF, and CHIP Children 1 - 5	\$98.51	\$3.78	\$67.04
PLM, TANF, and CHIP Children 6 - 18	\$109.51	\$4.95	\$84.32
OHP Families	\$273.13	\$18.60	\$213.64
OHP Adults & Couples	\$479.93	\$37.51	\$471.05
Aid to the Blind/Aid to the Disabled with Medicare	\$447.59	\$181.53	\$535.42
Aid to the Blind/Aid to the Disabled without Medicare	\$827.88	\$125.14	\$721.08
Old Age Assistance with Medicare	\$307.10	\$71.78	\$301.88
Old Age Assistance without Medicare	\$697.61	\$36.68	\$518.10
SCF Children	\$254.84	\$37.59	\$233.26
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$69.88

* Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

** A PCCM case management fee is applied to the portion of FFS population covered by case management.

Note: FCHP refers to a Fully Capitated Health Plan, FFS refers to Fee-For-Service, and PCCM refers to a Primary Care Case Manager.

OREGON BASIC HEALTH SERVICES PROGRAM

Exhibit 9-A

Expected Distribution of Enrollees by Eligibility Category and Delivery System

Physical Health Services

For 03/05 Biennium

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	6.81%	69.15%	30.85%	100.00%
General Assistance	0.66%	62.64%	37.36%	100.00%
PLM Adults	1.80%	63.01%	36.99%	100.00%
PLM, TANF, and CHIP Children < 1	4.74%	67.77%	32.23%	100.00%
PLM, TANF, and CHIP Children 1 - 5	14.35%	68.14%	31.86%	100.00%
PLM, TANF, and CHIP Children 6 - 18	22.73%	67.20%	32.80%	100.00%
OHP Families	9.44%	66.90%	33.10%	100.00%
OHP Adults & Couples	14.68%	69.47%	30.53%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	4.10%	59.70%	40.30%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	7.26%	59.70%	40.30%	100.00%
Old Age Assistance with Medicare	6.21%	41.68%	58.32%	100.00%
Old Age Assistance without Medicare	0.32%	41.68%	58.32%	100.00%
SCF Children	2.94%	54.01%	45.99%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.95%	0.00%	100.00%	100.00%
	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM

For 03/05 Biennium

Eligibility Category	DELIVERY SYSTEM *		
	FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	4.71%	2.10%	6.81%
General Assistance	0.41%	0.25%	0.66%
PLM Adults	1.13%	0.67%	1.80%
PLM, TANF, and CHIP Children < 1	3.21%	1.53%	4.74%
PLM, TANF, and CHIP Children 1 - 5	9.78%	4.57%	14.35%
PLM, TANF, and CHIP Children 6 - 18	15.27%	7.46%	22.73%
OHP Families	6.32%	3.13%	9.44%
OHP Adults & Couples	10.20%	4.48%	14.68%
Aid to the Blind/Aid to the Disabled with Medicare	2.45%	1.65%	4.10%
Aid to the Blind/Aid to the Disabled without Medicare	4.34%	2.93%	7.26%
Old Age Assistance with Medicare	2.59%	3.62%	6.21%
Old Age Assistance without Medicare	0.13%	0.19%	0.32%
SCF Children	1.59%	1.35%	2.94%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	3.95%	3.95%
Total	62.13%	37.87%	100.00%

* Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON BASIC HEALTH SERVICES PROGRAM

Exhibit 9-B

Expected Distribution of Enrollees by Eligibility Category and Delivery System

Dental Services

For 03/05 Biennium

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	6.81%	85.42%	14.58%	100.00%
General Assistance	0.66%	80.49%	19.51%	100.00%
PLM Adults	1.80%	84.77%	15.23%	100.00%
PLM, TANF, and CHIP Children < 1	4.74%	85.96%	14.04%	100.00%
PLM, TANF, and CHIP Children 1 - 5	14.35%	86.63%	13.37%	100.00%
PLM, TANF, and CHIP Children 6 - 18	22.73%	86.55%	13.45%	100.00%
OHP Families	9.44%	85.62%	14.38%	100.00%
OHP Adults & Couples	14.68%	86.36%	13.64%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	4.10%	89.46%	10.54%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	7.26%	89.46%	10.54%	100.00%
Old Age Assistance with Medicare	6.21%	88.80%	11.20%	100.00%
Old Age Assistance without Medicare	0.32%	88.80%	11.20%	100.00%
SCF Children	2.94%	78.76%	21.24%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.95%	0.00%	100.00%	100.00%
	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM

For 03/05 Biennium

Eligibility Category	DELIVERY SYSTEM *		
	FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	5.82%	0.99%	6.81%
General Assistance	0.53%	0.13%	0.66%
PLM Adults	1.53%	0.27%	1.80%
PLM, TANF, and CHIP Children < 1	4.08%	0.67%	4.74%
PLM, TANF, and CHIP Children 1 - 5	12.43%	1.92%	14.35%
PLM, TANF, and CHIP Children 6 - 18	19.67%	3.06%	22.73%
OHP Families	8.09%	1.36%	9.44%
OHP Adults & Couples	12.68%	2.00%	14.68%
Aid to the Blind/Aid to the Disabled with Medicare	3.67%	0.43%	4.10%
Aid to the Blind/Aid to the Disabled without Medicare	6.50%	0.77%	7.26%
Old Age Assistance with Medicare	5.52%	0.70%	6.21%
Old Age Assistance without Medicare	0.28%	0.04%	0.32%
SCF Children	2.32%	0.63%	2.94%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	3.95%	3.95%
Total	83.10%	16.90%	100.00%

* Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON BASIC HEALTH SERVICES PROGRAM

Exhibit 9-C

Expected Distribution of Enrollees by Eligibility Category and Delivery System

Mental Health Services

For 03/05 Biennium

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	6.81%	85.80%	14.20%	100.00%
General Assistance	0.66%	85.90%	14.10%	100.00%
PLM Adults	1.80%	75.18%	24.82%	100.00%
PLM, TANF, and CHIP Children < 1	4.74%	87.47%	12.53%	100.00%
PLM, TANF, and CHIP Children 1 - 5	14.35%	80.39%	19.61%	100.00%
PLM, TANF, and CHIP Children 6 - 18	22.73%	79.92%	20.08%	100.00%
OHP Families	9.44%	77.00%	23.00%	100.00%
OHP Adults & Couples	14.68%	80.30%	19.70%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	4.10%	89.40%	10.60%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	7.26%	89.40%	10.60%	100.00%
Old Age Assistance with Medicare	6.21%	76.80%	23.20%	100.00%
Old Age Assistance without Medicare	0.32%	76.80%	23.20%	100.00%
SCF Children	2.94%	76.40%	23.60%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.95%	0.00%	100.00%	100.00%
	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM

For 03/05 Biennium

Eligibility Category	DELIVERY SYSTEM *		
	FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	5.84%	0.97%	6.81%
General Assistance	0.56%	0.09%	0.66%
PLM Adults	1.35%	0.45%	1.80%
PLM, TANF, and CHIP Children < 1	4.15%	0.59%	4.74%
PLM, TANF, and CHIP Children 1 - 5	11.54%	2.81%	14.35%
PLM, TANF, and CHIP Children 6 - 18	18.16%	4.56%	22.73%
OHP Families	7.27%	2.17%	9.44%
OHP Adults & Couples	11.79%	2.89%	14.68%
Aid to the Blind/Aid to the Disabled with Medicare	3.67%	0.43%	4.10%
Aid to the Blind/Aid to the Disabled without Medicare	6.49%	0.77%	7.26%
Old Age Assistance with Medicare	4.77%	1.44%	6.21%
Old Age Assistance without Medicare	0.25%	0.07%	0.32%
SCF Children	2.25%	0.70%	2.94%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	3.95%	3.95%
Total	78.10%	21.90%	100.00%

* Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-A

Average Per Capita Cost* FFY 2004/2005

Through Line 557** of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Physical Health Services Including Administration

Eligibility Category	DELIVERY SYSTEM ***		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$392.33	\$251.96	\$349.03
General Assistance	\$1,170.28	\$932.99	\$1,081.62
PLM Adults	\$1,042.25	\$512.63	\$846.36
PLM, TANF, and CHIP Children < 1	\$444.15	\$462.36	\$450.02
PLM, TANF, and CHIP Children 1 - 5	\$84.78	\$64.78	\$78.41
PLM, TANF, and CHIP Children 6 - 18	\$76.24	\$74.53	\$75.68
OHP Families	\$238.24	\$198.85	\$225.20
OHP Adults & Couples	\$420.76	\$419.31	\$420.31
Aid to the Blind/Aid to the Disabled with Medicare	\$528.17	\$482.08	\$509.60
Aid to the Blind/Aid to the Disabled without Medicare	\$813.04	\$662.75	\$752.48
Old Age Assistance with Medicare	\$353.59	\$298.17	\$321.27
Old Age Assistance without Medicare	\$698.84	\$513.35	\$590.66
SCF Children	\$151.81	\$163.16	\$157.03
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$69.56	\$69.56
Total			\$283.65

* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

** Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

*** Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-B

Average Per Capita Cost* FFY 2004/2005

Through Line 557** of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Dental Services Including Administration

Eligibility Category	DELIVERY SYSTEM ***		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$29.86	\$2.06	\$25.81
General Assistance	\$35.52	\$2.03	\$28.99
PLM Adults	\$15.13	\$0.57	\$12.91
PLM, TANF, and CHIP Children < 1	\$0.09	\$0.00	\$0.08
PLM, TANF, and CHIP Children 1 - 5	\$13.01	\$0.75	\$11.37
PLM, TANF, and CHIP Children 6 - 18	\$19.38	\$1.16	\$16.93
OHP Families	\$33.10	\$1.62	\$28.58
OHP Adults & Couples	\$39.37	\$1.74	\$34.23
Aid to the Blind/Aid to the Disabled with Medicare	\$25.46	\$1.40	\$22.92
Aid to the Blind/Aid to the Disabled without Medicare	\$22.59	\$1.79	\$20.40
Old Age Assistance with Medicare	\$16.32	\$0.81	\$14.58
Old Age Assistance without Medicare	\$27.25	\$0.28	\$24.23
SCF Children	\$18.65	\$1.75	\$15.06
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
Total			\$19.24

* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

** Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

*** Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-C

Average Per Capita Cost* FFY 2004/2005

Through Line 557** of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Chemical Dependency Services Including Administration

Eligibility Category	DELIVERY SYSTEM ***		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$15.17	\$13.01	\$14.50
General Assistance	\$40.79	\$20.80	\$33.32
PLM Adults	\$4.83	\$2.21	\$3.86
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.20	\$1.05	\$1.15
OHP Families	\$8.01	\$6.72	\$7.58
OHP Adults & Couples	\$26.08	\$22.01	\$24.84
Aid to the Blind/Aid to the Disabled with Medicare	\$5.08	\$4.81	\$4.97
Aid to the Blind/Aid to the Disabled without Medicare	\$8.82	\$5.06	\$7.30
Old Age Assistance with Medicare	\$0.16	\$0.07	\$0.11
Old Age Assistance without Medicare	\$0.03	\$0.00	\$0.01
SCF Children	\$4.83	\$8.99	\$6.75
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
Total			\$6.84

* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

** Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

*** Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-D

Average Per Capita Cost* FFY 2004/2005

Through Line 557** of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Mental Health Services Including Administration

Eligibility Category	DELIVERY SYSTEM ***		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$24.93	\$9.88	\$22.79
General Assistance	\$186.00	\$136.63	\$179.04
PLM Adults	\$6.86	\$1.60	\$5.56
PLM, TANF, and CHIP Children < 1	\$0.66	\$0.17	\$0.60
PLM, TANF, and CHIP Children 1 - 5	\$4.50	\$1.51	\$3.91
PLM, TANF, and CHIP Children 6 - 18	\$17.65	\$7.58	\$15.63
OHP Families	\$12.37	\$6.44	\$11.01
OHP Adults & Couples	\$31.23	\$28.01	\$30.60
Aid to the Blind/Aid to the Disabled with Medicare	\$70.42	\$47.12	\$67.95
Aid to the Blind/Aid to the Disabled without Medicare	\$108.57	\$51.48	\$102.52
Old Age Assistance with Medicare	\$8.82	\$2.82	\$7.43
Old Age Assistance without Medicare	\$8.17	\$4.47	\$7.31
SCF Children	\$117.13	\$59.35	\$103.50
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.32	\$0.32
Total			\$26.28

* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

** Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

*** Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-E

Average Per Capita Cost* FFY 2004/2005

Through Line 557** of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System

All Services Excluding Mental Health

Eligibility Category	DELIVERY SYSTEM ***		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$437.37	\$267.03	\$389.34
General Assistance	\$1,246.59	\$955.81	\$1,143.93
PLM Adults	\$1,062.21	\$515.40	\$863.13
PLM, TANF, and CHIP Children < 1	\$444.25	\$462.37	\$450.10
PLM, TANF, and CHIP Children 1 - 5	\$97.79	\$65.53	\$89.78
PLM, TANF, and CHIP Children 6 - 18	\$96.81	\$76.74	\$93.75
OHP Families	\$279.36	\$207.19	\$261.37
OHP Adults & Couples	\$486.20	\$443.05	\$479.38
Aid to the Blind/Aid to the Disabled with Medicare	\$558.70	\$488.30	\$537.49
Aid to the Blind/Aid to the Disabled without Medicare	\$844.44	\$669.60	\$780.18
Old Age Assistance with Medicare	\$370.06	\$299.05	\$335.96
Old Age Assistance without Medicare	\$726.13	\$513.63	\$614.91
SCF Children	\$175.30	\$173.91	\$178.84
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$69.56	\$69.56
Total			\$309.73

* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

** Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

*** Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-F

Average Per Capita Cost* FFY 2004/2005

Through Line 557** of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System

All Services

Eligibility Category	DELIVERY SYSTEM ***		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$462.30	\$276.91	\$412.13
General Assistance	\$1,432.59	\$1,092.44	\$1,322.97
PLM Adults	\$1,069.08	\$517.00	\$868.69
PLM, TANF, and CHIP Children < 1	\$444.91	\$462.54	\$450.70
PLM, TANF, and CHIP Children 1 - 5	\$102.29	\$67.04	\$93.69
PLM, TANF, and CHIP Children 6 - 18	\$114.46	\$84.32	\$109.38
OHP Families	\$291.73	\$213.64	\$272.38
OHP Adults & Couples	\$517.43	\$471.05	\$509.98
Aid to the Blind/Aid to the Disabled with Medicare	\$629.12	\$535.42	\$605.44
Aid to the Blind/Aid to the Disabled without Medicare	\$953.01	\$721.08	\$882.70
Old Age Assistance with Medicare	\$378.88	\$301.88	\$343.39
Old Age Assistance without Medicare	\$734.29	\$518.10	\$622.21
SCF Children	\$292.43	\$233.26	\$282.34
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$69.88	\$69.88
Total			\$336.01

* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

** Includes Lines 558, 559, 562, 564, 576, 624, and portions of Lines 615, 642, and 721. Inclusion of these lines equates to coverage through Line 566 of the Prioritized List as configured during the 2001-2003 Biennium.

*** Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON BASIC HEALTH SERVICES PROGRAM
Description of Allocation of Claims to Condition/Treatment Pairs

Exhibit 11

TREATMENT TYPE	ICD 9 CODES	CPT 4 CODES	EXPENDITURE ALLOCATION
Initial diagnosis	780-799, V65.5, V71, V72.5, V72.6, V72.7, V73-V78, V80-V82	Any	Beginning of the List
Diagnostic	Any	Biopsies, Other Diagnostic Tests Diagnostic lab and x-ray services	Beginning of the List
Vaccines	Any	90476-90749	Beginning of the List
Anesthesia, Ambulance, DME, Supplies, Orthotics, Vision, Audiology, Drugs coded with HCPCs	Any	00100-01999, Alphanumeric HCPCs beginning with A, E, J, L, or V	Beginning of the List
Surgical treatment, Dental and Mental Health, Psychotherapy	001-779, V01-V82, except those listed under initial diagnosis	02000-69999, ADA Codes, Mental Health OMAP Codes Mental Health CPT4 Codes	Based on the number of line items with matching diagnosis and treatment pairs. Generally, all claims go to a single line.
Medical treatment	001-779, V01-V82, except those listed under initial diagnosis	90000-99999	Based on whether there is a matching surgical treatment and the number of line items with the same range of ICD9 codes. Generally, if there is a single matching surgical line item, 75% of the medical claims are allocated to the medical line item and 25% are allocated to the surgical line item. When there are no matching surgical line items, claims are allocated to the medical treatment line items based on the number of lines with matching ICD9 codes. In most cases that have no matching surgical treatment, no additional allocation of claims is required.
Inpatient hospital, Outpatient hospital billed without HCPCs	001-779, V01-V82, except those listed under initial diagnosis	Any	Based on the number of line items with matching ICD9 codes. When more than one line item contains the same ICD9 codes, claims are allocated based on the percentage of total dollars for the ICD9 code represented by each line item. This allocation is done after all other claims have been allocated.
Prescription Drugs	Not Applicable	National Drug Codes	Allocated based on percentage of total per capita cost made up by prescription drugs by eligibility category. Mental Health and Chemical Dependency drugs are allocated only to Mental Health and Chemical Dependency lines.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 12-A

Per Capita Cost at Various Thresholds

Managed Care Enrollee Costs (Including FCHP FFS)

Threshold	Physical Health		Dental		Mental Health		Total FCHP	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
317	79.6%	\$247.00	30.9%	\$7.09	88.6%	\$26.84	77.3%	\$280.92
347	81.8%	\$253.74	30.9%	\$7.09	89.5%	\$27.10	79.2%	\$287.93
377	86.0%	\$266.83	48.0%	\$11.02	92.0%	\$27.85	84.1%	\$305.70
407	87.0%	\$270.12	48.0%	\$11.02	92.4%	\$27.98	85.0%	\$309.11
437	88.9%	\$275.91	48.0%	\$11.02	97.4%	\$29.49	87.0%	\$316.42
467	93.0%	\$288.52	48.0%	\$11.02	99.8%	\$30.21	90.7%	\$329.74
497	95.4%	\$296.00	48.0%	\$11.02	99.8%	\$30.21	92.7%	\$337.22
527	98.0%	\$304.24	98.8%	\$22.67	99.8%	\$30.23	98.2%	\$357.14
557	99.5%	\$308.70	100.0%	\$22.94	100.0%	\$30.27	99.5%	\$361.92
100% Funding	100.0%	\$310.38	100.0%	\$22.94	100.0%	\$30.27	100.0%	\$363.60

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 12-B

Per Capita Cost at Various Thresholds Fee For Service Costs

Threshold	Physical Health		Dental		Mental Health		Total FFS/PCCM	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
317	77.6%	\$200.17	41.9%	\$0.42	90.6%	\$10.91	78.1%	\$211.50
347	79.7%	\$205.58	41.9%	\$0.42	91.1%	\$10.98	80.1%	\$216.98
377	83.5%	\$215.33	64.6%	\$0.64	93.5%	\$11.27	83.9%	\$227.24
407	84.5%	\$218.01	64.6%	\$0.64	94.1%	\$11.34	84.9%	\$229.99
437	85.9%	\$221.44	64.6%	\$0.64	97.3%	\$11.72	86.3%	\$233.80
467	94.8%	\$244.32	64.6%	\$0.64	99.9%	\$12.04	94.9%	\$257.00
497	96.9%	\$249.96	64.6%	\$0.64	99.9%	\$12.04	97.0%	\$262.64
527	98.7%	\$254.48	99.3%	\$0.98	100.0%	\$12.04	98.7%	\$267.51
557	99.7%	\$257.04	100.0%	\$0.99	100.0%	\$12.05	99.7%	\$270.08
100% Funding	100.0%	\$257.85	100.0%	\$0.99	100.0%	\$12.05	100.0%	\$270.89

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 12-C

Per Capita Cost at Various Thresholds Total Costs

Threshold	Physical Health		Dental		Mental Health		Grand Total	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
317	78.9%	\$229.27	31.0%	\$5.96	88.8%	\$23.35	77.0%	\$258.58
347	81.1%	\$235.51	31.0%	\$5.96	89.7%	\$23.57	78.9%	\$265.03
377	85.1%	\$247.33	48.2%	\$9.26	92.2%	\$24.22	83.6%	\$280.81
407	86.2%	\$250.39	48.2%	\$9.26	92.6%	\$24.34	84.5%	\$283.99
437	87.9%	\$255.28	48.2%	\$9.26	97.4%	\$25.60	86.3%	\$290.14
467	93.6%	\$271.78	48.2%	\$9.26	99.8%	\$26.23	91.4%	\$307.27
497	95.9%	\$278.56	48.2%	\$9.26	99.8%	\$26.23	93.5%	\$314.06
527	98.2%	\$285.40	98.8%	\$19.01	99.9%	\$26.24	98.4%	\$330.65
557	99.5%	\$289.14	100.0%	\$19.24	100.0%	\$26.28	99.6%	\$334.66
100% Funding	100.0%	\$290.49	100.0%	\$19.24	100.0%	\$26.28	100.0%	\$336.01

APPENDIX E:
OHP STANDARD

**REPRINTING OF THE HEALTH SERVICES
COMMISSION'S JULY 2002 REPORT
"PRIORITIZED LIST OF BENEFIT PACKAGES
FOR OHP STANDARD: INTERIM REPORT TO
THE GOVERNOR AND LEGISLATIVE
LEADERSHIP"**

**PRICEWATERHOUSECOOPERS
DECEMBER 20, 2002 REPORT
"AVERAGE COSTS AND CAPITATION RATE
DEVELOPMENT FOR THE OHP STANDARD
BENEFIT PACKAGE, FEDERAL FISCAL YEAR
2003, FEBRUARY 2003 BENEFIT LEVEL"**

**PRICEWATERHOUSECOOPERS
APRIL 15, 2003 MEMO
"OHP STANDARD AND OHP PLUS
STATEWIDE PER CAPITA COSTS"**

**REPRINTING OF THE HEALTH
SERVICES COMMISSION'S
JULY 2002 REPORT
“PRIORITIZED LIST OF
BENEFIT PACKAGES FOR OHP
STANDARD: INTERIM REPORT
TO THE GOVERNOR AND
LEGISLATIVE LEADERSHIP”**

**Oregon Health Services
Commission**



Prioritized List of Benefit Packages for OHP Standard

*Interim Report to the Governor
and Legislative Leadership*

July 2002

Prioritized List of Benefit Packages for OHP Standard

*Interim Report to the Governor
and Legislative Leadership*

If you would like additional copies of this report,
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Oregon Health Policy and Research
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July 2002

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Chapter 1

Introduction

Introduction

This interim report chronicles the work of the Health Services Commission (HSC) and Waiver Application Steering Committee (WASC) in the development of the Oregon Health Plan (OHP) Standard benefit package for the 2001–03 biennium, providing an update to the information appearing in the HSC’s October 2001 report.¹ The OHP Standard Prioritized List of Benefit Packages for the 2003–05 biennium is also presented. A subsequent report including the actuarial pricing of this list will be submitted once all terms and conditions of the necessary Medicaid waivers are known.

HB 2519 and the OHP2 Waiver

Efforts to maintain the OHP and the desire to extend coverage to more Oregonians resulted in the passage of House Bill (HB) 2519 during the 2001 legislative session. The bill outlines the policy framework and the process to expand the number of persons eligible for the OHP, using the savings from creating a basic benefit package within OHP and obtaining additional federal matching funds. The reduction in benefits for select groups within OHP will require a new Medicaid waiver.

The Oregon Health Plan 2 (OHP2) Waiver will serve as a bridge from traditional Medicaid/SCHIP benefits to private coverage benefits. OHP2 will maintain the current Oregon Medicaid/SCHIP benefit package (to be renamed OHP Plus) for certain vulnerable populations, add a second reduced benefit package (to be known as OHP Standard) for other populations, and subsidize private insurance for people eligible for OHP2 who have qualified employer-sponsored insurance (ESI) available to them or, if ESI is not available, individual coverage. The ESI subsidies will be provided through the Family Health Insurance Assistance Program. Savings from the reduced benefit package and additional federal financial participation will be allocated to finance the results of outreach and an eligibility expansion for adults and children at higher income levels than are currently in place.

Overview of OHP Plus

Under OHP2, the Health Services Commission will continue to maintain the existing Prioritized List of Health Services. This list will be used to establish the OHP Plus benefit package of health care services. OHP Plus will be provided for all mandatory and certain optional populations. The groups that will receive OHP Plus include:

¹ *Oregon Health Services Commission Report: Prioritized List of Benefit Packages for OHP Standard; October 2001.*

-
- The elderly and disabled at the current eligibility levels;
 - The TANF population at the current eligibility levels;
 - All children (Medicaid and SCHIP) up to 185 percent of FPL;
 - Pregnant women up to 185 percent of FPL; and
 - General Assistance recipients at the current eligibility levels.

Changes to benefits in OHP Plus will be determined by the legislature through the movement of the funding level on this prioritized list. This will continue to be a public process, with changes in benefit levels requiring approval by the Centers for Medicare and Medicaid Services (CMS). Oregon will be requesting of CMS, as part of the terms and conditions of the OHP2 Waiver application, a streamlined process through which Oregon can move the coverage line further up or down the list.

Overview of OHP Standard

With the OHP2 Waiver, Oregon is requesting the ability to alter the OHP Standard benefit package so it can be adjusted to available revenue as necessary, and still preserve basic services. Specifically, Oregon is seeking permission to adjust the OHP Standard benefit package as long as it is at least actuarially equivalent to the federally mandated Medicaid benefit package. The mandated package is equivalent to approximately 56 percent of the value of the current OHP benefits. The OHP Standard benefits described in Chapter 2 of this document are the benefits as recommended for initial OHP2 program implementation. In subsequent biennia, Oregon will set the OHP Standard benefits at a level that can be supported by available revenue.

The groups that will receive OHP Standard include only those adults in the optional and expansion Medicaid populations (not included in OHP Plus) that do not have qualified employer-sponsored insurance (ESI) available. The maximum income level will initially be up to 110 percent of the federal poverty level (FPL) and incrementally increased to 185 percent of FPL as funding allows.

Cost sharing and benefit reductions in OHP Standard will be overlaid on the Prioritized List of Health Services. Services excluded from OHP Plus coverage because they are “below the line” on that list will also be excluded from OHP Standard coverage. The Prioritized List of Benefit Packages will be reviewed prior to each legislative session as outlined in HB 2519, with the HSC determining a re-ordering of benefit categories as necessary.

Chapter 2

**Summary of Activities
(October 2001—January 2002)**

Summary of Activities (October 2001–January 2002)

Health Services Commission

Section 5 of the HB 2519 outlines the charge to the Health Services Commission (HSC) to develop a standardized benefit package that is actuarially equivalent to the Medicaid-mandated level of care. The HSC also was asked:

...to rank in priority order additional packages of health care services that may be provided to the extent the Legislative Assembly has provided funds for additional benefit packages.

HB 2519 further states that:

... the commission shall recommend whether Oregonians receiving subsidies for OHP Standard be required to pay premiums and copayments based on the individual's ability to pay and how to structure the copayments and premiums in a manner that encourages the use of preventive services.

After receiving the charge from the Governor and the Legislature, the HSC debated how best to structure the OHP Standard benefit package called for by HB 2519. They initially considered defining the benefit package using the Prioritized List of Health Services currently in use under the existing Medicaid Demonstration waiver. This approach would define coverage based on the cost-effectiveness of a treatment, the impact of the treatment on a person's health status, and the inherent public values used in the creation of that list. However, in order to reach the projected 22 percent reduction in benefits necessary to reach budget neutrality under OHP2, substantial cuts in the funding of the Prioritized List of Health Services would have been necessary. It was estimated that the coverage level on that list would have to be reduced from line 566 (out of 736 total lines) up to line 350 or above. This dramatic rise in the funding line would be necessary because most of the life saving and more costly services are found towards the top of the list. Since this would mean eliminating the treatment of most non life-threatening diseases (e.g., glaucoma, closed fractures) and coverage for some treatable cancers, the Commission quickly dismissed this as a viable option. The current Prioritized List of Health Services will remain, however, as the basis for determining coverage for specific conditions and treatments for both OHP Plus and OHP Standard.

Since HB 2519's aim was to create a bridge between traditional Medicaid benefits and those seen in the commercial insurance market, the HSC turned to the insurance model as

a basis for defining the OHP Standard benefit package. Access promotion and an emphasis on preventive services and early intervention were determined by the Commission to be key factors in the benefit design. They looked to the incorporation of cost-sharing as a means of gaining more flexibility in the package beyond the basic categories of benefits. This allowed inclusion of vital benefits such as prescription drugs and mental health services, which are optional under Medicaid, to be included in addition to mandatory benefits such as hospital and physician services.

After obtaining public input and completing a year of benefit analysis, the Health Services Commission (HSC) prepared a report in October 2001 that included a prioritization of benefit packages for OHP Standard and recommendations for cost-sharing. The Commission's report was forwarded to the Waiver Application Steering Committee, the Joint Interim Legislative Leadership Committee on Health Care Costs and Trends, and the Joint Interim Committee on Health and Human Services as required by HB 2519.

Waiver Application Steering Committee

As required by HB 2519, the Department of Human Services (DHS) established the Waiver Application Steering Committee (WASC) to:

- 1) recommend a benefit package for the OHP Standard population; and
- 2) assist and advise DHS in the preparation of the waiver application.

The WASC included legislators and representatives of a broad range of interest groups. The committee met for ten sessions from September 2001 through January 2002, hearing testimony from a variety of different stakeholders and the public about the Commission's recommendations for OHP Standard benefit priorities. The WASC needed to balance many factors in reaching their decision. Among these were:

- The need to obtain greater flexibility in managing the costs of OHP and its benefit package;
- The level of benefit reductions necessary in the OHP Standard benefit package to achieve a meaningful expansion in Medicaid coverage for the Federal government to grant a waiver;
- The value of expanding health insurance coverage to uninsured Oregonians above 100 percent of FPL, and the number to be insured under the waiver;
- The requirement that implementation of HB 2519 be budget neutral;
- The impact of the implementation of HB 2519 on other state programs;

-
- The ability of those served by OHP Standard to afford the explicit cost-sharing represented by copays and premiums and the implicit cost-sharing imposed through benefit elimination; and
 - The effect of cost-sharing on reimbursement levels and how that impacts access to an adequate number of providers for an expanded Medicaid population.

While the WASC accepted the ordering of benefit packages given by the HSC in their October 2001 report, the committee had concerns about the high levels of cost-sharing being recommended, particularly in the areas of inpatient hospital services and prescription drugs. Based on extensive discussions and recommendations from advocates and health plans, including several alternative benefit package proposals, the WASC recommended the OHP Standard benefit package and the cost-sharing requirements shown in Table 2.1. For the most part, cost-sharing is recommended to be in the form of copays for each service received. Of note is a tiered-copay structure for prescription drugs that requires lower copay amounts for those with incomes below the federal poverty level (FPL) and also encourages the use of generic drugs through significantly lower contribution amounts.

In order to satisfy the parameters established by the Governor and the legislative leadership that called for a benefit package of no more than 78 percent of the current level, the WASC also recommended that premiums for OHP Standard be required according to the schedule in Table 2.2. This represents an increase in premiums beyond those already in place for the current OHP program in the form of:

- A new tier for individuals from 11–50 percent of FPL, now at \$9 instead of \$6 dollars;
- A premium rate for couples at twice that of single adults (the current rate in OHP for couples is about 1.15 times the single rate); and
- Additional contributions for those between 100–185 percent of FPL.

The contribution rates for 100–185 percent of FPL were developed to result in a linear progression starting from those premiums currently required in OHP for new eligible populations <100 percent of FPL, and taking into account the contributions required in the Family Health Insurance Assistance Program (FHIAP).²

The WASC also discussed other issues related to the OHP2 Waiver (e.g., eligibility, waiver strategy, and the balance between public and private programs) and advised DHS on

² For information on current OHP and FHIAP premiums, see the Oregon Health Services Commission Report: *Prioritized List of Benefit Packages for OHP Standard*; October 2001, Chapter 3.

Table 2.1: WASC-Recommended OHP Standard Benefits & Cost-sharing

<i>Service</i>	<i>Cost Share %</i>	<i>Recommended Cost-sharing Mechanism</i>	
Inpatient Hospital	5%	\$250 copay per admission	
Outpatient Hospital	4.5%	<ul style="list-style-type: none"> ■ \$20 copay/surgery ■ \$5 copay other outpatient services 	
Emergency Room	12%	\$50 copay, waived if admitted	
Physician Services	4.3%	<ul style="list-style-type: none"> ■ \$5 copay office visits ■ \$3–\$10 copay medical & surgical procedures 	
Lab & X-ray	5.7%	\$3 copay for each lab and X-ray	
Ambulance	11.7%	\$50 copay	
Prescription Drugs	15.2%	<u>0–100% FPL</u> <ul style="list-style-type: none"> ■ \$2 generic ■ \$3 MH/cancer/ HIV brand drugs ■ \$15 other brand 	<u>101–185% FPL</u> <ul style="list-style-type: none"> ■ \$5 generic ■ \$10 MH/cancer/ HIV brand drugs ■ \$25 other brand
Mental Health and Chemical Dependency	6.1%	<ul style="list-style-type: none"> ■ \$5 copay ■ No copay on dosing/dispensing or case management services 	
Durable Medical Equipment	53.2%	<ul style="list-style-type: none"> ■ <u>Recurrent</u>: \$2 copay per 30-day supply ■ No coverage for one-time DME 	
Dental	50%	<ul style="list-style-type: none"> ■ <u>Dx & Preventive</u>: zero/minimal copays ■ <u>Restorative</u>: graduated copays ■ \$500 benefit limit 	
<i>Cumulative Cost</i>	<i>86.1%</i>		
<i>Behavioral Offset</i>	<i>-6.0%</i>		
<i>Premium Offset</i>	<i>-2.1%</i>	<i>See Table 2.2 for revised premium structure</i>	
<i>Net Cost</i>	<i>78%</i>		

Table 2.2: WASC-Recommended OHP Standard Premium Structure

	<i>Single</i>	<i>Couple</i>	<i>% of Package</i>
0–10% FPL	\$6	\$12	2.4%
11–50% FPL	\$9	\$18	3.6%
51–65% FPL	\$15	\$30	6%
66–85% FPL	\$18	\$36	7.2%
86–100% FPL	\$20	\$40	8%
101–125% FPL	\$23 ¹	\$46	9.2%
126–150% FPL	\$35	\$70	14%
151–170% FPL	\$75	\$150	30%
171–185% FPL	\$125	\$250	50%
<i>Percentage savings to OHP Standard Benefit package: 2.1%²</i>			

¹ Premiums for people with incomes 101–185% of FPL will be based on the percentage cost of the OHP Standard Benefit package (shown in the far-right column), not fixed at these dollar amounts.

² Savings assumes a 95% collection rate during the month in which the premiums are due.

these issues. In addition, the WASC reviewed the recommendations regarding the benefits benchmark for FHIAP.

The final OHP Standard benefit package and premium structure recommendations of the WASC were incorporated into the OHP2 Waiver application and forwarded to the Joint Legislative Leadership Commission on Health Care Costs and Trends and the Emergency Board in January 2002. The OHP2 Waiver application was approved at the May 1, 2002 meeting of the Emergency Board, with no adjustments to the WASC-recommended OHP Standard benefit package and premium structure for the 2001–03 biennium. DHS submitted the Medicaid waivers to the Centers for Medicare and Medicaid Services (CMS) on May 31, 2002.

Chapter 3

Prioritization of OHP Standard Benefit Packages

Prioritization of OHP Standard Benefit Packages

The Prioritized List of Benefit Packages for OHP Standard for the 2003–2005 biennium appears in Table 3.1. The Health Services Commission (HSC) was responsible for the ordering of the benefit packages represented by columns 1 and 2 of this table. In fact, the prioritization order has not changed from the list included in the Commission’s October 2001 report on OHP Standard. The Waiver Steering Application Committee (WASC) recommended the cost-sharing percentages shown in column 3 of Table 3.1. The corresponding types of cost-sharing mechanisms recommended by WASC were outlined previously in Table 2.1 of Chapter 2.

The benefit packages that make up each row on the list represent broad categories of benefits (column 2) in combination with a level of cost-sharing required from the individual as services are used (column 3). Benefit categories appearing within the shaded region of the table represent benefits mandated for coverage by Medicaid laws. Those categories not appearing within the shaded region are considered optional services under Medicaid and need not be covered for adult populations. In the second column, a single benefit category may appear more than once on the list. This provides flexibility in applying different cost-sharing levels to a benefit category depending on how far down the funding line is drawn. For instance, a funding line drawn just below row 11 on the list would result in a benefit package requiring an average contribution by the individual of 53.2 percent towards the cost of durable medical equipment (DME) supplies. A funding level drawn just below row 20 on the list would result in the individual paying, on average, 20 percent in cost-sharing towards these same services.

The fourth column in the table represents the relative cost of that benefit package in comparison to the total cost of the current OHP benefit package. For example, the addition of prescription drugs at a cost-share of 15.2 percent to the individual represents 20 percent of the costs of the current package. By totaling up the percentages in this column for the four prescription drug lines, these services alone currently account for 23.6 percent of the total OHP costs for this population. These calculations are based on utilization data for that segment of the current OHP population, known as the OHP Families and OHP Adults/Couples categories, which would receive services as defined by OHP Standard. These figures represent a continuation of the same utilization rates historically seen for this population. The percentages do not reflect any decrease in utilization that may result from the imposition of cost-sharing (referred to as “behavioral offset”) nor reflect the utilization rates of those individuals who would gain coverage under this portion of the OHP2 Waiver.

Table 3.1: OHP Standard Prioritized List of Benefit Packages for the 2003–05 Biennium

<i>Row</i>	<i>Benefit Category</i>	<i>% Cost-sharing</i>	<i>% of Package</i>	<i>Cumulative %</i>
1	Hospital, Physician, Lab, X-ray	0%	56.0%	56.0%
2	■ Inpatient Hospital	5%	-1.0%	
3	■ Outpatient Hospital	4.5%	-0.3%	
4	■ Emergency Room	12%	-0.2%	
5	■ Physician	4.3%	-0.8%	
6	■ Lab/X-ray	5.7%	-0.5%	
7	■ Ambulance	11.7%	-0.1%	
8	Cost-sharing on Mandated Services		-2.9%	53.1%
9	Prescription Drugs	15.2%	20.0%	73.1%
10	Mental Health/Chemical Dependency	6.1%	8.0%	81.1%
11	Durable Medical Equipment	53.2%	0.3%	81.4%
12	Dental	50%	4.7%	86.1%
13	Vision	48%	0.5%	86.6%
14	Dental	35%	1.4%	88.0%
15	Inpatient Hospital	2.5%	0.5%	88.5%
16	Ambulance	5.8%	0.05%	88.6%
17	Prescription Drugs	10%	1.2%	89.8%
18	Non-emergent Transportation	50%	0.3%	90.1%
19	Dental	20%	1.4%	91.5%
20	Durable Medical Equipment	20%	0.2%	91.7%
21	Prescription Drugs	5%	1.2%	92.9%
22	Emergency Room	6%	0.1%	93.0%
23	Physician	0%	0.8%	93.8%
24	Mental Health/Chemical Dependency	0%	0.5%	94.3%
25	Inpatient Hospital	0%	0.5%	94.8%
26	Outpatient Hospital	0%	0.3%	95.1%
27	Emergency Room	0%	0.1%	95.2%
28	Lab/X-ray	0%	0.5%	95.7%
29	Ambulance	0%	0.05%	95.7%
30	Prescription Drugs	0%	1.2%	96.9%
31	Dental	0%	1.9%	98.8%
32	Durable Medical Equipment	0%	0.1%	98.9%
33	Vision	0%	0.5%	99.4%
34	Non-emergent Transportation	0%	0.6%	100.0%

The final column shows the cumulative percentage for the relative cost of all benefit packages included up to that point. Using a funding line drawn under row 12, as recommended by the WASC, results in a benefit package that would be 86.1 percent of the cost of providing the current OHP benefit package. As shown previously in Chapter 2, the last three rows of the WASC-recommended OHP Standard benefits and cost-sharing package (Table 2.1) reflect the additional estimated effect of the behavioral offset and an additional offset due to increased premium levels (detailed in Table 2.2). This results in a final benefit package valued at 78 percent of the current OHP package.

The final number in the last column is 100 percent, meaning that all services currently covered under the current OHP benefit package are represented. Also note that the list presumes those services currently excluded under the current Medicaid Demonstration (and therefore in OHP Plus) will be excluded in OHP Standard as well. HB 2519 specifically states that OHP Standard cannot exceed those benefits offered in OHP Plus.

All numbers appearing in Tables 2.1 and 3.1 represent estimates made by OHP staff based on the previous work of PricewaterhouseCoopers (PwC) that led to the pricing that appeared in the HSC's October 2001 report. The final actuarial pricing for the list appearing in Table 3.1 will be performed by PwC upon the conclusion of the negotiations between the state of Oregon and CMS leading to the approval of the OHP2 Waiver. The final terms and conditions of the OHP2 Waiver will then be known and can be incorporated into the calculations. Depending on the timing of the Waiver approval, the final pricing of the OHP Standard Prioritized List of Benefit Packages for the 2003–05 biennium will either appear as an addendum to this report or as a part of the HSC's Biennial Report to the Governor and 72nd Oregon Legislative Assembly on the Prioritization of Health Services.

Chapter 4

**Ongoing Activities and Next Steps
(January 2002—Present)**

Ongoing Activities and Next Steps (January 2002–Present)

As the deliberations of the Waiver Application Steering Committee (WASC) reached conclusion over the OHP Standard benefit package, there were concerns raised over the cost-sharing components of the resulting benefit package. It was requested that the Health Services Commission (HSC) take a closer look at the individual condition-treatment pairs on the Prioritized List of Health Services to determine if there are less effective treatments that could either be eliminated from coverage or managed by therapy guidelines. The aim would be to allow reductions in overall costs of the OHP, while preserving basic services, or lower cost-sharing components.

As with endeavors to create the first Prioritized List of Health Services, the HSC called upon the various provider groups to help identify those diagnoses and procedures within their purview that might be less important for the adult expansion population under OHP2. During the Commission's initial deliberations over the development of the OHP Standard Prioritized List of Benefit Packages, the HSC worked closely with the Dental Care Organizations (DCOs) to determine if any savings could be obtained from some restrictions in benefit service levels and the addition of cost-sharing. The DCOs' public input into the HSC process provided a means of continuing coverage within OHP Standard for a core package of dental benefits with cost sharing. The dental community's response to this challenge has served as a model for the HSC, the Mental Health and Chemical Dependency (MHCD) Subcommittee of the HSC and the OHP Medical Directors.

Non-lethal conditions, primarily affecting adults, between Line 400 through Line 566 of the Prioritized List of Health Services were considered for review. The OHP Medical Directors focused initially on twenty-one lines that dealt with the areas of orthopedics, general medicine, otolaryngology, and gynecology. Besides examining specific conditions and treatments, the OHP Medical Directors, with input from various stakeholders, considered the feasibility of using less expensive sites of service for certain conditions such as colonoscopy, endoscopy and other outpatient procedures.

The MHCD Subcommittee established workgroups to consider benefit changes in the areas of treatments for less severe mental health conditions, chemical dependency management, and non-hospital (sub-acute) detoxification. Also reviewed for exclusion or limitations on coverage were a few pharmaceutical classes, especially those used to commonly treat conditions that fall below the funding line on the Prioritized List of Health Services such as benzodiazepines, muscle relaxants, and sleeping medications. In addition,

the MHCD Subcommittee extensively reviewed the use of acupuncture for chemical dependency.

To assist the benefit management discussions for the OHP Medical Directors and the MHCD Subcommittee, utilization data was obtained from the Office of Medical Assistance Programs for the OHP adults and couples populations to be covered by OHP Standard. This helped to quantify the actual use of the services being considered for exclusion or guideline management. Also, providers representing the various medical and surgical specialty organizations were convened to discuss these potential limits on services and their impact on overall quality of care. The OHP Medical Directors and MHCD Subcommittee compiled their lists of services to be considered for either elimination or for new or revised management guidelines in the OHP Standard population. These recommendations were forwarded to the HSC for their consideration. The overall savings to the proposed OHP Standard benefit package for the adult expansion populations was estimated to be between 2–3 percent.

The Emergency Board asked, as a condition of the approval of the the OHP2 Waiver, that the HSC work towards a goal of lowering overall costs of the entire OHP program by 10 percent. This would include those covered under OHP Plus, as well as the adults under OHP Standard. The Commission is currently re-examining those conditions and treatments initially considered for elimination or guideline management by the OHP Medical Directors and MHCD Subcommittee to see if these changes can be applied to the broader OHP Plus population. The Commission will be presenting that information as they make their recommendations for the Prioritized List of Health Services for the 2003–05 biennium.

Process for Future OHP Standard Recommendations

For subsequent biennia, HB 2519 calls for the Health Services Commission to submit a new Prioritized List of Benefit Packages for OHP Standard. Beginning with this report, the Commission will submit a new prioritized list on July 1 of each even-numbered year for consideration by the following year's legislative assembly.

**PRICEWATERHOUSECOOPERS
DECEMBER 20, 2002 REPORT
“AVERAGE COSTS AND
CAPITATION RATE
DEVELOPMENT FOR THE OHP
STANDARD BENEFIT
PACKAGE, FEDERAL FISCAL
YEAR 2003, FEBRUARY 2003
BENEFIT LEVEL”**

**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

**Average Costs and Capitation Rate Development for the
Oregon Health Plan Standard Benefit Package
Federal Fiscal Year 2003
February 2003 Benefit Level**

Submitted by:

**PricewaterhouseCoopers LLP
199 Fremont Street
San Francisco, CA 94105**

December 20, 2002

December 20, 2002

Ms. Maureen King
OHP Actuarial Services Manager
Office of Medical Assistance Programs
500 Summer Street NE
Salem, Oregon 97310-1014

Dear Maureen:

**Re: Average Costs and Capitation Rate Development for the
Oregon Health Plan Standard Benefit Package**

At your request we have prepared this report summarizing the methods used to develop average costs and capitation rates under the OHP Standard benefit package effective February 1, 2003. This report also includes the revised capitation rates for Aid to Blind/Aid to Disabled (AB/AD) without Medicare, which reflect the incorporation of the General Assistance population. The revised AB/AD without Medicare rates are also effective February 1, 2003.

This report describes our analysis and approach in detail. Please call Sandi Hunt at 415-498-5365 or Pete Davidson at 415-498-5636 if you have any questions regarding the contents of this report.

Very Truly Yours,

PricewaterhouseCoopers LLP

By: Sandra S. Hunt, M.P.A.
Principal

Peter B. Davidson, A.S.A., M.A.A.A.
Senior Consultant

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**Average Costs and Capitation Rate Development for the
Oregon Health Plan Standard Benefit Package**

Federal Fiscal Year 2003

February 2003 Benefit Level

TABLE OF EXHIBITS

- Exhibit 1a-1i: OHP Standard Benefit Package, OHP Legacy Population, FFY 03 – 05 Per capita costs
- Exhibit 2a-2i: OHP Standard Benefit Package, OHP Legacy Population, FFY 01 – 03 Per capita costs
- Exhibit 3a-3b: OHP Standard Benefit Package, Statewide Capitation Rates by Eligibility Category, February 2003.
- Exhibit 4: OHP Plus Benefit Package, Statewide Capitation Rates, Revised AB/AD without Medicare Eligibility Category, February 2003

**Average Costs and Capitation Rate Development for the
Oregon Health Plan Standard Benefit Package**

Federal Fiscal Year 2003

February 2003 Benefit Level

PricewaterhouseCoopers LLP

December 20, 2002

I. Background

Since 1994 Oregon has had a Section 1115 waiver that allows the State to provide Medicaid coverage to individuals with incomes up to 100 percent of the federal poverty level (FPL) and to provide benefits to Medicaid and State Children's Health Insurance Program (SCHIP) beneficiaries based on the explicit prioritization of health services.

According to the waiver document submitted by the State of Oregon to the Centers for Medicare and Medicaid Services, "the passage of House Bill 2519 represented a bipartisan effort to restructure OHP in order to sustain the current program, expand coverage to higher income levels to stabilize insurance coverage and reach more uninsured Oregonians, and leverage private insurance, particularly employer-sponsored coverage. The restructured program in its entirety is referred to as OHP2."¹

OHP2 has three components, two offered through public insurance (Medicaid and SCHIP) and one through private insurance:

- *OHP Plus*. OHP Plus will provide the current OHP benefit package to people eligible for Medicaid (without a waiver), General Assistance recipients, and pregnant women and children (both Medicaid and SCHIP) up to 185 percent FPL.

¹ State of Oregon, 1115 Waiver Amendment Application, May 31, 2002

- *OHP Standard.* OHP Standard will provide a benefit package that is more similar to commercial insurance coverage and will be provided, up to a capped enrollment, to adults who are not otherwise eligible for Medicaid (including parents, singles and couples) with incomes up to 185 percent FPL. OHP Standard enrollment will be expanded initially up to 110 percent of FPL, then moved up by 15 percent income bands as budget allows, giving priority to parents of SCHIP and PLM children and current clients moving over the upper income limit of OHP Standard.
- *Family Health Insurance Assistance Program (FHIAP).* FHIAP will provide premium subsidies for the purchase of private health insurance for uninsured Oregonians with incomes up to 185 percent FPL.

This report describes the development of the OHP Standard benefit package average costs and capitation rates for the OHP Families and OHP Adults & Couples eligibility categories.

In addition, the General Assistance (GA) eligibility category is being eliminated. Most of these individuals will continue to qualify for Medicaid coverage under the Aid to Blind/Aid to Disabled (AB/AD) without Medicare coverage eligibility category. Therefore, we have developed capitation rates based on a population-weighted average of the AB/AD without Medicare and GA rates developed in our September 2002 report “Capitation Rate Development, Federal Fiscal Year 2003.” These rates will be effective February 1, 2003 through September 30, 2003.

II. OHP Standard Rate Development

The OHP Standard average costs and capitation rates described in this report are based on our previous work described in detail in the following reports:

- Analysis of Federal Fiscal years 2002-2003 Average Costs, dated September 21, 2000;

- Capitation Rate Development Federal Fiscal Year 2003, dated September 19, 2002; and
- Analysis of Federal Fiscal years 2004-2005 Average Costs, dated November 11, 2002.

Adjustments to the average costs and capitation rates were made to reflect benefit differences, expected morbidity differences, and changes to the Prioritized List coverage line implemented by the Health Service Commission subsequent to the issuance of the above reports.

Benefit Levels

Under the new waiver, the Oregon Health Plan Families and Adults/Couples populations will be subject to new cost sharing requirements. Additionally, the scope of benefits varies for this population compared to the OHP Plus population. We worked with OHP staff to identify the specific differences in covered services and cost sharing requirements. Separate calculations were made for the populations over and under the federal poverty level. The base data reflects utilization patterns of individuals currently enrolled in the OHP, which provides coverage up to the federal poverty level. The new expansion population will have higher income levels, with varying premium requirements. The income limit that will be in place has not yet been determined; the waiver approval allows for participation by individuals and families with income up to 200% of the poverty level. However, current projections by DHS suggest that the population likely to enroll will have incomes below 150% of poverty. Since the expansion population will not be eligible until at least later in the fiscal year, this report includes rates only for the current eligible population (referred to as the “Legacy” population)

Table 1 provides a comparison of the covered services and cost sharing requirements for the OHP Plus and OHP Standard populations.

TABLE 1 COMPARISON OF COST SHARING AND COVERED SERVICES OHP STANDARD V. OHP PLUS		
SERVICE CATEGORY	OHP STANDARD	OHP PLUS
Inpatient Hospital	Covered with \$250 copay per admit	Covered with no copay
Emergency Room	Covered with \$50 copay per visit	Covered with no copay

**TABLE 1
COMPARISON OF COST SHARING AND COVERED SERVICES
OHP STANDARD V. OHP PLUS**

SERVICE CATEGORY	OHP STANDARD	OHP PLUS
Emergency Ambulance	Covered with \$50 copay per trip	Covered with no copay
Ambulatory Surgery, Urgent Care, Rural Health Clinics	Covered with visit copays of \$5-\$20. Copays for professional services rendered will apply.	Covered with no copay
Other Non-Emergent Outpatient Hospital	Covered with no visit copays. Copays are assigned by service groups and range from \$3-\$10 per service group per visit.	Covered with no copay
Physician Office Visits	Covered with \$5 visit copay. Copays for laboratory/radiology services, surgeries, or treatments apply in addition to the visit copay.	Covered with no copay
Laboratory and Radiology	Covered with \$3 copay per service.	Covered with no copay
Treatments and Surgeries	Covered with \$5 copay per service	Covered with no copay
Hospital Visits by a Practitioner	Covered with no copay	Covered with no copay
Non-Emergency Medical Transportation	Not covered	Covered with no copay
Routine Vision Exams	Not covered	Covered with no copay
DME and supplies	Many items not covered. Covered items subject to \$2 copay.	Covered with no copay
Indian Health and Services Provided to Native American Enrollees	Covered with no copay	Covered with no copay
Family Planning, Including Family Planning Drugs	Covered with no copay	Covered with no copay
Immunizations and Vaccinations	Majority covered with no copay.	Covered with no copay
Home Health	Covered with \$5 copay per visit.	Covered with no copay
Pharmacy - HIV / Mental Health / Oncology Drugs	Covered with \$3 copay per script for legacy OHP2 population, \$10 copay per script for expansion population.	Covered with \$3 copay for brand-name drugs, \$2 copay for generic drugs.
Pharmacy - Other Brand-Name Drugs	Covered with \$15 copay per script for legacy OHP2 population, \$25 copay per script for expansion population.	Covered with \$3 copay - children exempted
Pharmacy - Other Generic Drugs	Covered with \$2 copay per script for legacy OHP2 population, \$5 copay per script for expansion population.	Covered with \$2 copay - children exempted
Mental Health Clinics dosing, dispensing, case management	Covered with no copay	Covered with no copay
Dental Services	Orthodontia, most prosthetics, and many surgical procedures not covered. Preventive services generally incur no copay. Covered services have a copay ranging from \$5-\$100. A daily out-of-pocket limit on extraction copays of \$40 and a six-month benefit limit of \$500 are applied.	Covered with no copay

Pricing Methodology

To calculate the difference in expected cost for the OHP Standard population relative to the OHP Plus benefit design, we undertook the following analysis:

1. Using the base claims data available for developing per capita costs for the FFY 2004 –2005 biennium, we first adjusted the data to the midpoint of the biennium. We applied adjustments as described in our report dated November 2002, including cost-to-charge ratios, utilization trends, and programmatic adjustments.
2. For each service category, we calculated the per member per month value of the cost sharing requirements and the adjustments to covered services. These calculations were made separately for each delivery system, service category and eligibility category combination. (Note that only those eligibility categories with changes in cost sharing and covered services are included in the analysis.) The per member per month value of cost sharing and non-covered services were ultimately converted to percentage values.
3. For prescription drug services, a detailed analysis of the mix of generic and brand-name drugs was performed; the brand-name drug analysis differentiated those prescriptions related to HIV, mental health and oncology to accommodate the different level of cost sharing required for those drugs. The analysis also considered the management actions that are already scheduled to go into effect for drugs paid on a fee-for-service basis, including the introduction of MAC pricing, implementation of a formulary, and case management for use of antidepressants. Table 2 shows the adjustments to expected costs for prescription drugs as a consequence of cost sharing and other management actions.

ADJUSTMENT DESCRIPTION	ADJUSTMENT TYPE	MANAGED CARE	FEE-FOR-SERVICE
MAC pricing for generic drugs (applied to generic drug costs only)	Unit Cost	n/a	0.581
Discount and dispensing fee changes	Unit Cost	n/a	0.961
Formulary	Utilization	n/a	0.878
Case management for antidepressants	Utilization	n/a	0.998

4. A utilization adjustment for each service category was developed reflecting the expected changes in utilization that would result from new or higher cost sharing requirements. These utilization adjustments were derived from a PwC actuarial pricing model with consideration of the behavioral effects of cost sharing for individuals with reduced income levels. The utilization adjustment factors are shown in Table 3.

TABLE 3 UTILIZATION ADJUSTMENTS BY SERVICE CATEGORY		
SERVICE BUCKET	MANAGED CARE	FFS
All Outpatient other than Emergency Room	0.99	0.99
Emergency Room	0.70	0.70
Diagnostic X-ray	0.98	0.98
Lab	0.93	0.93
DME/Supplies (Where covered)	0.99	0.99
Physician Office Visits	0.94	0.94
Prescription Drugs Basic	0.90	0.90
Prescription Drugs Mental Health / Chemical Dependency	0.95	0.95
All Mental Health and Chemical Dependency other than Acute Inpatient	0.95	0.95

5. Each of these adjustment factors was applied to the base per capita cost calculations. The results of the calculations are shown in Exhibit 1, including the base value, the per capita costs considering cost sharing and elimination of certain services, and the per capita cost considering all changes in expected costs. A weighted average is shown in these calculations based on the expected distribution of enrollees by eligibility category, as provided by DHS staff.

The population distribution is shown in Table 4.

TABLE 4 ASSUMED POPULATION DISTRIBUTION BY ELIGIBILITY CATEGORY		
	OHP FAMILIES	OHP ADULTS / COUPLES
MANAGED CARE		
< 100 % Poverty	42.6%	57.4%
> 100% Poverty	17.0%	83.0%
FEE FOR SERVICE		
< 100 % Poverty	48.3%	51.7%
> 100% Poverty	20.5%	79.5%

The new waiver program is scheduled for implementation on February 1, 2003. Consequently, payment rates to managed care plans must be developed based on the rate setting methods developed for the FFY 2002 – 2003 biennium, adjusted for the appropriate time period. To develop adjustments to apply to the per capita costs for FFY 2002 – 2003, we relied in part on the detailed analysis described above for FFY 2004 – 2005. Specifically, we undertook the following calculations.

1. Using the base claims data available for developing per capita costs for the FFY 2002 –2003 biennium, we first adjusted the data to the midpoint of the biennium. We applied adjustments as described in our report dated September 2000, including cost-to-charge ratios, utilization trends, and programmatic adjustments.
2. For the non-prescription drug services, the percentage values of the cost sharing provisions were calculated using the results of the analysis of the FFY 2004 – 2005 costs. For prescription drugs, we repeated the detailed analysis described earlier using the same underlying data. We adjusted the trends and eliminated the FY 2004 – 2005 program adjustments to produce results reflective of the FFY 2002 – 2003 biennium. The percentage values of the cost sharing provisions were then calculated.
3. Each of these adjustment factors was applied to the base per capita costs for FY 2002 – 2003. The results of the calculations are shown in Exhibit 2, including the base value, the per capita costs considering cost sharing and elimination of certain services,

and the per capita cost considering all changes in expected costs. A weighted average is shown in these calculations based on the expected distribution of enrollees by eligibility category, as provided by DHS staff. The population distribution is shown in Table 4.

4. Statewide average capitation rates were developed based on the adjusted per capita costs. These rates are shown in Exhibit 3. Separate calculations have been made for each of the relevant eligibility categories, as well as a blended rate, as a decision has not yet been made regarding the structure of the capitation payments. Capitation rates were derived based on the health care costs described above, plus an administrative cost allowance that is estimated to be 8% of total per capita costs including the value of copayments.

Hysterectomy/Sterilization Recoupments

FCHPs will have a fixed dollar amount recouped by OMAP for hysterectomies and sterilizations that do not meet the required consent and documentation criteria. For the OHP Standard population, copayments for these procedures apply and are expected to be collected by the FCHP contracting providers. The recoupment amounts reflect the average expected copayment on these procedures. For procedures performed between February 1, 2003 and September 30, 2003, the following amounts will be recouped for each non-compliant procedure:

Service	Recoupment
Hysterectomy	\$3,760
Sterilization – Female	\$678
Sterilization – Male	\$368

III. AB/AD Without Medicare and General Assistance

The General Assistance eligibility category is being eliminated effective February 1, 2003. The majority of Medicaid recipients in this eligibility category will continue to qualify for Medicaid coverage under the AB/AD without Medicare eligibility category. As a result of this change, we have developed revised AB/AD without Medicare capitation rates based on the weighted average of the AB/AD without Medicare and GA capitation rates developed in our report "Capitation Rate Development Federal Fiscal Year 2003." The weights are the statewide counts of managed care enrollees in these eligibility categories, as of June 2002.

The revised AB/AD without Medicare statewide capitation rates are shown in Exhibit 4.

OREGON HEALTH PLAN 2

Exhibit 1a

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

With Adjustments for Funding Through Line 549 of the Prioritized List

PHYSICAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$199.36	\$18.60	\$197.62	\$191.52	\$17.79	\$191.73	\$175.22	\$16.40	\$175.48
OHP Adults & Couples	\$348.44	\$37.51	\$416.79	\$335.24	\$36.08	\$406.20	\$309.30	\$30.86	\$368.08
OHP Adults, Couples, Families	\$285.23	\$29.15	\$311.69	\$274.30	\$27.99	\$303.35	\$252.43	\$24.46	\$275.64

CHEMICAL DEPENDENCY	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$7.37	\$0.00	\$6.72	\$7.00	\$0.00	\$6.38	\$6.75	\$0.00	\$6.05
OHP Adults & Couples	\$23.99	\$0.00	\$22.01	\$22.79	\$0.00	\$20.91	\$21.72	\$0.00	\$19.65
OHP Adults, Couples, Families	\$16.92	\$0.00	\$14.62	\$16.07	\$0.00	\$13.89	\$15.35	\$0.00	\$13.08

DENTAL	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$30.46	\$0.00	\$1.62	\$30.46	\$0.00	\$1.62	\$21.12	\$0.00	\$1.25
OHP Adults & Couples	\$36.22	\$0.00	\$1.74	\$36.22	\$0.00	\$1.74	\$23.29	\$0.00	\$1.36
OHP Adults, Couples, Families	\$33.73	\$0.00	\$1.68	\$33.72	\$0.00	\$1.68	\$22.35	\$0.00	\$1.30

OREGON HEALTH PLAN 2

Exhibit 1a

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

With Adjustments for Funding Through Line 549 of the Prioritized List

MENTAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$11.38	\$0.00	\$6.44	\$10.97	\$0.00	\$6.26	\$10.58	\$0.00	\$5.80
OHP Adults & Couples	\$28.73	\$0.00	\$28.01	\$27.81	\$0.00	\$27.44	\$26.80	\$0.00	\$25.31
OHP Adults, Couples, Families	\$21.37	\$0.00	\$17.33	\$20.67	\$0.00	\$16.95	\$19.92	\$0.00	\$15.65

PHYSICAL HEALTH, DENTAL, & CHEMICAL DEPENDENCY	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$237.18	\$18.60	\$205.96	\$228.98	\$17.79	\$199.73	\$203.09	\$16.40	\$182.78
OHP Adults & Couples	\$408.65	\$37.51	\$440.54	\$394.25	\$36.08	\$428.84	\$354.32	\$30.86	\$389.09
OHP Adults, Couples, Families	\$335.88	\$29.15	\$327.99	\$324.10	\$27.99	\$318.91	\$290.14	\$24.46	\$290.02

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$257.81	\$18.60	\$205.96	\$248.89	\$17.79	\$199.73	\$220.75	\$16.40	\$182.78
OHP Adults & Couples	\$444.18	\$37.51	\$440.54	\$428.54	\$36.08	\$428.84	\$385.13	\$30.86	\$389.09
OHP Adults, Couples, Families	\$365.09	\$29.15	\$327.99	\$352.28	\$27.99	\$318.91	\$315.37	\$24.46	\$290.02

OREGON HEALTH PLAN 2

Exhibit 1a

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

With Adjustments for Funding Through Line 549 of the Prioritized List

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, & MENTAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$248.57	\$18.60	\$212.40	\$239.95	\$17.79	\$205.99	\$213.67	\$16.40	\$188.58
OHP Adults & Couples	\$437.38	\$37.51	\$468.54	\$422.06	\$36.08	\$456.28	\$381.12	\$30.86	\$414.40
OHP Adults, Couples, Families	\$357.25	\$29.15	\$345.32	\$344.77	\$27.99	\$335.86	\$310.06	\$24.46	\$305.67

HEALTH CARE EXPENSE PLUS ADMINISTRATION	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE **	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE **	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE **
OHP Families	\$270.18	\$18.60	\$212.40	\$260.82	\$17.79	\$205.99	\$232.25	\$16.40	\$188.58
OHP Adults & Couples	\$475.41	\$37.51	\$468.54	\$458.77	\$36.08	\$456.28	\$414.26	\$30.86	\$414.40
OHP Adults, Couples, Families	\$388.32	\$29.15	\$345.32	\$374.74	\$27.99	\$335.86	\$337.02	\$24.46	\$305.67

HEALTH CARE EXPENSE PLUS ADMINISTRATION	% Change due Benefit and Utilization Adjustments			Total % Change		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-3%	-4%	-3%	-14%	-12%	-11%
OHP Adults & Couples	-4%	-4%	-3%	-13%	-18%	-12%
OHP Adults, Couples, Families	-3%	-4%	-3%	-13%	-16%	-11%

* All costs have been adjusted to reflect coverage through Line 558 of the Prioritized List as configured during the 2001-2003 Biennium.

** A PCCM case management fee is applied to the portion of FFS population covered by case management.

Note: FCHP refers to a Fully Capitated Health Plan, FFS refers to Fee-For-Service, and PCCM refers to a Primary Care Case Manager.

Note: The costs for Mental Health Acute Inpatient for managed care enrollees will be covered on a FFS basis. These costs are included in the FCHP Per Capita Rate, but will be moved to FCHP FFS Rate.

OREGON HEALTH PLAN 2

Exhibit 1b

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

By Delivery System

Inpatient Services

PHYSICAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$42.80	\$0.02	\$52.37	\$42.80	\$0.02	\$52.37	\$41.12	\$0.02	\$49.33
OHP Adults & Couples	\$101.47	\$0.01	\$141.60	\$101.47	\$0.01	\$141.60	\$98.37	\$0.01	\$136.09
OHP Adults, Couples, Families	\$76.50	\$0.02	\$98.50	\$76.50	\$0.02	\$98.50	\$74.01	\$0.02	\$94.18

PHYSICAL HEALTH	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	0.0%	0.0%	0.0%	-3.9%	-6.8%	-5.8%
OHP Adults & Couples	0.0%	0.0%	0.0%	-3.1%	-3.1%	-3.9%
OHP Adults, Couples, Families	0.0%	0.0%	0.0%	-3.3%	-5.1%	-4.4%

OREGON HEALTH PLAN 2

Exhibit 1c

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

**By Delivery System
Outpatient Services**

PHYSICAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$41.10	\$0.23	\$33.72	\$38.97	\$0.22	\$31.84	\$36.81	\$0.22	\$28.67
OHP Adults & Couples	\$61.11	\$0.11	\$62.35	\$57.86	\$0.11	\$58.75	\$54.79	\$0.11	\$53.38
OHP Adults, Couples, Families	\$52.60	\$0.16	\$48.51	\$49.83	\$0.16	\$45.75	\$47.14	\$0.16	\$41.44

PHYSICAL HEALTH	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-5.2%	-1.0%	-5.6%	-10.4%	-2.5%	-15.0%
OHP Adults & Couples	-5.3%	-1.0%	-5.8%	-10.3%	-2.7%	-14.4%
OHP Adults, Couples, Families	-5.3%	-1.0%	-5.7%	-10.4%	-2.6%	-14.6%

OREGON HEALTH PLAN 2

Exhibit 1d

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

By Delivery System

Physician Services

PHYSICAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$74.44	\$2.20	\$73.41	\$72.47	\$2.20	\$72.13	\$65.08	\$1.41	\$65.03
OHP Adults & Couples	\$103.67	\$8.92	\$144.10	\$101.29	\$8.92	\$141.97	\$91.18	\$4.73	\$119.89
OHP Adults, Couples, Families	\$91.23	\$5.95	\$110.23	\$89.02	\$5.95	\$108.51	\$80.07	\$3.26	\$93.53

PHYSICAL HEALTH	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-2.7%	0.0%	-1.7%	-12.6%	-36.2%	-11.4%
OHP Adults & Couples	-2.3%	0.0%	-1.5%	-12.0%	-47.0%	-16.8%
OHP Adults, Couples, Families	-2.4%	0.0%	-1.6%	-12.2%	-45.3%	-15.1%

OREGON HEALTH PLAN 2

Exhibit 1e

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

By Delivery System

Prescription Drug Services - MH/CD

PHYSICAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$0.05	\$16.15	\$16.30	\$0.05	\$15.34	\$15.49	\$0.05	\$14.75	\$14.89
OHP Adults & Couples	\$0.22	\$28.46	\$29.08	\$0.22	\$27.03	\$27.65	\$0.22	\$26.01	\$26.63
OHP Adults, Couples, Families	\$0.15	\$23.02	\$23.41	\$0.15	\$21.86	\$22.25	\$0.15	\$21.03	\$21.42

PHYSICAL HEALTH	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-1.0%	-5.0%	-5.0%	-1.0%	-8.7%	-8.6%
OHP Adults & Couples	-1.0%	-5.0%	-4.9%	-1.0%	-8.6%	-8.4%
OHP Adults, Couples, Families	-1.0%	-5.0%	-4.9%	-1.0%	-8.6%	-8.5%

OREGON HEALTH PLAN 2

Exhibit 1f

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

By Delivery System

Prescription Drug Services - NO MH/CD

PHYSICAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$40.96	\$0.00	\$21.57	\$37.24	\$0.00	\$19.65	\$32.16	\$0.00	\$17.30
OHP Adults & Couples	\$81.96	\$0.00	\$39.43	\$74.40	\$0.00	\$35.98	\$64.75	\$0.00	\$31.86
OHP Adults, Couples, Families	\$64.75	\$0.00	\$30.81	\$58.80	\$0.00	\$28.09	\$51.07	\$0.00	\$24.82

PHYSICAL HEALTH	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-9.1%	0.0%	-8.9%	-21.5%	0.0%	-19.8%
OHP Adults & Couples	-9.2%	0.0%	-8.7%	-21.0%	0.0%	-19.2%
OHP Adults, Couples, Families	-9.2%	0.0%	-8.8%	-21.1%	0.0%	-19.4%

OREGON HEALTH PLAN 2

Exhibit 1g

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

By Delivery System

Prescription Drug Services - Total

PHYSICAL HEALTH	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$41.02	\$16.15	\$37.87	\$37.29	\$15.34	\$35.14	\$32.22	\$14.75	\$32.19
OHP Adults & Couples	\$82.18	\$28.46	\$68.51	\$74.62	\$27.03	\$63.64	\$64.96	\$26.01	\$58.48
OHP Adults, Couples, Families	\$64.90	\$23.02	\$54.21	\$58.94	\$21.86	\$50.35	\$51.21	\$21.03	\$46.24

PHYSICAL HEALTH	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-9.1%	-5.0%	-7.2%	-21.5%	-8.7%	-15.0%
OHP Adults & Couples	-9.2%	-5.0%	-7.1%	-21.0%	-8.6%	-14.6%
OHP Adults, Couples, Families	-9.2%	-5.0%	-7.1%	-21.1%	-8.6%	-14.7%

OREGON HEALTH PLAN 2

Exhibit 1h

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

By Delivery System

Dental Services

DENTAL	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$30.46	\$0.00	\$1.62	\$30.46	\$0.00	\$1.62	\$21.12	\$0.00	\$1.25
OHP Adults & Couples	\$36.22	\$0.00	\$1.74	\$36.22	\$0.00	\$1.74	\$23.29	\$0.00	\$1.36
OHP Adults, Couples, Families	\$33.72	\$0.00	\$1.68	\$33.72	\$0.00	\$1.68	\$22.35	\$0.00	\$1.30

DENTAL	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	0.0%	0.0%	0.0%	-30.6%	0.0%	-23.1%
OHP Adults & Couples	0.0%	0.0%	0.0%	-35.7%	0.0%	-21.9%
OHP Adults, Couples, Families	0.0%	0.0%	0.0%	-33.7%	0.0%	-22.4%

OREGON HEALTH PLAN 2

Exhibit 1i

OHP Standard Legacy Population 03-05 Per Capita Costs - February 2003 Benefit Levels

By Delivery System

Mental Health / Chemical Dependency

MENTAL / CHEMICAL	03/05 Per Capita Costs			With Benefit and Utilization Adjustments			With All Adjustments Net of Copays		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$18.75	\$0.00	\$13.16	\$17.97	\$0.00	\$12.64	\$17.33	\$0.00	\$11.85
OHP Adults & Couples	\$52.73	\$0.00	\$50.01	\$50.61	\$0.00	\$48.35	\$48.52	\$0.00	\$44.96
OHP Adults, Couples, Families	\$38.29	\$0.00	\$31.95	\$36.74	\$0.00	\$30.84	\$35.27	\$0.00	\$28.73

MENTAL / CHEMICAL	% Change due Benefit and Utilization Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-4.2%	0.0%	-4.0%	-7.6%	0.0%	-10.0%
OHP Adults & Couples	-4.0%	0.0%	-3.3%	-8.0%	0.0%	-10.1%
OHP Adults, Couples, Families	-4.1%	0.0%	-3.5%	-7.9%	0.0%	-10.1%

OREGON HEALTH PLAN 2

Exhibit 2a

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List**

PHYSICAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$141.15	\$14.73	\$184.51	\$127.21	\$13.51	\$167.80	\$122.21	\$12.90	\$162.94
OHP Adults & Couples	\$230.15	\$30.99	\$443.69	\$208.24	\$25.84	\$403.80	\$199.86	\$24.71	\$394.07
OHP Adults, Couples, Families	\$192.47	\$23.80	\$319.16	\$173.92	\$20.39	\$290.30	\$166.96	\$19.49	\$282.90

CHEMICAL DEPENDENCY	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$5.26	\$0.00	\$5.29	\$5.07	\$0.00	\$5.01	\$4.82	\$0.00	\$4.76
OHP Adults & Couples	\$19.42	\$0.00	\$20.29	\$18.60	\$0.00	\$19.05	\$17.67	\$0.00	\$18.10
OHP Adults, Couples, Families	\$13.40	\$0.00	\$13.04	\$12.84	\$0.00	\$12.27	\$12.20	\$0.00	\$11.65

DENTAL	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$27.38	\$0.00	\$2.15	\$18.94	\$0.00	\$1.64	\$18.94	\$0.00	\$1.64
OHP Adults & Couples	\$32.39	\$0.00	\$2.49	\$20.78	\$0.00	\$1.90	\$20.78	\$0.00	\$1.90
OHP Adults, Couples, Families	\$30.22	\$0.00	\$2.32	\$19.99	\$0.00	\$1.77	\$19.99	\$0.00	\$1.77

OREGON HEALTH PLAN 2

Exhibit 2a

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List**

MENTAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$8.97	\$0.00	\$7.68	\$8.60	\$0.00	\$7.13	\$8.27	\$0.00	\$6.91
OHP Adults & Couples	\$23.81	\$0.00	\$31.20	\$22.85	\$0.00	\$28.86	\$22.06	\$0.00	\$28.18
OHP Adults, Couples, Families	\$17.52	\$0.00	\$19.55	\$16.80	\$0.00	\$18.10	\$16.21	\$0.00	\$17.65

PHYSICAL HEALTH, DENTAL, & CHEMICAL DEPENDENCY	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$173.79	\$14.73	\$191.95	\$151.22	\$13.51	\$174.45	\$145.97	\$12.90	\$169.34
OHP Adults & Couples	\$281.96	\$30.99	\$466.46	\$247.61	\$25.84	\$424.75	\$238.31	\$24.71	\$414.07
OHP Adults, Couples, Families	\$236.09	\$23.80	\$334.52	\$206.75	\$20.39	\$304.34	\$199.15	\$19.49	\$296.33

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$188.90	\$14.73	\$191.95	\$164.37	\$13.51	\$174.45	\$158.66	\$12.90	\$169.34
OHP Adults & Couples	\$306.48	\$30.99	\$466.46	\$269.15	\$25.84	\$424.75	\$259.03	\$24.71	\$414.07
OHP Adults, Couples, Families	\$256.62	\$23.80	\$334.52	\$224.72	\$20.39	\$304.34	\$216.47	\$19.49	\$296.33

OREGON HEALTH PLAN 2

Exhibit 2a

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List**

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, & MENTAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
OHP Families	\$182.76	\$14.73	\$199.63	\$159.82	\$13.51	\$181.58	\$154.24	\$12.90	\$176.25
OHP Adults & Couples	\$305.77	\$30.99	\$497.66	\$270.47	\$25.84	\$453.61	\$260.37	\$24.71	\$442.24
OHP Adults, Couples, Families	\$253.60	\$23.80	\$354.07	\$223.55	\$20.39	\$322.44	\$215.36	\$19.49	\$313.98

HEALTH CARE EXPENSE PLUS ADMINISTRATION	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE **	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE **	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE **
OHP Families	\$198.65	\$14.73	\$199.63	\$173.71	\$13.51	\$181.58	\$167.65	\$12.90	\$176.25
OHP Adults & Couples	\$332.36	\$30.99	\$497.66	\$293.99	\$25.84	\$453.61	\$283.01	\$24.71	\$442.24
OHP Adults, Couples, Families	\$275.66	\$23.80	\$354.07	\$242.99	\$20.39	\$322.44	\$234.09	\$19.49	\$313.98

HEALTH CARE EXPENSE PLUS ADMINISTRATION	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-12.6%	-8.3%	-9.0%	-15.6%	-12.5%	-11.7%
OHP Adults & Couples	-11.5%	-16.6%	-8.9%	-14.8%	-20.3%	-11.1%
OHP Adults, Couples, Families	-11.9%	-14.3%	-8.9%	-15.1%	-18.1%	-11.3%

* All costs have been adjusted to reflect coverage through Line 558 of the Prioritized List as configured during the 2001-2003 Biennium.

** A PCCM case management fee is applied to the portion of FFS population covered by case management.

Note: FCHP refers to a Fully Capitated Health Plan, FFS refers to Fee-For-Service, and PCCM refers to a Primary Care Case Manager.

OREGON HEALTH PLAN 2

Exhibit 2b

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List
Inpatient Services**

PHYSICAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$27.01	\$0.01	\$49.04	\$26.10	\$0.01	\$46.50	\$26.10	\$0.01	\$46.50
OHP Adults & Couples	\$51.52	\$0.00	\$153.66	\$50.12	\$0.00	\$147.54	\$50.12	\$0.00	\$147.54
OHP Adults, Couples, Families	\$41.09	\$0.00	\$103.12	\$39.90	\$0.00	\$98.73	\$39.90	\$0.00	\$98.73

PHYSICAL HEALTH	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-3.4%	-6.8%	-5.2%	-3.4%	-6.8%	-5.2%
OHP Adults & Couples	-2.7%	0.0%	-4.0%	-2.7%	0.0%	-4.0%
OHP Adults, Couples, Families	-2.9%	-6.8%	-4.3%	-2.9%	-6.8%	-4.3%

OREGON HEALTH PLAN 2

Exhibit 2c

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List
Outpatient Services**

PHYSICAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$21.72	\$0.25	\$45.25	\$20.19	\$0.25	\$39.68	\$19.47	\$0.25	\$38.55
OHP Adults & Couples	\$31.41	\$0.16	\$99.05	\$29.29	\$0.16	\$87.77	\$28.17	\$0.15	\$84.84
OHP Adults, Couples, Families	\$27.29	\$0.20	\$73.06	\$25.42	\$0.20	\$64.54	\$24.47	\$0.20	\$62.47

PHYSICAL HEALTH	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-7.0%	-1.6%	-12.3%	-10.4%	-2.5%	-14.8%
OHP Adults & Couples	-6.8%	-1.8%	-11.4%	-10.3%	-2.7%	-14.3%
OHP Adults, Couples, Families	-6.8%	-1.6%	-11.7%	-10.3%	-2.6%	-14.5%

OREGON HEALTH PLAN 2

Exhibit 2d

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List
Physician Services**

PHYSICAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$53.69	\$1.65	\$46.68	\$48.28	\$0.94	\$42.32	\$47.06	\$0.94	\$41.58
OHP Adults & Couples	\$75.10	\$7.44	\$109.25	\$67.45	\$3.19	\$94.41	\$65.94	\$3.19	\$93.01
OHP Adults, Couples, Families	\$65.99	\$4.88	\$79.26	\$59.29	\$2.20	\$69.34	\$57.91	\$2.20	\$68.26

PHYSICAL HEALTH	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-10.1%	-42.7%	-9.3%	-12.4%	-42.7%	-10.9%
OHP Adults & Couples	-10.2%	-57.1%	-13.6%	-12.2%	-57.1%	-14.9%
OHP Adults, Couples, Families	-10.1%	-54.9%	-12.5%	-12.2%	-54.9%	-13.9%

OREGON HEALTH PLAN 2

Exhibit 2e

OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
 With Adjustments for Funding Through Line 558 of the Prioritized List
 Prescription Drug Services - MH/CD

PHYSICAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$0.00	\$12.82	\$12.90	\$0.00	\$12.31	\$12.39	\$0.00	\$11.70	\$11.77
OHP Adults & Couples	\$0.00	\$23.40	\$23.60	\$0.00	\$22.49	\$22.69	\$0.00	\$21.37	\$21.57
OHP Adults, Couples, Families	\$0.00	\$18.72	\$18.86	\$0.00	\$17.99	\$18.13	\$0.00	\$17.09	\$17.23

PHYSICAL HEALTH	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	0.0%	-4.0%	-3.9%	0.0%	-8.8%	-8.7%
OHP Adults & Couples	0.0%	-3.9%	-3.8%	0.0%	-8.7%	-8.6%
OHP Adults, Couples, Families	0.0%	-3.9%	-3.9%	0.0%	-8.7%	-8.7%

OREGON HEALTH PLAN 2

Exhibit 2f

OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
 With Adjustments for Funding Through Line 558 of the Prioritized List
 Prescription Drug Services - NO MH/CD

PHYSICAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$38.73	\$0.00	\$30.39	\$32.64	\$0.00	\$26.66	\$29.58	\$0.00	\$24.28
OHP Adults & Couples	\$72.12	\$0.00	\$57.90	\$61.38	\$0.00	\$51.15	\$55.63	\$0.00	\$46.89
OHP Adults, Couples, Families	\$58.10	\$0.00	\$44.61	\$49.31	\$0.00	\$39.32	\$44.69	\$0.00	\$35.97

PHYSICAL HEALTH	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-15.7%	0.0%	-12.3%	-23.6%	0.0%	-20.1%
OHP Adults & Couples	-14.9%	0.0%	-11.7%	-22.9%	0.0%	-19.0%
OHP Adults, Couples, Families	-15.1%	0.0%	-11.9%	-23.1%	0.0%	-19.4%

OREGON HEALTH PLAN 2

Exhibit 2g

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List
Prescription Drug Services - Total**

PHYSICAL HEALTH	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$38.73	\$12.82	\$43.29	\$32.64	\$12.31	\$39.04	\$29.58	\$11.70	\$36.05
OHP Adults & Couples	\$72.12	\$23.40	\$81.50	\$61.38	\$22.49	\$73.85	\$55.63	\$21.37	\$68.46
OHP Adults, Couples, Families	\$58.10	\$18.72	\$63.47	\$49.31	\$17.99	\$57.45	\$44.69	\$17.09	\$53.20

PHYSICAL HEALTH	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-15.7%	-4.0%	-9.8%	-23.6%	-8.8%	-16.7%
OHP Adults & Couples	-14.9%	-3.9%	-9.4%	-22.9%	-8.7%	-16.0%
OHP Adults, Couples, Families	-15.1%	-3.9%	-9.5%	-23.1%	-8.7%	-16.2%

OREGON HEALTH PLAN 2

Exhibit 2h

**OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
With Adjustments for Funding Through Line 558 of the Prioritized List
Dental Services**

DENTAL	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$27.38	\$0.00	\$2.15	\$18.94	\$0.00	\$1.64	\$18.94	\$0.00	\$1.64
OHP Adults & Couples	\$32.39	\$0.00	\$2.49	\$20.78	\$0.00	\$1.90	\$20.78	\$0.00	\$1.90
OHP Adults, Couples, Families	\$30.22	\$0.00	\$2.32	\$19.99	\$0.00	\$1.77	\$19.99	\$0.00	\$1.77

DENTAL	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-30.8%	0.0%	-24.0%	-30.8%	0.0%	-24.0%
OHP Adults & Couples	-35.8%	0.0%	-23.5%	-35.8%	0.0%	-23.5%
OHP Adults, Couples, Families	-33.9%	0.0%	-23.7%	-33.9%	0.0%	-23.7%

OREGON HEALTH PLAN 2

Exhibit 2i

OHP2 Legacy Population 01-03 Per Capita Costs - February 2003 Benefit Levels
 With Adjustments for Funding Through Line 558 of the Prioritized List
 Mental Health / Chemical Dependency

MENTAL / CHEMICAL	01/03 Per Capita Costs			With Copay and Benefit Adjustments			With All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	\$14.23	\$0.00	\$12.97	\$13.67	\$0.00	\$12.14	\$13.09	\$0.00	\$11.67
OHP Adults & Couples	\$43.24	\$0.00	\$51.48	\$41.45	\$0.00	\$47.91	\$39.73	\$0.00	\$46.28
OHP Adults, Couples, Families	\$30.91	\$0.00	\$32.59	\$29.64	\$0.00	\$30.37	\$28.41	\$0.00	\$29.30

MENTAL / CHEMICAL	% Change due to Benefit and Copay Adjustments			% Change with All Adjustments		
	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE	FCHP PER CAPITA RATE	FCHP FFS PER CAPITA RATE	FFS PER CAPITA RATE
OHP Families	-3.9%	0.0%	-6.4%	-8.0%	0.0%	-10.0%
OHP Adults & Couples	-4.1%	0.0%	-6.9%	-8.1%	0.0%	-10.1%
OHP Adults, Couples, Families	-4.1%	0.0%	-6.8%	-8.1%	0.0%	-10.1%

OREGON HEALTH PLAN 2
Statewide Capitation Rates for February 2003

Exhibit 3a

OHP Standard Legacy Population

With Adjustments for Funding Through Line 558 of the Prioritized List

Region: Statewide						
Rate Group: OHP Families						
	Cost PMPM	Copay	Not Covered	Behavioral Offset	Net Cost PMPM	
Physician						
Basic	\$43.71	\$1.70	\$0.03	\$1.29	\$40.67	
Family Planning	\$0.69	\$0.00	\$0.00	\$0.00	\$0.69	
Hysterectomy	\$1.09	\$0.01	\$0.00	\$0.00	\$1.08	
Maternity	\$3.63	\$0.03	\$0.00	\$0.00	\$3.60 M	
Newborn	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02 N	
Sterilization	\$0.48	\$0.00	\$0.00	\$0.00	\$0.48	
Subtotal	\$49.61	\$1.75	\$0.04	\$1.29	\$46.54	
Outpatient						
Basic	\$20.10	\$1.42	\$0.03	\$0.78	\$17.87	
Family Planning	\$0.03	\$0.00	\$0.00	\$0.00	\$0.03	
Hysterectomy	\$0.01	\$0.00	\$0.00	\$0.00	\$0.01	
Maternity	\$0.36	\$0.01	\$0.00	\$0.00	\$0.34 M	
Sterilization	\$1.71	\$0.04	\$0.00	\$0.02	\$1.65	
Subtotal	\$22.21	\$1.47	\$0.03	\$0.80	\$19.91	
Prescription Drugs						
Basic	\$39.13	\$5.88	\$0.00	\$3.69	\$29.56	
Family Planning	\$2.39	\$0.00	\$0.00	\$0.24	\$2.15	
Subtotal	\$41.52	\$5.88	\$0.00	\$3.93	\$31.71	
Inpatient						
Basic	\$23.17	\$0.69	\$0.00	\$0.00	\$22.48	
Family Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Hysterectomy	\$1.68	\$0.06	\$0.00	\$0.00	\$1.62	
Maternity	\$2.62	\$0.18	\$0.00	\$0.00	\$2.44 M	
Newborn	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 N	
Sterilization	\$0.15	\$0.01	\$0.00	\$0.00	\$0.14	
Subtotal	\$27.62	\$0.93	\$0.00	\$0.00	\$26.68	
Miscellaneous						
Chemical Dependency	\$5.38	\$0.18	\$0.00	\$0.27	\$4.93 C	
DME/Supplies	\$1.14	\$0.00	\$0.89	\$0.01	\$0.24	
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Home Health/PDN/Hospice	\$0.18	\$0.00	\$0.00	\$0.00	\$0.18	
Transportation - Ambulance	\$1.21	\$0.08	\$0.01	\$0.00	\$1.12	
Vision	\$3.12	\$0.04	\$2.57	\$0.08	\$0.43	
Subtotal	\$11.03	\$0.31	\$3.47	\$0.36	\$6.90	
Total Basic Services		\$151.99	\$10.34	\$3.54	\$6.38	\$131.74
Optional Services						
Maternity Management					\$0.14	
Total Services					\$131.88	
Administration (8% on Net Cost + Copay Value)					\$12.35	
Total Services with Admin					\$144.23	

OREGON HEALTH PLAN 2
Statewide Capitation Rates for February 2003
OHP Standard Legacy Population
With Adjustments for Funding Through Line 558 of the Prioritized List

Exhibit 3a

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	Cost PMPM	Copay	Not Covered	Behavioral Offset	Net Cost PMPM
Mental Health					
Acute Inpatient	\$2.29	\$0.14	\$0.00	\$0.00	\$2.15
Assess & Eval	\$1.31	\$0.04	\$0.00	\$0.07	\$1.21
Case Management	\$0.21	\$0.00	\$0.00	\$0.01	\$0.20
Consultation	\$0.07	\$0.00	\$0.00	\$0.00	\$0.07
Ancillary Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Med Management	\$0.68	\$0.02	\$0.00	\$0.03	\$0.62
MHDDSD Alternative to IP	\$0.17	\$0.00	\$0.00	\$0.01	\$0.16
MHDDSD Family Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP Therapy	\$3.98	\$0.15	\$0.00	\$0.20	\$3.63
Other OP	\$0.02	\$0.00	\$0.00	\$0.00	\$0.01
Phys IP	\$0.12	\$0.00	\$0.00	\$0.01	\$0.12
Phys OP	\$0.05	\$0.00	\$0.00	\$0.00	\$0.05
Support Day Program	\$0.27	\$0.02	\$0.00	\$0.01	\$0.24

Total MH Services	\$9.18	\$0.37	\$0.00	\$0.34	\$8.47
Administration (8% on Net Cost + Copay Value)					\$0.77
Total MH Services with 8% Admin					\$9.24

Dental	\$27.38	\$4.41	\$4.03	\$0.00	\$18.94
Administration (8% on Net Cost + Copay Value)					\$2.03
Dental Services with 8% Admin					\$20.97

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

OREGON HEALTH PLAN 2
Statewide Capitation Rates for February 2003

Exhibit 3b

OHP Standard Legacy Population

With Adjustments for Funding Through Line 558 of the Prioritized List

Region: Statewide						
Rate Group: OHP Adults and Couples						
	Cost PMPM	Copay	Not Covered	Behavioral Offset	Net Cost PMPM	
Physician						
Basic	\$65.16	\$2.25	\$0.10	\$1.59	\$61.21	
Family Planning	\$0.18	\$0.00	\$0.00	\$0.00	\$0.18	
Hysterectomy	\$0.63	\$0.01	\$0.00	\$0.00	\$0.63	
Maternity	\$0.68	\$0.01	\$0.00	\$0.00	\$0.66 M	
Newborn	\$0.01	\$0.00	\$0.00	\$0.00	\$0.01 N	
Sterilization	\$0.06	\$0.00	\$0.00	\$0.00	\$0.06	
Subtotal	\$66.72	\$2.27	\$0.11	\$1.59	\$62.75	
Outpatient						
Basic	\$31.53	\$2.01	\$0.05	\$1.22	\$28.25	
Family Planning	\$0.01	\$0.00	\$0.00	\$0.00	\$0.01	
Hysterectomy	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	
Maternity	\$0.16	\$0.01	\$0.00	\$0.00	\$0.15 M	
Sterilization	\$0.39	\$0.02	\$0.00	\$0.00	\$0.37	
Subtotal	\$32.12	\$2.03	\$0.05	\$1.23	\$28.80	
Prescription Drugs						
Basic	\$76.36	\$10.36	\$0.01	\$7.21	\$58.78	
Family Planning	\$0.96	\$0.00	\$0.00	\$0.10	\$0.86	
Subtotal	\$77.32	\$10.36	\$0.01	\$7.31	\$59.64	
Inpatient						
Basic	\$51.24	\$1.37	\$0.00	\$0.00	\$49.87	
Family Planning	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Hysterectomy	\$0.89	\$0.03	\$0.00	\$0.00	\$0.86	
Maternity	\$0.54	\$0.03	\$0.00	\$0.00	\$0.51 M	
Newborn	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 N	
Sterilization	\$0.01	\$0.00	\$0.00	\$0.00	\$0.01	
Subtotal	\$52.68	\$1.43	\$0.00	\$0.00	\$51.25	
Miscellaneous						
Chemical Dependency	\$19.89	\$0.80	\$0.00	\$0.99	\$18.09 C	
DME/Supplies	\$2.48	\$0.00	\$2.00	\$0.02	\$0.46	
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Home Health/PDN/Hospice	\$0.60	\$0.00	\$0.00	\$0.00	\$0.60	
Transportation - Ambulance	\$3.03	\$0.22	\$0.03	\$0.00	\$2.77	
Vision	\$3.72	\$0.06	\$2.93	\$0.09	\$0.64	
Subtotal	\$29.73	\$1.09	\$4.96	\$1.11	\$22.57	
Total Basic Services		\$258.56	\$17.18	\$5.13	\$11.24	\$225.02
Optional Services						
Maternity Management					\$0.05	
Total Services					\$225.07	
Administration (8% on Net Cost + Copay Value)					\$21.06	
Total Services with Admin					\$246.13	

OREGON HEALTH PLAN 2
Statewide Capitation Rates for February 2003
OHP Standard Legacy Population
With Adjustments for Funding Through Line 558 of the Prioritized List

Exhibit 3b

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	Cost PMPM	Copay	Not Covered	Behavioral Offset	Net Cost PMPM
Mental Health					
Acute Inpatient	\$7.57	\$0.38	\$0.00	\$0.00	\$7.19
Assess & Eval	\$2.41	\$0.07	\$0.00	\$0.12	\$2.22
Case Management	\$1.02	\$0.00	\$0.00	\$0.05	\$0.97
Consultation	\$0.23	\$0.00	\$0.00	\$0.01	\$0.22
Ancillary Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Med Management	\$1.87	\$0.07	\$0.00	\$0.09	\$1.71
MHDDSD Alternative to IP	\$1.20	\$0.02	\$0.00	\$0.06	\$1.11
MHDDSD Family Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP Therapy	\$7.68	\$0.31	\$0.00	\$0.38	\$6.98
Other OP	\$0.20	\$0.00	\$0.00	\$0.01	\$0.19
Phys IP	\$0.28	\$0.00	\$0.00	\$0.01	\$0.27
Phys OP	\$0.21	\$0.00	\$0.00	\$0.01	\$0.20
Support Day Program	\$1.73	\$0.10	\$0.00	\$0.09	\$1.54

Total MH Services	\$24.39	\$0.96	\$0.00	\$0.84	\$22.59
Administration (8% on Net Cost + Copay Value)					\$2.05
Total MH Services with 8% Admin					\$24.64

Dental	\$32.39	\$6.80	\$4.81	\$0.00	\$20.78
Administration (8% on Net Cost + Copay Value)					\$2.40
Dental Services with 8% Admin					\$23.18

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

OREGON HEALTH PLAN 2

Exhibit 4

Statewide Capitation Rates for February 2003 through September 2003

With Adjustments for Funding Through Line 558 of the Prioritized List

Region: Statewide
Rate Group: AB/AD without Medicare

Physician

Basic	\$95.78
Family Planning	\$0.19
Hysterectomy	\$0.52
Maternity	\$1.75 M
Newborn	\$0.02 N
Sterilization	\$0.08
Subtotal	\$98.36

Outpatient

Basic	\$50.33
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.13 M
Sterilization	\$0.39
Subtotal	\$50.88

Prescription Drugs

Basic	\$180.03
Family Planning	\$0.72
Subtotal	\$180.75

Inpatient

Basic	\$112.07
Family Planning	\$0.00
Hysterectomy	\$0.92
Maternity	\$1.23 M
Newborn	\$0.02 N
Sterilization	\$0.08
Subtotal	\$114.31

Miscellaneous

Chemical Dependency	\$7.90 C
DME/Supplies	\$22.82
Exceptional Needs Care Coordination	\$7.39
Home Health/PDN/Hospice	\$4.62
Transportation - Ambulance	\$7.76
Vision	\$2.99
Subtotal	\$53.48

Total Basic Services	\$497.78
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Optional Services

Maternity Management	\$0.15
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Total Services	\$497.93
Total Services with 8% Admin	\$541.23

Mental Health

Acute Inpatient	\$25.64
Assess & Eval	\$3.83
Case Management	\$9.44
Consultation	\$1.35
Ancillary Services	\$0.00
Med Management	\$9.24
MHDDSD Alternative to IP	\$3.25
MHDDSD Family Support	\$0.68
OP Therapy	\$18.77
Other OP	\$0.70
Phys IP	\$1.35
Phys OP	\$0.56
Support Day Program	\$37.50

Total MH Services	\$112.32
Total MH Services with 8% Admin	\$122.08

Dental	\$20.15
Dental Services with 8% Admin	\$21.91

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

PRICEWATERHOUSECOOPERS
APRIL 15, 2003 MEMO
“OHP STANDARD AND
OHP PLUS STATEWIDE
PER CAPITA COSTS”

to: **Darren Coffman** from: **April 15, 2003**
from: **Pete Davidson** subject: **OHP Standard & OHP Plus
Statewide Per Capita Costs**

As you requested, this memorandum presents the estimated average 2003 – 2005 statewide per capita costs for the OHP Standard population at various covered benefit levels. The costs represent the following benefit levels:

- Benefits equivalent to that for OHP Plus recipients;
- Benefits effective February 2003;
- Benefits effective March 2003; and
- Benefits effective April 2003.

Exhibit 1 summarizes the average statewide per capita costs by category of service, as defined in OMAP’s “bucket book.” These costs represent the weighted average of projected costs under the fee-for-service and managed care delivery systems for the OHP Standard population. Costs for administration allowance paid to managed care plans and PCCM fees were not included.

The per capita costs under the OHP Plus benefit level are consistent with those described in our report “Analysis of Federal Fiscal Years 2004 – 2005, Average Costs” dated November 11, 2002. Coverage was assumed through Line 557 of the prioritized list, and member copayments were limited to certain ambulatory services and prescription drugs under the FFS delivery system.

The February 2003, March 2003, and April 2003 per capita costs shown in Exhibit 1 represent coverage through Line 549 of the Prioritized List. Each of these benefit levels include copayment requirements and benefit restrictions applied to both the managed care and FFS delivery systems.

The February 2003 benefit level included the introduction of numerous copayments and exclusions. A benefit description, as well as a description of the pricing methodology are included in our report “Average Costs and Capitation Rate Development for the Oregon Health Plan Standard Benefit Package, Federal Fiscal Year 2003, February 2003 Benefit Level” dated December 20, 2002.

The following table summarizes the February 2003 benefits:

TABLE 1 SUMMARY OF COST SHARING AND COVERED SERVICES OHP STANDARD FEBRUARY 2003 BENEFIT LEVEL	
SERVICE CATEGORY	COST SHARING AND COVERAGE PROVISIONS
Inpatient Hospital	Covered with \$250 copay per admit
Emergency Room	Covered with \$50 copay per visit
Emergency Ambulance	Covered with \$50 copay per trip
Ambulatory Surgery, Urgent Care, Rural Health Clinics	Covered with visit copays of \$5-\$20. Copays for professional services rendered will apply.
Other Non-Emergent Outpatient Hospital	Covered with no visit copays. Copays are assigned by service groups and range from \$3-\$10 per service group per visit.
Physician Office Visits	Covered with \$5 visit copay. Copays for laboratory/radiology services, surgeries, or treatments apply in addition to the visit copay.
Laboratory and Radiology	Covered with \$3 copay per service.
Treatments and Surgeries	Covered with \$5 copay per service
Hospital Visits by a Practitioner	Covered with no copay
Non-Emergency Medical Transportation	Not covered
Routine Vision Exams	Not covered
DME and supplies	Many items not covered. Covered items subject to \$2 copay.
Indian Health and Services Provided to Native American Enrollees	Covered with no copay
Family Planning, Including Family Planning Drugs	Covered with no copay
Immunizations and Vaccinations	Majority covered with no copay.
Home Health	Covered with \$5 copay per visit.
Pharmacy - HIV / Mental Health / Oncology Drugs	Covered with \$3 copay per script for OHP2 population.
Pharmacy - Other Brand-Name Drugs	Covered with \$15 copay per script for OHP2 population.
Pharmacy - Other Generic Drugs	Covered with \$2 copay per script for OHP2 population.
Mental Health Clinics dosing, dispensing, case management	Covered with no copay
Dental Services	Orthodontia, most prosthetics, and many surgical procedures not covered. Preventive services generally incur no copay. Covered services have a copay ranging from \$5-\$100. A daily out-of-pocket limit on extraction copays of \$40 and a six-month benefit limit of \$500 are applied.

The March 2003 benefit package eliminated coverage for prescription drugs, dental services, and chemical dependency and mental health services (except inpatient acute care and emergency services). Adjustments were made to reflect anticipated increases in

the use of covered services and population morbidity deterioration as a result of elimination of coverage for these services.

Finally, prescription drugs were added back into the covered benefit package for April 2003. Morbidity and utilization increases related to the loss of prescription drug coverage in March 2003 were removed.

Due to the implementation of OHP2 in February 2003, only the OHP Plus population will be receiving the full benefit package as defined by the Prioritized List of Health Services. Exhibit 2 shows a revision of the numbers from Exhibit 12-C of “Analysis of Federal Fiscal Years 2004-05, Average Costs” to reflect this change.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 1

Statewide Monthly Per Capita Cost for October 2003 through September 2005

Excludes Administrative Allowance Paid to Managed Care Plans and PCCM Fees

CATEGORY OF SERVICE	Benefit Level			
	OHP Plus	February	March	April
PHYSICAL HEALTH				
ADMINISTRATIVE EXAMS	\$ 2.48	\$ 2.48	\$ 2.63	\$ 2.50
ANESTHESIA	\$ 3.29	\$ 3.19	\$ 3.51	\$ 3.23
EXCEPT NEEDS CARE COORDINATION	\$ -	\$ -	\$ -	\$ -
FP - IP HOSP	\$ -	\$ -	\$ -	\$ -
FP - OP HOSP	\$ 0.03	\$ 0.03	\$ 0.04	\$ 0.03
FP - PHYS	\$ 1.53	\$ 1.51	\$ 1.63	\$ 1.53
HYSTERECTOMY - ANESTHESIA	\$ 0.09	\$ 0.09	\$ 0.10	\$ 0.09
HYSTERECTOMY - IP HOSP	\$ 2.68	\$ 2.54	\$ 2.82	\$ 2.57
HYSTERECTOMY - OP HOSP	\$ 0.02	\$ 0.02	\$ 0.02	\$ 0.02
HYSTERECTOMY - PHYS	\$ 0.52	\$ 0.51	\$ 0.56	\$ 0.51
IP HOSP - ACUTE DETOX	\$ 1.97	\$ 1.73	\$ 2.31	\$ 2.10
IP HOSP - MATERNITY	\$ 2.52	\$ 2.22	\$ 2.43	\$ 2.25
IP HOSP - MEDICAL/SURGICAL	\$ 75.79	\$ 72.61	\$ 80.25	\$ 73.34
IP HOSP - NEWBORN	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
LAB & RAD - DIAGNOSTIC X-RAY	\$ 8.83	\$ 8.35	\$ 9.27	\$ 8.44
LAB & RAD - LAB	\$ 5.61	\$ 4.80	\$ 5.34	\$ 4.85
LAB & RAD - THERAPEUTIC X-RAY	\$ 0.68	\$ 0.65	\$ 0.73	\$ 0.66
OP ER - SOMATIC MH	\$ 0.24	\$ 0.12	\$ 0.19	\$ 0.15
OP HOSP - BASIC	\$ 23.61	\$ 22.69	\$ 25.12	\$ 22.92
OP HOSP - EMERGENCY ROOM	\$ 7.62	\$ 3.10	\$ 4.60	\$ 3.69
OP HOSP - LAB & RAD	\$ 17.96	\$ 17.19	\$ 19.09	\$ 17.36
OP HOSP - MATERNITY	\$ 0.33	\$ 0.31	\$ 0.35	\$ 0.32
OP HOSP - SOMATIC MH	\$ 0.45	\$ 0.41	\$ 0.46	\$ 0.42
OTH MED - DME	\$ 1.48	\$ 0.34	\$ 0.38	\$ 0.35
OTH MED - HHC/PDN	\$ 4.58	\$ 4.51	\$ 4.98	\$ 4.56
OTH MED - HOSPICE	\$ 0.26	\$ 0.26	\$ 0.28	\$ 0.26
OTH MED - MATERNITY MGT	\$ 0.04	\$ 0.04	\$ 0.04	\$ 0.04
OTH MED - SUPPLIES	\$ 0.91	\$ 0.21	\$ 0.23	\$ 0.21
PHYS CONSULTATION, IP & ER VISITS	\$ 7.69	\$ 7.50	\$ 8.28	\$ 7.58
PHYS HOME OR LONG-TERM CARE VISITS	\$ 0.04	\$ 0.04	\$ 0.04	\$ 0.04
PHYS MATERNITY	\$ 2.31	\$ 2.26	\$ 2.47	\$ 2.28
PHYS NEWBORN	\$ 0.04	\$ 0.04	\$ 0.04	\$ 0.04
PHYS OFFICE VISITS	\$ 22.26	\$ 19.28	\$ 22.43	\$ 20.48
PHYS OTHER	\$ 8.82	\$ 6.99	\$ 7.73	\$ 7.06
PHYS SOMATIC MH	\$ 2.42	\$ 2.24	\$ 2.47	\$ 2.27
POST - HOSP EXTENDED CARE	\$ 0.03	\$ 0.03	\$ 0.03	\$ 0.03
PRES DRUGS - BASIC	\$ 40.88	\$ 31.04	\$ -	\$ 31.67
PRES DRUGS - FP	\$ 1.25	\$ 1.11	\$ -	\$ 1.12
PRES DRUGS - MH/CD	\$ 23.02	\$ 21.03	\$ -	\$ 25.49
PRES DRUGS - NEURONTIN	\$ 1.59	\$ 1.47	\$ -	\$ 1.49
PRES DRUGS - OP HOSP BASIC	\$ 4.19	\$ 4.09	\$ 4.54	\$ 4.13
PRES DRUGS - OP HOSP FP	\$ -	\$ -	\$ -	\$ -
PRES DRUGS - OP HOSP MH/CD	\$ 0.22	\$ 0.22	\$ 0.24	\$ 0.22
PRES DRUGS - TOBACCO CESSATION	\$ 0.80	\$ 0.60	\$ -	\$ 0.61

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 1

Statewide Monthly Per Capita Cost for October 2003 through September 2005

Excludes Administrative Allowance Paid to Managed Care Plans and PCCM Fees

CATEGORY OF SERVICE	Benefit Level			
	OHP Plus	February	March	April
SCHOOL-BASED HEALTH SERVICES	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.01
STERILIZATION - ANESTHESIA FEMALE	\$ 0.09	\$ 0.09	\$ 0.10	\$ 0.09
STERILIZATION - ANESTHESIA MALE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
STERILIZATION - IP HOSP FEMALE	\$ 0.25	\$ 0.23	\$ 0.25	\$ 0.23
STERILIZATION - IP HOSP MALE	\$ -	\$ -	\$ -	\$ -
STERILIZATION - OP HOSP FEMALE	\$ 1.48	\$ 1.40	\$ 1.54	\$ 1.41
STERILIZATION - OP HOSP MALE	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.01
STERILIZATION - PHY FEMALE	\$ 0.09	\$ 0.09	\$ 0.10	\$ 0.09
STERILIZATION - PHY MALE	\$ 0.11	\$ 0.11	\$ 0.12	\$ 0.11
SURGERY	\$ 15.32	\$ 14.94	\$ 16.52	\$ 15.09
TARGETED CASE MAN - BABIES FIRST	\$ -	\$ -	\$ -	\$ -
TARGETED CASE MAN - HIV	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
THERAPEUTIC ABORTION - IP HOSP	\$ 0.02	\$ 0.02	\$ 0.02	\$ 0.02
THERAPEUTIC ABORTION - OP HOSP	\$ 0.16	\$ 0.16	\$ 0.17	\$ 0.16
THERAPEUTIC ABORTION - PHYS	\$ 0.62	\$ 0.61	\$ 0.66	\$ 0.62
TOBACCO CES-IP HSP	\$ 0.47	\$ 0.46	\$ 0.51	\$ 0.47
TOBACCO CES-OP HSP	\$ 0.17	\$ 0.17	\$ 0.19	\$ 0.17
TOBACCO CES-PHYS	\$ 0.22	\$ 0.20	\$ 0.22	\$ 0.20
TRANSPORTATION - AMBULANCE	\$ 4.27	\$ 3.80	\$ 4.18	\$ 3.83
TRANSPORTATION - OTHER	\$ 2.84	\$ 0.16	\$ 0.17	\$ 0.16
VISION CARE - EXAMS & THERAPY	\$ 2.44	\$ 0.70	\$ 0.78	\$ 0.71
VISION CARE - MATERIALS & FITTING	\$ 2.07	\$ 0.05	\$ 0.05	\$ 0.05
Total	\$ 309.73	\$ 271.09	\$ 241.21	\$ 280.30
CHEMICAL DEPENDENCY				
CD SERVICES - ALTERNATIVE TO DETOX	\$ 0.50	\$ 0.37	\$ -	\$ -
CD SERVICES - METHADONE	\$ 5.27	\$ 4.83	\$ -	\$ -
CD SERVICES - OP	\$ 10.49	\$ 9.50	\$ -	\$ -
Total	\$ 16.26	\$ 14.70	\$ -	\$ -
DENTAL				
DENTAL - ADJUNCTIVE GENERAL	\$ 0.34	\$ 0.33	\$ -	\$ -
DENTAL - ANESTHESIA SURGICAL	\$ 0.41	\$ 0.14	\$ -	\$ -
DENTAL - DIAGNOSTIC	\$ 4.94	\$ 4.94	\$ -	\$ -
DENTAL - ENDODONTICS	\$ 2.39	\$ 0.91	\$ -	\$ -
DENTAL - I/P FIXED	\$ 0.14	\$ 0.08	\$ -	\$ -
DENTAL - MAXILLOFACIAL PROS	\$ 0.00	\$ 0.00	\$ -	\$ -
DENTAL - ORAL SURGERY	\$ 4.74	\$ 3.01	\$ -	\$ -
DENTAL - ORTHODONTICS	\$ 0.00	\$ -	\$ -	\$ -
DENTAL - PERIODONTICS	\$ 2.11	\$ 1.92	\$ -	\$ -
DENTAL - PREVENTIVE	\$ 1.55	\$ 1.39	\$ -	\$ -
DENTAL - PROS REMOVABLE	\$ 4.92	\$ 1.83	\$ -	\$ -
DENTAL - RESTORATIVE	\$ 6.98	\$ 4.38	\$ -	\$ -
DENTAL - TOBACCO CES	\$ 0.01	\$ 0.01	\$ -	\$ -
Total	\$ 28.53	\$ 18.94	\$ -	\$ -

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 1

Statewide Monthly Per Capita Cost for October 2003 through September 2005

Excludes Administrative Allowance Paid to Managed Care Plans and PCCM Fees

CATEGORY OF SERVICE	Benefit Level			
	OHP Plus	February	March	April
MENTAL HEALTH				
MH SERVICES ACUTE INPATIENT	\$ 7.49	\$ 7.00	\$ 9.30	\$ 8.48
MH SERVICES ASSESS & EVAL	\$ 2.15	\$ 1.98	\$ -	\$ -
MH SERVICES CASE MANAGEMENT	\$ 0.78	\$ 0.75	\$ -	\$ -
MH SERVICES CONSULTATION	\$ 0.13	\$ 0.12	\$ -	\$ -
MH SERVICES ANCILLARY SERVICES	\$ 0.00	\$ 0.00	\$ -	\$ -
MH SERVICES MED MANAGEMENT	\$ 1.34	\$ 1.22	\$ -	\$ -
MH SERVICES ALTERNATIVE TO IP	\$ 0.59	\$ 0.55	\$ -	\$ -
MH SERVICES FAMILY SUPPORT	\$ 0.00	\$ 0.00	\$ -	\$ -
MH SERVICES OP THERAPY	\$ 5.98	\$ 5.45	\$ -	\$ -
MH SERVICES OTHER OP	\$ 0.07	\$ 0.07	\$ -	\$ -
MH SERVICES PHYS IP	\$ 0.19	\$ 0.18	\$ -	\$ -
MH SERVICES PHYS OP	\$ 0.57	\$ 0.54	\$ -	\$ -
MH SERVICES PEO	\$ 0.45	\$ 0.45	\$ -	\$ -
MH SERVICES SUPPORT DAY PROGRAM	\$ 0.92	\$ 0.83	\$ -	\$ -
Total	\$ 20.66	\$ 19.13	\$ 9.30	\$ 8.48
TOTAL ALL	\$ 375.18	\$ 323.86	\$ 250.51	\$ 288.78

Exhibit 2

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

2003 - 2005 Per Capita Cost by Prioritized List Line

Costs for OHP Plus Population ONLY, All Benefits Included

Includes administrative cost allowance of 8% for managed care enrollees.

A PCCM case management fee is applied to the portion of FFS population enrolled with PCCMs.

Threshold	Percent of Total Cost	Average Per Capita Cost
317	78.8%	\$244.71
347	80.9%	\$251.12
377	85.0%	\$263.95
407	85.9%	\$266.63
437	87.6%	\$272.04
467	93.1%	\$288.85
497	94.7%	\$293.86
527	98.5%	\$305.85
549	99.5%	\$308.89
557	99.7%	\$309.48
100% Funding	100.0%	\$310.42

**APPENDIX F:
PRIORITIZED LIST OF
HEALTH SERVICES**

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

**APRIL 29, 2003 PRIORITIZED LIST OF
HEALTH SERVICES**

STATEMENTS OF INTENT

PRACTICE GUIDELINES

PREVENTION TABLES

ANCILLARY SERVICES

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

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

1) What are all those numbers? They are standard code numbers for both diagnosis and treatment from the greater than 20,000 available codes. The following standard classifications are used:

a) ICD-9-CM (*International Classification of Diseases, 9th Revision, Clinical Modification*) codes have from three to five digits. The standard ICD-9-CM codes begin with three digits in the range 001-999, which may be followed by a fourth or fifth digit after a decimal point. The fourth and fifth digit codes provide increasing specificity for the condition classification. Some conditions, such as tetanus, have a single three digit code, whereas diabetes mellitus has over fifty codes associated with the diagnosis.

In addition to the disease codes beginning with 001-999, ICD-9-CM also uses codes beginning with a V for various purposes. They are used when a person enters into the medical care system for specific reasons not associated with a current illness, such as when receiving vaccinations or being screened for certain diseases. V codes are also used when a person with a known disease encounters the health care system for a specific treatment of that disease or when they have a preexisting diagnosis that might affect their health status. These codes are alphanumeric starting with V followed by two digits and usually completed with one or two decimal places. For example:

V06.4 - Need for prophylactic vaccination and
inoculation against measles-mumps-rubella (MMR)

V30.00 - Single liveborn infant, born in the hospital,
without mention of cesarean delivery

b) CPT-4 (*Current Procedural Terminology, Fourth Edition*) codes are used by health care providers to represent the procedure(s) used to treat patients. These codes always have 5 numeric digits and represent both medical management and surgical procedures. Examples of these codes are:

33510 - Coronary artery bypass, single venous graft

59400 - Routine obstetrical care and vaginal delivery

- c) HCPCS (*Healthcare Common Procedure Coding System*) codes are used to report professional services and procedures that do not have a CPT-4 code designation. They are alphanumeric with 5 characters with the first always being a letter from A to V. Examples of these codes are:

G0267 - Bone Marrow/Stem Cell Harvest
S9453 - Smoking Cessation Classes

Many HCPCS codes do not appear on the List because they are ancillary services (See Question 12).

- d) CDT-3 (*Current Dental Terminology - Third Edition*) codes are used to describe dental services. They are alphanumeric with 5 characters, the first always being the letter "D" followed by 4 digits. Whereas CPT-4 are always paired with an ICD-9-CM code to indicate the condition for which the treatment is being used, CDT-3 codes stand alone and refer to both the condition present and procedure being performed. For example:

D0120 - Periodic Oral Evaluation
D2150 - Amalgam Restoration, Two Surfaces, Permanent Tooth

- e) OMAP unique codes are five digit procedure codes starting with letters that have been developed by the Office of Medical Assistance Programs (OMAP) to represent special services, services performed by professionals other than physicians, supplies, or bundled services. There are codes of the form BAxxx on 51 mental health and chemical dependency lines. Also, OMAP has encounter codes of the form ECCxx. With the adoption of HIPAA, all of the unique codes will be replaced by national standardized codes as of October 16, 2003. The version of the Prioritized List of Health Services that follows includes OMAP unique codes. However, these codes will be phased out and replaced by HCPCS or CPT-4 codes over the next six months. A draft crosswalk from mental health and chemical dependency unique codes to national codes was available at press time and indicates the following mappings:

BA110 - Mental health assessment for adults will be replaced by
H0031 - Mental health assessment, by non-physician

ECC60 - Group parent psychosocial skills development will be replaced by
90849 - Multiple-family group psychotherapy

In addition several OMAP unique codes may map to only one standard code such as:

BA388 - Methadone multi-family group therapy and
ECC60 - Group parent psychosocial skills development will both be replaced by
90849 - Multiple-family group psychotherapy

To complicate the picture even more, a single OMAP unique code may be replaced by several standard codes such as:

BA319 - Outpatient acupuncture is being replaced by
97780 - Acupuncture, one or more needles, without electrical stimulation and
97781 - Acupuncture, one or more needles, with electrical stimulation

- 2) **What does the hyphen between code numbers signify?** Ranges of ICD-9-CM and CPT-4 codes include all the codes between the numbers. For example, a listing of ICD-9-CM codes 527.5-527.9 would include 527.5, 527.6, 527.7, 527.8, and 527.9. A CPT-4 range of 15100-15108 would include codes 15100, 15101, 15102, 15103, 15104, 15105, 15106, 15107, and 15108.
- 3) **What if an ICD-9-CM code occurs on the line as a three digit code, yet accurate coding requires further description out to the first or second decimal place?** Although correct coding with ICD-9-CM often requires a fourth or fifth digit, the Prioritized List may include only a three digit code for sake of brevity. In this case it is implied that any valid fourth or fifth digit codes are included on the line as well. Similarly, the listing of a fourth digit ICD-9-CM code would imply the inclusion of any valid fifth digit code. For example, the listing of the three digit code 540 would mean the line also includes valid fourth digit codes 540.0, 540.1, and 540.9. If the fourth digit code 360.6 is listed, the line also includes valid fifth digit codes 360.60, 360.61, 360.62, 360.63, 360.64, 360.65 and 360.69.

- 4) **Does the line descriptor contain every diagnosis?** Each line has a description of both a condition and treatment. For some lines there is only one condition, but for others there may be many. The line descriptor contains the most frequent condition or a cluster of conditions represented by the ICD-9-CM codes. For example gout occurs by itself on line 495, but the codes on line 344, described broadly as Zoonotic Bacterial Diseases, include the specific diseases plague, tularemia, anthrax, brucellosis, and cat-scratch disease.
- 5) **What do the line numbers represent?** The line numbers represent the rank order of the condition/treatment pairs assigned by the Health Services Commission. Therefore the services on line item 1 are most important to provide and line item 730 least important in terms of the benefit to be gained by the population being served.
- 6) **What are the dollar amounts on the right hand margin?** After every 30 lines from 317 through 557 you will notice a gray shaded box towards the right margin. This represents the average per capita cost per month to provide the benefit package described by the Prioritized List for condition/treatment pairs up to and including that line. In addition, another gray shaded box occurs at line 549, which represents the funding level as of 1/01/03. All per capita costs shown refer to the provision of those services for the OHP Plus population as it was defined as of 2/1/03. For pricing information related to the benefits provided to the OHP Standard population, please see Appendix E.
- 7) **How is the funding line established?** The 72nd Oregon Legislative Assembly will review the Prioritized List included in this report. If this report is accepted, they will establish a funding line for this List in accordance with the state budget. Upon approval from the Centers for Medicare and Medicaid Services (CMS), the benefit package represented by the services listed on or above that funding line will be reimbursed under the Medicaid Demonstration beginning no earlier than October 1, 2003.
- 8) **Why do many treatments appear more than once?** The same procedure or treatment is often appropriate for several diagnoses. Most lines have a long series of CPT-4 numbers that includes most of the codes in the range 99201-99499. These codes are known as evaluation and management (E&M) codes and describe encounters such as office visits common to both medical and surgical problems.

- 9) Why do many diagnoses appear more than once?** A given diagnosis or condition may have a continuum of treatments including medical, surgical, or transplantation. All transplantations for either bone marrow or solid organs have a separate line in addition to the medical/surgical treatment. These treatments of a condition may vary in their effectiveness and/or cost and therefore receive different rankings by the Health Services Commission. In general the medical treatment ranks higher than the surgical treatment or bone marrow transplantation for the same diagnosis.
- 10) What about diagnostic services?** Diagnostic services are always covered and do not appear on the List. If a condition is diagnosed that appears below the funding line, the diagnostic visit and any necessary tests will be covered, but subsequent office visits and ancillary services such as physical therapy will not.
- 11) What about preventive services?** The Oregon Health Plan encourages prevention and early intervention. Preventive services for adults (line 184) and children (line 144) are ranked high and described in detail in the prevention tables included with the clinical practice guidelines immediately following the Prioritized List. Preventive dental services are included on line 301.
- 12) What are ancillary services and are they covered?** Ancillary services are those goods, services, and therapies that are considered to be integral to the successful treatment of a condition. Ancillary services are reimbursable when used in conjunction with a covered condition. A listing of ancillary services is found later in this appendix.
- 13) Are prescription drugs covered for all diagnoses?** The Commission considers prescription drugs to be an ancillary service. Therefore, it is the intent of the HSC that only funded condition-treatment pairs include the coverage of prescription drugs. The Commission has discovered that since the diagnosis is not included with a prescription, the pharmacy has no way to determine if a drug is being prescribed for a condition falling below the funding line.
- 14) Why is it that some codes do not appear on the Prioritized List?** There are some ICD-9-CM and CPT-4 codes that you will not find on the List. In some cases these represent conditions and treatments that are always covered, such

as signs and symptoms ICD-9-CM codes. Certain CPT-4 codes missing from the List represent ancillary services, which are covered for funded diagnoses, or diagnostic services. Most CPT-4 codes for cosmetic procedures do not appear on the List as there is no corresponding medical condition for which they would be performed. The Commission has also identified a few uncommon conditions or treatments that have intentionally been left off of the List.

- 15) Are mental health care and chemical dependency services a part of the Prioritized List?** Mental health care and chemical dependency lines are fully integrated and prioritized along with physical conditions. Mental health lines are distinguished by the listing of "psychotherapy" under the treatment description. The listing of psychotherapy represents a broad range of mental health therapies provided by different types of mental health professionals in various settings.
- 16) What is comfort care?** Comfort care for those diagnosed with a terminal illness is ranked on line 265 of the Prioritized List. Comfort care includes the provision of services or items that give comfort and/or pain relief to persons whose choice to forego other types of care will result in death. This category of care does not include services that are diagnostic, curative, or focused on active treatment of the primary condition and intended to prolong life. Examples of comfort care include pain management services, in-home, day care and hospice services, medical equipment and supplies, and palliative services for symptom relief. See also the guideline notes immediately following the Prioritized List.
- 17) Is Physician Aid-in-Dying (Death With Dignity) a covered service?** As of December 1, 1998, physician aid-in-dying is a covered service using only state funds. See Prioritization of Health Services, 1999 Chapter Three, page 35 for a complete discussion of the Commission's decision to include these services under the comfort care line item.
- 18) Is termination of pregnancy covered?** Termination of pregnancy has been covered since the beginning of the Medicaid Demonstration (currently listed on line 300) and is paid out of state funds only.

- 19) What are practice guidelines?** Guidelines are used to further delineate conditions where the coding system does not adequately distinguish between sub-groups that are treated differently. See Chapter Three and the guideline notes immediately following the Prioritized List for further detail.
- 20) Where are the indexes?** At the end of this appendix you will find both the condition and treatment indexes that alphabetically list common medical terms. These terms are cross-referenced with the corresponding ranking of that condition or treatment on the Prioritized List.
- 21) What other resources are available to answer other questions I may have?** For questions about the Prioritized List, the methodology used to create and maintain the List, or other information concerning the work of the Health Services Commission, see the Commission's web page at:

http://www.ohpr.state.or.us/hsc/index_hsc.htm

For policy questions regarding the Oregon Health Plan in general, see the web site of the Office for Oregon Health Policy and Research at:

<http://www.ohpr.state.or.us>

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

<http://www.dhs.state.or.us/healthplan>

Or address your questions to:

Office for Oregon Health Policy & Research
Public Service Building, 5th Floor
255 Capitol Street NE
Salem, OR 97310

**APRIL 29, 2003, PRIORITIZED LIST
OF HEALTH SERVICES**

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 850.1-850.5, 851.02-851.06, 851.1, 851.22-851.26, 851.3, 851.42-851.46, 851.5, 851.62-851.66, 851.7, 851.82-851.86, 851.9
CPT: 61108, 61313-61316, 62140-62141, 62148, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 1

Diagnosis: TYPE I DIABETES MELLITUS
Treatment: MEDICAL THERAPY
ICD-9: 250.01, 250.03, 250.11, 250.13, 250.21, 250.23, 250.31, 250.33, 250.61, 250.63, 250.91, 250.93, 251.3
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
HCPCS: G0245-G0246, S9145
Line: 2

Diagnosis: PERITONITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 567, 569.83, 777.6
CPT: 10180, 44120, 44602, 44626, 49021, 49040-49061, 49080-49081, 49420, 49423-49424, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 3

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.4
CPT: 36821, 36831-36833, 36835, 36870, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 4

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
ICD-9: 511.8, 512, 860
CPT: 32002, 32020, 32200-32215, 32310, 32420, 32500, 32650-32652, 32655, 32664-32665, 33015, 33020, 33025, 33030-33031, 33050, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 5

Diagnosis: COMPLICATED HERNIA WITH OBSTRUCTION AND/OR GANGRENE; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18
Treatment: REPAIR
ICD-9: 550.0-550.1, 550.9, 551.0-551.2, 551.8-551.9, 552.0-552.2, 552.8-552.9
CPT: 44050, 44120, 49491-49496, 49500-49590, 49650, 49651, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 6

Diagnosis: TORSION OF OVARY
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
ICD-9: 620.5
CPT: 58660, 58661, 58662, 58720, 58770, 58925, 58940-58943, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 7

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: TORSION OF TESTIS
Treatment: ORCHIECTOMY, REPAIR
ICD-9: 608.2

CPT: 54512-54535, 54600, 54620, 54640, 54660, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 8

Diagnosis: ADDISON'S DISEASE
Treatment: MEDICAL THERAPY

ICD-9: 255.4, 255.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 9

Diagnosis: INJURY TO INTERNAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 861.0-861.1, 861.20-861.22, 861.30-861.32, 862.0-862.1, 862.21, 862.29, 862.3, 862.9, 863-869, 958.4, 958.7

CPT: 31775, 32110, 32120, 32124, 32658, 32820, 32653-32654, 33300-33335, 33960-33961, 39501, 39545, 44139-44140, 44625, 44701, 45562-45563, 47361-47362, 47900, 50740, 50750, 50947-50948, 52310, 52315, 53502, 53505, 53510, 53515, 58520, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 10

Diagnosis: FLAIL CHEST
Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 807.4

CPT: 21750, 21800-21825, 32110, 32120, 32124, 32820, 32905-32906, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 11

Diagnosis: APPENDICITIS
Treatment: APPENDECTOMY

ICD-9: 289.2, 540-543

CPT: 44900-44960, 44970, 49020

Line: 12

Diagnosis: RUPTURED SPLEEN
Treatment: REPAIR/SPLENECTOMY/INCISION

ICD-9: 865

CPT: 38100, 38115, 38120

Line: 13

Diagnosis: TUBERCULOSIS
Treatment: MEDICAL THERAPY

ICD-9: 010-012, 031.0, V71.2

CPT: 32662, 32906, 32960, 33015, 33020, 33025, 33030-33031, 33050, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 14

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN
Treatment: REPAIR

ICD-9: 807.5-807.6, 874

CPT: 11010-11012, 12001-12007, 13101, 13131-13150, 20100, 21493-21495, 31528-31529, 31766, 31780-31781, 31584-31586, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 15

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
ICD-9: 464.01,464.1-464.4,464.51
CPT: 31500,31600-31605,31820-31830,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 16

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA
Treatment: MEDICAL THERAPY
ICD-9: 073.0,481-483,485-486,507
CPT: 31500,31603,31645-31646,32000,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 17

Diagnosis: PERTUSSIS AND DIPHTHERIA
Treatment: MEDICAL THERAPY
ICD-9: 032-033
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 18

Diagnosis: RUPTURE OF PAPILLARY MUSCLE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 429.5-429.6
CPT: 33425,33430,33542,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 19

Diagnosis: COAGULATION DEFECTS
Treatment: MEDICAL THERAPY
ICD-9: 286.0-286.5,286.7-286.9,719.1,V83.01,V83.02
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 20

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment: SURGICAL TREATMENT
ICD-9: 441.0-441.1,441.3,441.5-441.6
CPT: 32110,32120,32124,32820,33320-33335,33690,33860-33877,33916,34520,35081-35103,35301-35311,35331-35351,35450-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35651,35663,35820,35840,35870-35876,35905,35907,36825-36830,36834,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 21

Diagnosis: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES
Treatment: LIGATION
ICD-9: 903-904
CPT: 35189-35190,35206-35207,35236,35266,35500,37618
Line: 22

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: INTUSSUSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, & RECTUM
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.0,560.2,560.30,560.39,560.8-560.9,935.2,936-938
CPT: 43247,43870,44005-44010,44020-44025,44050,44110-44130,44139-44147,44200,44206-44208,44310,44370,44379,44383,44390,44397,44701,45327,45337,45345,45387,45915,49085,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 23

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE
Treatment: SURGICAL TREATMENT
ICD-9: 441.2,441.4,441.7,441.9,442
CPT: 33320-33335,33860-33877,33916,34800-34834,34900,35001-35081,35091,35102,35111-35162,35188,35301-35311,35331-35351,35450-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35651,35663,35682-35683,35820,35840,35905,35907,35875-35876,36825-36830,36834,37565-37606,37618,61680-61700,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 24

Diagnosis: RUPTURED VISCUS
Treatment: REPAIR
ICD-9: 530.4,568.81,569.3,569.49,569.89,862.22
CPT: 43405,44602-44605,45334,45379,45382,45500,45560,45915,57268-57270,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 25

Diagnosis: ACUTE BACTERIAL MENINGITIS
Treatment: MEDICAL THERAPY
ICD-9: 036,320
CPT: 61000-61070,61107,61210-61215,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 26

Diagnosis: HODGKIN'S DISEASE
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 201
CPT: 38100,38120,49200,49220,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 27

Diagnosis: ACUTE PYELONEPHRITIS, RENAL & PERINEPHRIC ABSCESS
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-9: 590.1-590.3
CPT: 49423-49424,50020-50021,50220,50520,50525-50526,50544-50546,50548,50575,50947-50948,52332,52334,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 28

Diagnosis: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA
Treatment: SURGICAL TREATMENT
ICD-9: 443.1,444.0-444.1,444.8
CPT: 33320-33335,33916,34001,34051,34101,34201-34203,35081,35331,35363-35390,35473,35536-35551,35560,35623-35641,35646-35647,35651,35681-35683,35691-35695,35741,35761,35800,35875-35876,35901,36825-36830,36834,37201-37202,37204-37205,37209
Line: 29

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: LIVER ABSCESS
Treatment: MEDICAL THERAPY
ICD-9: 572.0-572.3,572.8
CPT: 47011-47015,49423-49424,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,
92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,
96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99185-99362,
99374-99375,99379-99440,99499
Line: 30

Diagnosis: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
ICD-9: 348.4-348.5,349.81,430-432,437.3,852-853
CPT: 61120,61150-61151,61154,61210,61304,61312-61316,61322-61323,61343,61522-61710,62100,
62220-62223,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,
92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,
97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-
99375,99379-99440,99499
Line: 31

Diagnosis: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS & ESOPHAGUS
Treatment: REMOVAL OF FOREIGN BODY
ICD-9: 933.0-933.1,934,935.0-935.1
CPT: 31500,31511-31512,31530-31531,31635,32150-32151,40804,42809,43020,43045,43215,43247,
90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
Line: 32

Diagnosis: NEOPLASMS OF ISLETS OF LANGERHANS
Treatment: EXCISION OF TUMOR
ICD-9: 157.4,211.7
CPT: 48140,60699
Line: 33

Diagnosis: NON-DIABETIC HYPOGLYCEMIC COMA
Treatment: MEDICAL THERAPY
ICD-9: 251.0
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
Line: 34

Diagnosis: ACUTE OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 526.4,730.0,730.3
CPT: 20150,20955-20957,20960,20962,20969-20973,21026,23105,23130,23220-23222,23405-23406,
24150-24153,24420,24498,25085,25119,25210-25240,27025,27054,27065-27067,27187,27745,
21025,21510,27705-27709,42000,90471-90472,90780-90799,90901-90937,90945-92060,92070-
92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-
96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,
99185-99362,99374-99375,99379-99440,99499
Line: 35

Diagnosis: ACUTE MASTOIDITIS
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
ICD-9: 383.0,383.2
CPT: 69420-69421,69433-69436,69501-69540,69601-69646,69670,69700,69801-69802,90471-90472,
90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,
92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,
97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 36

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: PYOGENIC ARTHRITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 711.0, 711.9
CPT: 24000, 25040, 26070-26080, 27030, 27310, 27610, 29843, 29848, 29861-29863, 29871, 29894, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 37

Diagnosis: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER
Treatment: MEDICAL THERAPY
ICD-9: 391, 392.0
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 38

Diagnosis: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment: THROMBECTOMY/LIGATION
ICD-9: 453
CPT: 34101, 34401, 34471, 34490, 34501-34502, 34510-34530, 35201-35286, 35572, 35681, 35761, 35800, 35820, 35840, 35875-35876, 35905, 35907, 37140, 37160, 37182, 37202, 37205-37209, 37620, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 39

Diagnosis: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.26-941.27, 942.20-942.24, 942.29, 943.2, 944.20-944.24, 944.26-944.28, 945.20-945.21, 945.23-945.29, 946.2, 949.2
CPT: 11000, 11040-11042, 11960-11971, 14020, 14040-14041, 15000-15121, 15200, 15220, 15240, 15260, 15342-15401, 15570-15574, 15770, 16010-16036, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 40

Diagnosis: CHOANAL ATRESIA
Treatment: REPAIR OF CHOANAL ATRESIA
ICD-9: 748.0
CPT: 30520, 30540, 30545, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 41

Diagnosis: BURN, PARTIAL THICKNESS WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.20-941.25, 941.28-941.29, 941.30-941.35, 941.38-941.39, 942.25, 942.35, 944.25, 944.35, 945.22, 945.32, 946.2-946.3, 949.2-949.3
CPT: 11000, 11040-11042, 11970, 14020, 14040-14041, 15000-15121, 15200, 15220, 15240, 15260, 15342-15401, 15570-15574, 15756-15758, 15770, 16010-16036, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 42

Diagnosis: THROMBOCYTOPENIA
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-9: 287.1, 287.3-287.5
CPT: 38100, 38102, 38120, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 43

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: INTRA-ABDOMINAL ABSCESS
Treatment: DRAIN ABSCESS, MEDICAL THERAPY
ICD-9: 569.5
CPT: 44799, 45308-45315, 49020, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 44

Diagnosis: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 040.0, 250.7, 440.2-440.3, 728.0, 728.86, 785.4
CPT: 11000-11057, 23900-23921, 23930, 24350-24356, 24495, 24900-24940, 25020-25028, 25900-25931, 26025-26030, 26037-26045, 26910-26952, 26990-26991, 27025, 27290-27295, 27301, 27305, 27496-27499, 27590-27598, 27600-27603, 27880-27894, 28001-28003, 28008, 28800-28825, 29893, 35500, 35682-35683, 35860, 35875-35876, 35903, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 45

Diagnosis: RUPTURE OF BLADDER, NONTRAUMATIC
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-9: 596.6, 599.8
CPT: 51860-51865, 53080, 53085, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 46

Diagnosis: ERYSIPELAS
Treatment: MEDICAL THERAPY
ICD-9: 035
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 47

Diagnosis: SEPTICEMIA
Treatment: MEDICAL THERAPY
ICD-9: 002, 003.1, 038, 054.5, 079.81, 098.89, 771.8, 785.59
CPT: 49002, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 48

Diagnosis: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 080-083, 085.0, 085.5, 085.9
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 49

Diagnosis: ACUTE ORBITAL CELLULITIS
Treatment: MEDICAL THERAPY
ICD-9: 376.0
CPT: 67414, 67445, 68400, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 50

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX

Treatment: MEDICAL THERAPY

ICD-9: 478.6,995.0,995.2,995.4,995.6

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 51

Diagnosis: DEFORMITIES OF HEAD AND COMPOUND/DEPRESSED FRACTURES OF SKULL

Treatment: CRANIOTOMY/CRANIECTOMY

ICD-9: 733.3,738.0-738.1,756.0,800.02-800.99,801.02-801.99,803.02-803.99,804

CPT: 11010-11012,11971,14041,21076-21077,21100-21110,21137-21180,21182-21188,21256-21275,21300,49906,61312-61330,61340,61345,61550-61559,61575-61576,62000-62010,62115-62121,62141,62146-62148,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

CDT: D5915,D5919,D5924,D5925,D5928,D5929,D5931,D5933

Line: 52

Diagnosis: CONGENITAL, PRIMARY, AND SECONDARY SYPHILIS

Treatment: MEDICAL THERAPY

ICD-9: 090-092

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 53

Diagnosis: BIRTH CONTROL

Treatment: CONTRACEPTION MANAGEMENT

ICD-9: V24.2,V25.0-V25.1,V25.4-V25.9,V26.3-V26.4

CPT: 11975-11977,57170,58300-58301,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: S4981,S4989

Line: 54

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

ICD-9: 640-677,V22.0-V22.1,V23.0-V23.1,V23.3-V23.9,V24,V27-V28,V72.4

CPT: 12021,57022,57700,58520,59001,59012,59015,59020,59025,59030,59050-59051,59100-59622,59830,59871,59001,59899,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499,

HCPCS: G9001-G9002,G9005-G9006,G9009-G9012,S8055

Line: 55

Diagnosis: BIRTH OF INFANT

Treatment: NEWBORN CARE

ICD-9: 763,765.29,779.81-779.82,779.89,V30-V37

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 56

Diagnosis: ECTOPIC PREGNANCY

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 633

CPT: 57020,58520,58661,58673,58700,58720,58770,59120-59151,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175-99175,99185-99362,99375-99440,99499

Line: 57

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 777.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 58

Diagnosis: NEONATAL THYROTOXICOSIS

Treatment: MEDICAL THERAPY

ICD-9: 775.3

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 59

Diagnosis: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 748.2-748.3, 769, 770.0-770.6, 770.8-770.9

CPT: 39501, 39503, 39520, 39530-39531, 39545, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 60

Diagnosis: DRUG REACTIONS & INTOXICATIONS SPECIFIC TO NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.4

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 61

Diagnosis: TETANUS NEONATORUM

Treatment: MEDICAL THERAPY

ICD-9: 771.3

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 62

Diagnosis: HYDROPS FETALIS

Treatment: MEDICAL THERAPY

ICD-9: 773.3, 778.0

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 63

Diagnosis: GALACTOSEMIA

Treatment: MEDICAL THERAPY

ICD-9: 271.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 64

Diagnosis: CONGENITAL HYPOTHYROIDISM

Treatment: MEDICAL THERAPY

ICD-9: 243

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 65

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: PHENYLKETONURIA (PKU)

Treatment: MEDICAL THERAPY

ICD-9: 270.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 66

Diagnosis: NEONATAL MYASTHENIA GRAVIS

Treatment: MEDICAL THERAPY

ICD-9: 775.2

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 67

Diagnosis: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.0-779.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 68

Diagnosis: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 775.1, 776.0-776.3

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 69

Diagnosis: CEREBRAL DEPRESSION, COMA, & OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.2

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 70

Diagnosis: LOW BIRTH WEIGHT (UNDER 2500 GRAMS)

Treatment: MEDICAL THERAPY

ICD-9: 765, 772.1-772.2, 778.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 71

Diagnosis: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS

Treatment: MEDICAL THERAPY

ICD-9: 778.2-778.4

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 72

Diagnosis: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE

Treatment: MEDICAL THERAPY

ICD-9: 772.5-772.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 73

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS

Treatment: MEDICAL THERAPY

ICD-9: 771.4-771.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 74

Diagnosis: BIRTH TRAUMA FOR BABY

Treatment: MEDICAL THERAPY

ICD-9: 767-768

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 75

Diagnosis: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC

Treatment: MEDICAL THERAPY

ICD-9: 776.4

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 76

Diagnosis: ANEMIA OF PREMATUREITY OR TRANSIENT NEONATAL NEUTROPENIA

Treatment: MEDICAL THERAPY

ICD-9: 776.6-776.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 77

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS;
CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

Treatment: MEDICAL AND SURGICAL THERAPY

ICD-9: 750.5, 751.0-751.5, 751.7-751.9, 756.6-756.7, 770.1, 777.1-777.4, 777.8-777.9, 996.86

CPT: 31750, 31760, 32905-32906, 43500-43510, 43520, 43620-43638, 43640, 43653, 43760, 43800-43832, 43840, 43850, 43860, 43870-43880, 44005, 44010, 44015, 44020-44021, 44050-44055, 44110-44130, 44139-44201, 44206-44212, 44300-44900, 44950, 44955, 45000-45123, 45130-45150, 45300, 45307-45386, 45800, 46040-46045, 46060, 46070-46080, 46270, 46275, 46600, 46608-46614, 46705-46754, 46762, 47010-47011, 47300, 47500-47556, 47600-47620, 47700-47701, 47715-48000, 48120-48146, 48150, 48180-48556, 49200-49201, 49215, 49220, 49250, 49422-49424, 49600-49611, 49904-49905, 51500, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 78

Diagnosis: CONGENITAL INFECTIOUS DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 771.0-771.2

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 79

Diagnosis: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT

Treatment: MEDICAL THERAPY

ICD-9: 766

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 80

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: FEEDING PROBLEMS IN NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.3

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 81

Diagnosis: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE

Treatment: MEDICAL THERAPY

ICD-9: 277.4, 772.0, 772.3-772.4, 773.0-773.2, 773.4-773.5, 774.0-774.4, 774.6-774.7, 776.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 82

Diagnosis: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION

Treatment: MEDICAL THERAPY

ICD-9: 771.6-771.7

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 83

Diagnosis: DRUG WITHDRAWAL SYNDROME IN NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 779.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 84

Diagnosis: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 775.4-775.5, 775.7-775.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 85

Diagnosis: ADRENOGENITAL DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 255.2, 752.7

CPT: 50700, 54690, 56800, 56805, 56810, 57335, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 86

Diagnosis: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS

Treatment: SHUNT

ICD-9: 331.3-331.4, 348.2, 742.0, 742.3-742.4

CPT: 20664, 61020, 61070, 61107, 61210, 61322-61323, 62100, 62120-62121, 62160-62163, 62272, 63740-63746, 62180-62258

Line: 87

Diagnosis: SPINA BIFIDA

Treatment: SURGICAL TREATMENT

ICD-9: 741

CPT: 27036, 61343, 63700-63710, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 88

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CONGENITAL DISLOCATION OF HIP; COXA VARA & VALGA

Treatment: SURGICAL TREATMENT

ICD-9: 736.31-736.32,754.3,755.61-755.62

CPT: 27179,27181,27185,27256-27259,29861-29863

Line: 89

Diagnosis: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA

Treatment: MEDICAL THERAPY

ICD-9: 775.0,775.6

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 90

Diagnosis: CONGENITAL CYSTIC LUNG - MILD AND MODERATE

Treatment: LUNG RESECTION, MEDICAL THERAPY

ICD-9: 518.89,748.4,748.61

CPT: 32140-32141,32480,32482,32484-32486,32488,32500-32501,32662,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 91

Diagnosis: RUMINATION DISORDER OF INFANCY

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.53

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,99201-99275,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA135,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 92

Diagnosis: STERILIZATION

Treatment: VASECTOMY

ICD-9: V25.2

CPT: 55200,55250

Line: 93

Diagnosis: STERILIZATION

Treatment: TUBAL LIGATION

ICD-9: V25.2

CPT: 58600-58615,58670,58671

Line: 94

Diagnosis: COARCTATION OF THE AORTA

Treatment: SURGICAL/EXCISION

ICD-9: 747.10,747.2-747.3

CPT: 33720,33722,33802-33803,33840-33852

Line: 95

Diagnosis: ATRIAL SEPTAL DEFECT, PRIMUM

Treatment: REPAIR SEPTAL DEFECT

ICD-9: 745.61,745.9

CPT: 33641,33660-33665,33735-33737,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,92990-92993,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 96

Diagnosis: VENTRICULAR SEPTAL DEFECT

Treatment: CLOSURE

ICD-9: 745.4,745.7

CPT: 33545,33610,33665,33681-33688,33690,33735-33737,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,92992-92993,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 97

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: SUBVALVULAR AORTIC STENOSIS, RIGHT VENTRICULAR INFUNDIBULAR OBSTRUCTION AND OTHER SPECIFIED ANOMALIES OF HEART
Treatment: RESECTION, REPAIR
ICD-9: 746.8
CPT: 32661, 33404, 33415-33417, 33476, 33478, 33732, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 98

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-9: 530.84, 750.2-750.9
CPT: 31750, 31760, 43112-43118, 43121-43124, 43300-43352, 43360-43361, 43450, 43453, 43496, 43520, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 99

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment: RECONSTRUCTION
ICD-9: 752.8, 753.0-753.1, 753.3-753.9
CPT: 14020, 15000-15738, 36145, 45820, 50040-50045, 50100, 50125, 50135, 50220-50290, 50390, 50540, 50544-50546, 50548, 50553, 50572, 50722, 50725, 50727-50728, 50825-50840, 50845, 50947-50948, 50970, 51000-51597, 51715, 51800-51980, 52214, 52290, 52300, 53020-53025, 53080, 53085, 53210-53215, 53400-53460, 53621, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 100

Diagnosis: CORONARY ARTERY ANOMALY
Treatment: REIMPLANTATION OF CORONARY ARTERY
ICD-9: 746.85
CPT: 33500-33510, 35572
Line: 101

Diagnosis: COMPLETE, CORRECTED AND OTHER TRANSPOSITION OF GREAT VESSELS
Treatment: REPAIR
ICD-9: 745.10, 745.12, 745.19
CPT: 33735, 33737, 33750, 33764, 33770-33781, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92992, 92997-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 102

Diagnosis: TETRALOGY OF FALLOT (TOF)
Treatment: TOTAL REPAIR TETRALOGY
ICD-9: 745.2, 746.09, 746.87, 746.9, 747.3, 747.42, 747.49
CPT: 33606, 33692-33697, 33735-33737, 33750, 33764, 33924, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92990, 92997-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 103

Diagnosis: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA
Treatment: LIGATION
ICD-9: 417.0, 746.85, 747.0, 747.83
CPT: 33500-33504, 33702-33710, 33813-33814, 33820-33824, 37204, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92997-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 104

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION

Treatment: COMPLETE REPAIR

ICD-9: 747.41

CPT: 33730, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 105

Diagnosis: OTHER AND UNSPECIFIED TYPE ENDOCARDIAL CUSHION DEFECTS

Treatment: REPAIR ATRIOVENTRICULAR

ICD-9: 745.60, 745.69, 745.8

CPT: 33670, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 106

Diagnosis: BILIARY ATRESIA

Treatment: LIVER TRANSPLANT

ICD-9: 751.61, 996.82

CPT: 47133-47136

Line: 107

Diagnosis: CYSTIC FIBROSIS

Treatment: MEDICAL THERAPY

ICD-9: 277.0

CPT: 31500, 31600, 31603, 31624, 31646, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 108

Diagnosis: END STAGE RENAL DISEASE

Treatment: RENAL TRANSPLANT

ICD-9: 250.4, 272.7, 274.1, 282.6, 283.11, 287.0, 403.01, 403.11, 403.91, 446.21, 446.0, 446.4, 580.4, 580.8, 581-585, 587, 590.0, 592.0, 593.7, 593.81, 593.89, 710.0, 710.1, 753.0, 753.12-753.15, 753.16, 753.2, 753.6, 756.71, 759.89, 996.81

CPT: 62825, 36830, 50300, 50320, 50340, 50360, 50365, 50370, 50547

Line: 109

Diagnosis: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; POLYCYSTIC LIVER DISEASE INCLUDING CAROLI'S DISEASE (See Coding Specification Below)

Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT

ICD-9: 277.03, 453.0, 571.2, 571.5-571.6, 751.62, 774.4, 777.8, 996.82

CPT: 47133-47136, 50300, 50340, 50360, 50365

Line: 110

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

Diagnosis: CLEFT PALATE WITH AIRWAY OBSTRUCTION, PIERRE ROBIN DEFORMITY

Treatment: SURGICAL, ORTHODONTICS, AND MEDICAL THERAPY

ICD-9: 519.1, 519.4, 519.8, 748.3, 749.0

CPT: 30140, 30520, 30620, 31527, 31641, 33800, 41510, 42820-42836, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D8010-D8999

Line: 111

Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 420.90, 420.99, 421.0, 421.9, 422.90, 422.92-422.99, 423, 429.0-429.1

CPT: 31750, 31760, 32659-32661, 33011, 33015, 33020, 33025, 33030-33031, 33050, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 112

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 805.0-805.1,805.3,805.5,805.7,805.9,806,839.0-839.1,839.3,839.5,839.7,839.9,952
CPT: 11010-11012,20690-20694,20900,20930-20938,22548,22100-22116,22305-22328,22505,22554,22556,22558,22585,22590-22632,22802,22810,22840-22855,27215-27216,27202,63001-63091,63170-63173,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 113

Diagnosis: FRACTURE OF PELVIS, OPEN AND CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 728.81,808
CPT: 11010-11012,20690-20694,20900,27280,27282,27033,27193-27194,27215-27228,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 114

Diagnosis: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY
Treatment: REPAIR
ICD-9: 901
CPT: 37616,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 115

Diagnosis: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ECZEMA HERPETICUM
Treatment: MEDICAL THERAPY
ICD-9: 054.0,695.1
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 116

Diagnosis: ACQUIRED HEMOLYTIC ANEMIAS
Treatment: MEDICAL THERAPY
ICD-9: 283
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 117

Diagnosis: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
Treatment: BONE MARROW TRANSPLANT
ICD-9: 204.0,205.0,206.0,207.0,208.0,238.7
CPT: 36680,38204-38215,38230-38242,77261-77799
HCPCS: G0242,G0243,G0267,S2150
Line: 118

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 204.0
CPT: 62350-62368,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 119

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: HODGKIN'S DISEASE

Treatment: BONE MARROW TRANSPLANT

ICD-9: 201,996.85

CPT: 36680,38204-38215,38230-38242,77261-77799

HCPCS: G0242,G0243,G0267,S2150

Line: 120

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA

Treatment: MEDICAL THERAPY

ICD-9: 284.0

CPT: 38204-38215,38242,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0267

Line: 121

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

ICD-9: 284.8-284.9,996.85

CPT: 36680,38204-38215,38240,38242

HCPCS: G0267,S2150

Line: 122

Diagnosis: NON-HODGKIN'S LYMPHOMAS

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 200,202.0-202.3,202.6,202.8-202.9,238.5-238.7

CPT: 38100,38120,38510-38525,38720,49080-49081,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 123

Diagnosis: NON-HODGKIN'S LYMPHOMAS

Treatment: BONE MARROW TRANSPLANT

ICD-9: 200,202.0-202.2,202.8-202.9,996.85

CPT: 36680,38204-38215,38230-38242,77261-77799

HCPCS: G0242,G0243,G0267,S2150

Line: 124

Diagnosis: THALASSEMIA, OSTEOPETROSIS AND HEMOGLOBINOPATHIES

Treatment: BONE MARROW RESCUE AND TRANSPLANT

ICD-9: 282.4,282.6-282.7,756.52,996.85

CPT: 36680,38204-38215,38230-38242,77261-77799

HCPCS: G0242,G0243,G0267,S2150

Line: 125

Diagnosis: HYDATIDIFORM MOLE

Treatment: D & C, HYSTERECTOMY

ICD-9: 630

CPT: 58120,58150,58180,58550,58552-58553,59100,59135,59870,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 126

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE

Treatment: SURGICAL TREATMENT

ICD-9: 557.0

CPT: 34151,34421,34451,44140,44120-44125,44139,44141-44160,44206-44212,44701,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 127

Diagnosis: SHORT BOWEL SYNDROME - AGE 5 OR UNDER

Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT

ICD-9: 557,579.3,777.5

CPT: 44132-44136,47133-47136

Line: 128

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ADULT RESPIRATORY DISTRESS SYNDROME; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS
Treatment: MEDICAL THERAPY
ICD-9: 506.508.0,518.4-518.5
CPT: 31500,31600-31603,31646,31820,31825,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 129

Diagnosis: RUPTURE OF LIVER
Treatment: SUTURE/REPAIR
ICD-9: 573.4,573.8,864.04
CPT: 47350-47362,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 130

Diagnosis: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS)
Treatment: MEDICAL THERAPY
ICD-9: 013,117.5,117.9,130.8,322
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 131

Diagnosis: FRACTURE OF JOINT, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 810.1,811.1,812.1,812.5,813.1,813.5,814.1,815.1,816.1,817.1,819.1,820.10,820.12-820.19,820.3,820.9,821.30-821.31,821.33-821.39,822.1,823.1,824.1,824.3,824.5,824.7,824.9,825.1,825.3,826.1,828.1
CPT: 11010-11012,11760,12001-12057,20650,20663,20670-20694,20900,22848-22855,23395,23515,23585,23615,23630,24545-24546,24575,24579,24586-24587,24640,24665-24666,24685,25119,25210-25240,25320,25337,25390-25392,25441-25447,25450,25455,25490-25492,25560-25565,25620,25628,25810-25825,26615,26665,26727-26735,26746,26765,26785,27235-27236,27244,27248,27350,27430-27435,27496-27499,27502,27514,27524,27535-27536,27540,27610,27656,27766,27784,27792,27814,27822-27829,27892-27894,28415-28420,28445,28465,28485,28505,28525,28531,28730,29855-29856,29874-29879,29888-29898,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 132

Diagnosis: FRACTURE OF SHAFT OF BONE, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 809.1,812.3,813.3,813.9,818.1,821.1,823.3,823.9,827.1
CPT: 11010-11012,20150,20650,20663,20670,20680,20690-20694,20900,23395,23400,24130,24515-24516,25310,25515,25525-25526,25545,25574-25575,27465-27468,27496-27499,27506-27507,27511,27513,27656,27712,27756-27759,27824-27829,27892-27894,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 133

Diagnosis: OPEN FRACTURE OF EPIPHYSIS OF LOWER EXTREMITIES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 820.11,821.32
CPT: 11010-11012,20650,20663,20670-20694,20900,23395,27465-27468,27496-27499,27519,27656,27824-27829,27892-27894,29855-29856,29897-29898,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 134

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DISEASES OF PHARYNX INCLUDING RETROPHARYNGEAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 478.21-478.22,478.24-478.26,478.29
CPT: 31610,31612-31613,42700-42725,42808-42972,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 135

Diagnosis: ARTERIAL ANEURYSM OF NECK
Treatment: REPAIR
ICD-9: 442.81-442.82,442.89
CPT: 35321,35516-35518,35572,35691-35695,35800,35820,35875-35876,35901,35905
Line: 136

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
ICD-9: 202.4,203.1,204.1-204.9,205.1-205.9,206.1-206.9,207.1-207.8,208.1-208.9,238.4
CPT: 36822,77261-77799,79100,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 137

Diagnosis: HYPOTHERMIA
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
ICD-9: 991.6
CPT: 33960-33961,36822,49080,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 138

Diagnosis: BENIGN NEOPLASM OF THE BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 225.0-225.4,228.02,228.04,377.04
CPT: 12034,14300,61312-61330,61333-61480,61500-61512,61516-61521,61524-61530,61534,61536-61564,61571-61576,61600-61626,61793,62100,62160,62163-62165,62223,62350-62368,63265,63276,63281,63615,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 139

Diagnosis: MALIGNANT MELANOMA OF SKIN, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 172
CPT: 11600-11646,12001-13102,13120-14001,14020-14061,14300,14350,15000-15770,17999,21015,21555-21557,21632,21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,28043-28046,38562-38564,38700-38780,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 140

Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA
Treatment: THYROIDECTOMY
ICD-9: 193,194.8,237.4,246.0,258,758.5
CPT: 60210,60212,60220,60225,60240,60270-60271,60512
Line: 141

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DIABETES INSIPIDUS

Treatment: MEDICAL THERAPY

ICD-9: 253.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 142

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 344.6, 721.1, 721.4, 721.91, 722.0-722.2, 722.7, 723.4, 724.4, 742.59, 747.82

CPT: 20931, 20938, 22548, 22554, 22556, 22558, 22585, 22612, 22630, 22632, 22808, 22840, 22845, 22851, 55870, 62284, 62287, 62290-62291, 62350-62351, 62355, 62362, 62365, 62367-62368, 63001-63091, 63170-63252, 63300-63308, 63600, 63610, 63650-63655, 63685, 64421, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 143

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE (See Guideline Note)

Treatment: MEDICAL THERAPY

ICD-9: V01.0-V01.2, V01.4-V01.9, V02-V03, V04.0, V04.2-V04.6, V04.8, V05-V06, V07.0, V07.2, V07.31, V17-V20, V65.41-V65.45, V71.09, V73-V75, V77-V82

CPT: 90471-90472, 90780-90799, 90801, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499, BA008, BA009, BA010, BA135, BA310, BA371, BA382

Line: 144

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.1

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, 99301-99316, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 145

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.89

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, 99301-99316, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA135, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 146

Diagnosis: COARCTATION OF THE AORTA

Treatment: BALLOON DILATION

ICD-9: 747.10

CPT: 35452, 35472, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 147

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 323.5,414.12,443.21-443.24,443.29,519.01,519.09,536.41,569.61,996.0-996.2,996.39,996.4,996.51,996.56,996.6-996.9,997.0-997.5,997.62,997.71,997.72,997.79,998.0,998.11,998.2-998.3,998.5-998.6,999.0-999.1,999.3,999.4,999.8

CPT: 10121,10140,10180,13160,20670-20680,20693-20694,20975,21120,22849-22850,22852-22855,23800-23802,24160-24164,24430-24435,24800-24802,24925-24935,25250-25251,25415-25420,25431-25446,25449,25907-26565,26568-26931,26991,27090-27091,27132-27138,27265-27266,27284-27286,27486-27488,27580,27594-27596,27786,27870,27884,28715,31613-31614,31750-31781,31800-31830,33206-33210,33213,33234,33236-33238,33241-33243,33249,33284,33400-33478,33496,33510-33536,33863,34830,35188-35190,35301-35390,35556,35566-35571,35583-35587,35656,35666-35671,35700,35800-35881,35901-35907,36145,36261,36493,36531-36532,36534-36535,36550,36819-36821,36831-36870,37203,43860,47802,49021,50065,50135,50225,50370,50398,50405,50525,50640,50727-50728,50830,50920,50930-50940,51705-51710,51860-51880,51900-51925,52001,54340-54352,54390,54406-54417,61880,61888,62194,62225-62230,62256-62258,62350-62365,63660,63688,63744-63746,64585,64595,65150-65175,65710-65755,65920,75984,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 148

Diagnosis: CRUSH INJURIES: TRUNK, UPPER LIMBS, LOWER LIMB INCLUDING BLOOD VESSELS

Treatment: SURGICAL TREATMENT

ICD-9: 728.0,862.8,900,902-904,925-928,929.0,958.5-958.6,958.8

CPT: 11730,11760,15100-15241,20101-20103,20972-20973,21627,21630,21740,23395,24495,25020,25023,25274,25295,25300-25301,25320,25335-25337,25390,25392,25391,25393,25441-25447,25450,25455,25490-25492,25810,25820,25825,25830,26357-26390,26437,27465-27468,27496-27499,27600-27602,27656,27658-27659,27665,27695-27698,27892-27894,35141,35206-35207,35236,35266,35521,37615-37618

Line: 149

Diagnosis: CONGENITAL MITRAL VALVE STENOSIS

Treatment: MITRAL VALVE REPLACEMENT

ICD-9: 746.5

CPT: 33420-33430,33496,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,92986-92990,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 150

Diagnosis: COMMON TRUNCUS

Treatment: TOTAL REPAIR/REPLANT ARTERY

ICD-9: 745.0

CPT: 33608,33690,33786,33788,33813-33814,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 151

Diagnosis: CONGENITAL TRICUSPID ATRESIA AND STENOSIS

Treatment: REPAIR

ICD-9: 746.1

CPT: 33460,33463-33464,33496,33615,33617,33735,33750,33766,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,92993,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 152

Diagnosis: BULBUS CORDIS ANOMALIES & ANOMALIES OF CARDIAC SEPTAL CLOSURE: DOUBLE OUTLET RIGHT VENTRICLE

Treatment: SHUNT/REPAIR

ICD-9: 745.11

CPT: 33611-33612,33684,33750-33766,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,92992-92993,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 153

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: COMMON VENTRICLE

Treatment: TOTAL REPAIR

ICD-9: 745.3

CPT: 33600, 33602, 33610, 33615, 33617, 33690, 33692-33694, 33735, 33750, 33764, 33766-33767, 33924, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 154

Diagnosis: CONGENITAL PULMONARY VALVE ATRESIA

Treatment: SHUNT/REPAIR

ICD-9: 746.00-746.01

CPT: 33470-33474, 33608, 33750-33766, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92986-92990, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 155

Diagnosis: INTERRUPTED AORTIC ARCH

Treatment: TRANSVERSE ARCH GRAFT

ICD-9: 747.11

CPT: 33608, 33852-33853, 33870, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 156

Diagnosis: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME

Treatment: CARDIAC TRANSPLANT

ICD-9: 135, 412, 414, 422, 425, 428, 429.1, 674.8, 745.1, 745.3, 746.7, 996.83

CPT: 33940, 33945, 33975-33978, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92984, 92995-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 157

Diagnosis: DISORDERS OF BILE DUCT

Treatment: EXCISION, REPAIR

ICD-9: 576.4-576.9

CPT: 43262, 43267-43269, 43272, 47015, 47420-47460, 47510-47530, 47554-47556, 47600-47900, 49422, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 158

Diagnosis: ASTHMA

Treatment: MEDICAL THERAPY

ICD-9: 493

CPT: 31500, 31600-31603, 31820, 31825, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 159

Diagnosis: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3

Treatment: MEDICAL THERAPY

ICD-9: 480.1

CPT: 31500, 31600-31603, 31820, 31825, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 160

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: RESPIRATORY FAILURE

Treatment: MEDICAL THERAPY

ICD-9: 518.81-518.84

CPT: 31500,31502,31600,31603,31645,31820,31825,36822,90471-90472,90780-90799,90901-90937,
90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,
95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,
99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 161

Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 295.1-295.9,298.4,299.1,299.9

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-
99275,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,
BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,
BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,
BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,
ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 162

Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.30-296.36,298.0

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-
99275,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,
BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,
BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,
BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,
ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 163

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.0-296.1,296.4-296.8,296.90,296.99,301.13

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-
99275,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,
BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,
BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,
BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,
ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 164

Diagnosis: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

ICD-9: 906.5-906.9,940,941.30-941.35,941.4-941.5,942.35,942.4-942.5,943.4-943.5,944.35,
944.4-944.5,945.32,945.4-945.5,946.3-946.5,947,949.4-949.5

CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,
15342-15401,15570-15574,15770,16000-16036,90471-90472,90780-90799,90901-90937,90945-
92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-
95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-
99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 165

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE

Treatment: MEDICAL THERAPY, DIALYSIS

ICD-9: 276,785.50

CPT: 36832,36821,36835,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-
92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-
97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,
99374-99375,99379-99440,99499

Line: 166

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
ICD-9: 242,245.1-245.9,246.8,376.2
CPT: 60210,60212,60220,60225,60240,60270-60271,60512,67414,67440-67445,67599,77261-77799,
79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,
92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,
97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-
99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 167

Diagnosis: HYPERTENSIVE HEART AND RENAL DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 404,405.01,405.11,405.91
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
Line: 168

Diagnosis: BENIGN CEREBRAL CYSTS
Treatment: DRAINAGE
ICD-9: 348.0,349.2
CPT: 61120-61130,61150-61151,61314-61316,61522-61524,61680-61710
Line: 169

Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC
INFECTIONS
Treatment: MEDICAL THERAPY
ICD-9: 042,V08
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97780-97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499
Line: 170

Diagnosis: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS
RECEIVING CONTINUOUS ANTIBIOTIC THERAPY
Treatment: MEDICAL THERAPY
ICD-9: 003.9,007.2,007.4,007.5,007.9,031.2,031.9,039,053-054,078.5,110,111.1,112.0,112.2,
112.84,115,117.5,118,130,136.3
CPT: 11720-11721,17110-17111,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,
92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,
96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-
99362,99374-99375,99379-99440,99499
Line: 171

Diagnosis: EMPYEMA AND ABSCESS OF LUNG
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 510,511.1,513.0
CPT: 32000-32036,32200,32215-32225,32310,32320,32420,32500,32650-32652,32655-32656,32664-
32665,32810,32815,32906,32940,33015,33020,33025,33030-33031,33050,33253,39220,90471-
90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-
92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-
97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,
99499
Line: 172

Diagnosis: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS
Treatment: MEDICAL THERAPY
ICD-9: 284.8-284.9
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
Line: 173

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: MALARIA AND RELAPSING FEVER

Treatment: MEDICAL THERAPY

ICD-9: 084,086.1-086.5,086.9,087,285.21-285.29

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 174

Diagnosis: HEART FAILURE

Treatment: MEDICAL THERAPY

ICD-9: 416,428,514

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 175

Diagnosis: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN

Treatment: MEDICAL THERAPY

ICD-9: 282,285.8,289.0,289.4-289.6

CPT: 38100-38102,38120,47562,47563,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 176

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 427.1,427.4-427.5,428.20-428.23,428.30-428.33,428.40-428.43,428.9,429.4,746.86

CPT: 31500,31603,31605,33215,32160,33200-33261,33820,33973-33974,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92961,92970-92984,92995-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 177

Diagnosis: END STAGE RENAL DISEASE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

ICD-9: 250.4,583.8-583.9

CPT: 36821,36831-36833,36835,36870,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 178

Diagnosis: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)

Treatment: LIVER TRANSPLANT

ICD-9: 270.0,270.2-270.4,270.6,270.9,271.0,271.8,272.0,275.0,275.1,277.6,570,571.49,996.82

CPT: 47133-47136

Line: 179

Diagnosis: FRACTURE OF HIP, CLOSED

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 820.00,820.02-820.09,820.2,820.8

CPT: 20680,20900,27125,27132,27230-27232,27235-27240,27244-27248,27496-27499,27656,27892-27894,29305,29325,29710,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 180

Diagnosis: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA

Treatment: MEDICAL THERAPY

ICD-9: 277.6,995.1

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 181

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: PEDIATRIC SOLID MALIGNANCIES, SEMINOMA (See Coding Specification Below)

Treatment: BONE MARROW RESCUE AND TRANSPLANT

ICD-9: 170,171,186.9,188,189.0,191.6-191.7,194.0

CPT: 36680,38204-38215,38230-38242,77261-77799

HCPCS: G0242,G0243,G0267,S2150

Line: 182

Morphology codes indicating a diagnosis of Medulloblastoma (M9470/3,M9471/3, M9472/3), Neuroblastoma (M9490/3,M9500/3 M9501/3,M9502/3,M9503/3,M9504/3,M9522/23), Rhabdomyo-sarcoma (M8900/3,M8901/3,M8902/3,M8910/3,M8920/3), Ewing's Sarcoma (M9260/3) or Seminoma (M9061/3,M9062/3,M9063/3) must be documented to ensure a covered diagnosis. The treatment of seminoma with bone marrow/stem cell rescue and transplant in conjunction with high-dose chemotherapy is included only after selection within a randomized trial.

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

ICD-9: 205.1,206.1,996.85

CPT: 36680,38204-38215,38230-38242,77261-77799

HCPCS: G0242,G0243,G0267,S2150

Line: 183

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE OF 10 (See Guideline Note)

Treatment: MEDICAL THERAPY

ICD-9: V01.0-V01.2,V01.4-V01.9,V02-V03,V04.0,V04.2-V04.6,V04.8,V05-V06,V07.0,V07.2,V07.4, V17-V19,V65.41-V65.45,V70.0,V71.09,V72.0-V72.1,V72.3,V73-V82

CPT: 90471-90472,90780-90799,90801,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499,BA108,BA109,BA110,BA150,BA310,BA371,BA382

HCPCS: G0117,G0118

Line: 184

Diagnosis: TOBACCO DEPENDENCE (See Guideline Note)

Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS

ICD-9: 305.1

CPT: 99071,99078,99201-99215,99372,BA330,BA331,BA332,BA333,BA334

CDT: D1320,S9453

Line: 185

Diagnosis: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS

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

ICD-9: 250.6-250.7,356,357.2,357.5,440.2,443.1

CPT: 11040,11719-11732,11750

HCPCS: G0245,G0246,G0247

Line: 186

Diagnosis: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 291.1,303.9,304,305.0,305.2-305.9

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,97780-97781,99201-99275,99301-99316,BA310,BA311,BA312,BA313,BA314,BA315,BA316,BA317,BA318,BA319,BA321,BA340,BA370,BA371,BA372,BA373,BA374,BA375,BA376,BA377,BA378,BA381,BA382,BA383,BA384,BA385,BA386,BA387,BA388,BA389

Line: 187

Diagnosis: MAJOR DEPRESSION; SINGLE EPISODE OR MILD

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 296.2,298.0,311

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 188

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: BRIEF REACTIVE PSYCHOSIS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 297.3,298.1-298.3,298.9,299.8

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,99201-99275,
BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,
BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,
BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,
BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,
ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 189

Diagnosis: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 314

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-
99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,
BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,
BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,
BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,
ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 190

Diagnosis: HYPERTENSION AND HYPERTENSIVE DISEASE

Treatment: MEDICAL THERAPY

ICD-9: 401-402,405.09,405.19,405.99,437.2

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 191

Diagnosis: ULCERS, GASTRITIS AND DUODENITIS

Treatment: MEDICAL THERAPY

ICD-9: 531-535,537.81-537.82,569.84

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 192

Diagnosis: CANCER OF THYROID, TREATABLE

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

ICD-9: 192

CPT: 38510,60200,60210,60212,60220-60225,60252-60260,60270-60271,60512,77261-77799,79000-
79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-
92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-
97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499

CDT: D5984

HCPCS: G0242,G0243

Line: 193

Diagnosis: CANCER OF TESTIS, TREATABLE

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

ICD-9: 186,236.4

CPT: 38564,38780,54512-54535,54690,77261-77799,90471-90472,90780-90799,90901-90937,90945-
92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-
95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-
99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 194

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CANCER OF UTERUS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 179,182,233.2,236.0,621.3
CPT: 38770,38780,49201,57500,58120,58150-58285,58290-58294,58346,58953-58954,77261-77799,
90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
HCPCS: G0242,G0243
Line: 195

Diagnosis: CANCER OF EYE & ORBIT, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 190,234.0,238.8
CPT: 11420,11440,13132,15756-15758,20969,65091,65101-65105,65110-65114,65900,66600,66605,
66770,67218,67414,67445,68135,68320-68328,68335-68340,77261-77799,90471-90472,90780-
90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-
92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,
99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 196

Diagnosis: ULCERS, GI HEMORRHAGE
Treatment: SURGICAL TREATMENT
ICD-9: 530.7,531-534,537.0,537.3-537.4,537.83-537.84,569.84,578
CPT: 43201,43204-43205,43236,43241,43243-43244,43255,43324,43501-43502,43520,43610-43641,
43651,43652,43800,43820-43840,43850-43855,43865,43870,45308-45320,45333-45339,64680,
90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
Line: 197

Diagnosis: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
ICD-9: 746.3-746.4
CPT: 33400,33405-33417,33496,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,
92358-92371,92502-92508,92511-92960,92970-92977,92986-92990,93000-95075,95115-95999,
96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,
99175,99185-99362,99374-99375,99379-99440,99499
Line: 198

Diagnosis: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
ICD-9: 941.26-941.27,941.36-941.37,942.20-942.24,942.29-942.34,942.39,943.2-943.3,944.20-
944.24,944.26-944.28,944.30-944.34,944.36-944.38,945.20-945.21,945.23-945.29,945.30-
945.31,945.33-945.39,946.2-946.3,949.2-949.3
CPT: 11000,11040-11042,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,
15342-15401,15570-15574,16000-16036,90471-90472,90780-90799,90901-90937,90945-92060,
92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,
96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,
99175,99185-99362,99374-99375,99379-99440,99499
Line: 199

Diagnosis: AGRANULOCYTOSIS
Treatment: BONE MARROW TRANSPLANTATION
ICD-9: 288.0,996.85
CPT: 36680,38204-38215,38240,38242,90471-90472,90780-90799,90901-90937,90945-92060,92070-
92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-
96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,
99185-99362,99374-99375,99379-99440,99499
HCPCS: G0267,S2150
Line: 200

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: CHRONIC GRANULOMATOUS DISEASE
Treatment: MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
ICD-9: 288.1-288.2
CPT: 79000-79900, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
HCPCS: G0242, G0243
Line: 201

Diagnosis: BOTULISM
Treatment: MEDICAL THERAPY
ICD-9: 005.1
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 202

Diagnosis: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU)
Treatment: MEDICAL THERAPY
ICD-9: 270.0, 270.2-270.9
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 203

Diagnosis: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD
Treatment: MEDICAL THERAPY
ICD-9: 770.7
CPT: 31601-31603, 31820, 31825, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 204

Diagnosis: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES
Treatment: MEDICAL THERAPY
ICD-9: 054.11-054.13, 098.0-098.3, 098.5-098.7, 098.81-098.86, 099.0-099.2, 099.4-099.9
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 205

Diagnosis: HERPES SIMPLEX AND HERPES ZOSTER WITH NEUROLOGICAL & OPHTHALMOLOGICAL COMPLICATIONS
Treatment: MEDICAL THERAPY
ICD-9: 050, 053, 054.3-054.4, 054.72, 136.2, 331.81
CPT: 69676, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 206

Diagnosis: PNEUMOCYSTIS CARINII PNEUMONIA
Treatment: MEDICAL THERAPY
ICD-9: 136.3
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 207

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: HYPOPLASIA AND DYSPLASIA OF LUNG

Treatment: MEDICAL THERAPY

ICD-9: 748.5

CPT: 31601-31603,31820,31825,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 208

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 086.0,425

CPT: 21630,33010,33215-33216,33218-33220,33223-33226,33240-33246,33249,33414-33416,33508,33510-33514,33516-33519,33521-33523,33530,33973-33974,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92984,92995-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 209

Diagnosis: GLYCOGENOSIS

Treatment: MEDICAL THERAPY

ICD-9: 271.0

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 210

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 730.1-730.2,730.30,730.34,730.9

CPT: 11000-11044,15734,20000,20005,20150,20692,20900,20930-20938,20955-20957,20960,20962,20969-20973,21620,21627,22548,22554,22556,22558,22585,22851,23035,23105,23130,23170-23182,23184,23220-23222,23395,23935,24134-24147,24150-24153,24420,24498,25035,25085,25119,25145-25151,25210-25240,25320,25337,26034,26230-26236,26951,26992,27070-27071,27075-27079,27187,27303,27360,27465-27468,27607,27620,27640-27641,27745,28005,28120-28124,28810,28820,63081-63091,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 211

Diagnosis: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA

Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

ICD-9: 203.0,203.8,204.0

CPT: 62350-62368,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 212

Diagnosis: MULTIPLE MYELOMA

Treatment: BONE MARROW TRANSPLANT

ICD-9: 203,996.85

CPT: 36680,38204-38215,38230-38242

HCPCS: G0267,S2150

Line: 213

Diagnosis: PHLEBITIS & THROMBOPHLEBITIS, DEEP

Treatment: MEDICAL THERAPY

ICD-9: 451.1,451.81,451.83

CPT: 11042,32661,37660,35700,35860,35875-35876,35903,37500,37650,37720,37735,37760,37785,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 214

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: DISEASES OF ENDOCARDIUM

Treatment: MEDICAL THERAPY

ICD-9: 424

CPT: 32660,33496,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 215

Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 357.81-357.82,357.89,359.81,359.89,420.91,422.91

CPT: 31750,31760,32659-32661,33010-33011,33015,33020,33025,33030-33031,33050,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 216

Diagnosis: INTRASPINAL AND INTRACRANIAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 324-325,386.33

CPT: 20930-20938,22840-22855,61105-61323,61501,61514,61522,61570-61571,62140-62160,62163,62268,63045-63048,63075-63091,63265-63273,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 217

Diagnosis: FRACTURE OF RIBS AND STERNUM, OPEN

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 807.1,807.3

CPT: 11010-11012,21805,21810,21825,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 218

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

ICD-9: 046,049,062-063,090.40,094.0-094.2,094.8-094.9,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.9,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,564.81,728.1,728.3,740-742,747.82,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851-854,905.0,907.0-907.3,907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.6,995.8,997.0,998.0

CPT: 15845,31502,31600-31656,31730,31750,31755,31760,31820,31825,31830,43246,43653,43750,43810-43830,43832,44130,44139-44160,44206-44212,44300-44320,44372,44701,46750-46760,51040,51797,51880,51960,52277,53431-53442,53445,53670-53675,62350,77401-77499,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

CDT: D5937

Line: 219

Diagnosis: ESOPHAGEAL STRICTURE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 530.3

CPT: 32110,32120,32124,32820,43219-43220,43226,43245-43246,43330,43410,43415,43420,43425,43450-43456,43653,43830,43832,44300,44372-44373,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 220

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 632,634.0-634.1
CPT: 58520,59812,59820-59830,64435,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 221

Diagnosis: TRANSIENT NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY
ICD-9: 581.3
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 222

Diagnosis: DISORDERS OF PANCREATIC ENDOCRINE SECRETION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 251.4-251.9
CPT: 48155,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 223

Diagnosis: ERYTHROPLAKIA, LEUKOEDEMA OF MOUTH OR TONGUE
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-9: 230.0,528.7
CPT: 41000-41018,41110-41599,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 224

Diagnosis: LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TONGUE
Treatment: INCISION/EXCISION, MEDICAL THERAPY
ICD-9: 528.6
CPT: 41000-41018,41110-41599,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 225

Diagnosis: DYSTROPHY OF VULVA
Treatment: MEDICAL THERAPY
ICD-9: 624.0-624.1
CPT: 56501,56515,56620,57452,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 226

Diagnosis: CANCER OF SOFT TISSUE, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.1,171,238.1
CPT: 14040,15100-15101,15732-15736,21121,21555-21557,21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27049,27075-27079,27327-27329,27615-27619,27899,28043-28046,32522,33120,33130,64774-64783,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 227

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Diagnosis: CANCER OF BREAST, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION (See Coding Specification Below)
ICD-9: 174-175,233.0,238.3,V45.71,V50.42
CPT: 11401-11402,11623,13102,13122,13132-13133,13153,17999,19110,19120,19125-19126,19160-19200,19240,19290-19295,19324-19369,32000,38740-38745,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 228

BREAST RECONSTRUCTION IS ONLY COVERED AFTER MASTECTOMY AS A TREATMENT FOR BREAST CANCER. WHEN BREAST RECONSTRUCTION IS PERFORMED AFTER THE TREATMENT FOR BREAST CANCER IS COMPLETED, A PRINCIPLE DIAGNOSIS CODE OF V45.71 (ACQUIRED ABSENCE OF BREAST) IS APPROPRIATE AND IS ONLY INCLUDED ON THIS LINE IN COMBINATION WITH A SECONDARY DIAGNOSIS OF V10.3 (PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THE BREAST).

Diagnosis: CANCER OF OVARY, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.0,198.6,236.2
CPT: 44110,44120,44140,49419,58180,58550,58740,58925-58960,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 229

Diagnosis: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
ICD-9: 752.5
CPT: 54512,54520-54535,54550,54560,54620,54640,54650,54660,54690,54692,55200
Line: 230

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 187,233.5-233.6,236.6
CPT: 11623,11960-11971,15574,52240,54120-54135,54220,54065,55150-55180,58960,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 231

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 183.2-183.9,184,233.3,236.1,236.3
CPT: 56501,56515,56620,56625,56630-56640,57065,57106-57112,57520,57530,57550,58150,58180,58200,58210,58240,58260,58275,58285,58290,58943-58960,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 232

Diagnosis: CHORIOCARCINOMA, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 181
CPT: 58120,58150,58180-58200,58953,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 233

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Diagnosis: CANCER OF BONES, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 170,198.5,238.0
CPT: 14001,17002,20931,20938,20955-20973,21025-21026,21034,21044-21045,21081,21610,21620,22548-22585,22851,23140,23200-23222,23900,24150-24153,24363,24498,24900-24931,25110-25119,25210-25240,25320,25335-25337,25391-25393,25441-25447,25450-25492,25505,25810-25931,26200,26910-26952,27025,27054,27065-27067,27187,27290,27365,27465-27468,27496-27499,27590-27598,27656,27745,27880-27894,28800-28825,31200-31201,31225,32900,36680,63081-63091,63276,69970,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
CDT: D5934,D5935,D5984,D7440,D7441
HCPCS: G0242,G0243
Line: 234

Diagnosis: CANCER OF BLADDER AND URETER, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 188,189.2,198.1,233.7,236.7
CPT: 50125,50220-50290,50340,50544-50548,50553,50572,50650-50660,50825-50840,50976,50978,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52327,52355,52500,53210-53220,53670,58960,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 235

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM & MESENTERY, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 158,197.6,197.8,235.4-235.5
CPT: 39010,44820-44899,49081,49201,49255,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 236

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 140-149,160-161,231.0,231.8,235.0-235.1,235.6,235.9
CPT: 13132,13151,14040-14061,15570,15732-15734,15756-15758,15760,20955-20957,30117-30118,30520,31075-31090,31200-31205,31225-31230,31300,31360-31368,31370,31380-31395,31540-31541,31600-31603,31611,31820,31825,38724,40500-40530,40810-40816,40819,40899,41110-41116,41120-41155,41820,41825-41827,41850,42104-42120,42280-42281,42842,42845,42410-42450,42500,42826,42880,43450,43496,69150,69155,69502,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
CDT: D5983,D5984,D5985,D7440,D7441,D7920,D7981
HCPCS: G0242,G0243
Line: 237

Diagnosis: PORTAL VEIN THROMBOSIS
Treatment: SURGICAL AND MEDICAL THERAPY
ICD-9: 452
CPT: 37140,37180,37182,49425-49429,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 238

Diagnosis: PARALYTIC ILEUS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 560.1,560.31
CPT: 47562,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 239

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) W/ & W/O COMPLICATION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 897.0-897.7, 905.9

CPT: 11010-11012, 20920, 20922, 20924, 27290-27295, 27590-27598, 27880-27886, 27889, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 240

Diagnosis: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE) (PARTIAL) WITH AND WITHOUT COMPLICATION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 885-887

CPT: 11000-11001, 11010-11012, 11042-11044, 15050, 20802, 20805, 20808, 20816-20924, 20972-20973, 23900, 23920, 23921, 24900, 24920, 24925, 24930, 24931, 24935, 24940, 25900-25909, 26350-26356, 26410-26418, 26551-26556, 26910-26952, 64831-64832, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 241

Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES

Treatment: MEDICAL THERAPY

ICD-9: 260-268, 269.0-269.3, 280, 285.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 242

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE

Treatment: MEDICAL THERAPY

ICD-9: 959.9, 994.2-994.3, 995.5, 995.80-995.85, V61.11, V61.21, V71.5

CPT: 46700, 46706, 56800, 56810, 57023, 57200, 57210, 57410, 57415, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 243

Diagnosis: ACUTE STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 308

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 244

Diagnosis: SEPARATION ANXIETY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.21

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA135, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 245

Diagnosis: PERITONSILLAR ABSCESS

Treatment: INCISION AND DRAINAGE OF ABSCESS, MEDICAL THERAPY

ICD-9: 475

CPT: 10160, 42700, 42820-42826, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 246

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CANCRUM ORIS
Treatment: MEDICAL THERAPY
ICD-9: 528.1
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 9499
Line: 247

Diagnosis: OCCLUSION AND STENOSIS OF PRECEREBRAL ARTERIES
Treatment: THROMBOENDARTERECTOMY
ICD-9: 433
CPT: 34001, 35301, 35390, 61680, 61795, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 248

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 580.0, 580.8-580.9, 583.0-583.7, 584
CPT: 36145, 36800-36819, 36821, 36831-36833, 36835, 36870, 90471-90472, 90780-90799, 90901, 90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 249

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
ICD-9: 403, 581.0-581.2, 581.8-581.9, 582, 585, 587-589, 593.9
CPT: 36145, 36800-36819, 36821, 36825-36833, 36835, 36870, 49420-49421, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 250

Diagnosis: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS
Treatment: MEDICAL THERAPY
ICD-9: 123.1-123.9, 124
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 251

Diagnosis: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
ICD-9: 278.2, 278.4, 960-989, 995.86
CPT: 43626, 43241-43247, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 252

Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
Treatment: MEDICAL THERAPY
ICD-9: 202.5, 272, 277.1, 277.5, 277.9, 330.1, 374.51
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 253

Diagnosis: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES
Treatment: MEDICAL THERAPY
ICD-9: 271.2-271.9
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 254

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: INTESTINAL MALABSORPTION

Treatment: MEDICAL THERAPY

ICD-9: 040.2,579

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 255

Diagnosis: DELIRIUM DUE TO MEDICAL CAUSES

Treatment: MEDICAL THERAPY

ICD-9: 293.0-293.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 256

Diagnosis: PERNICIOUS AND SIDEROBLASTIC ANEMIA

Treatment: MEDICAL THERAPY

ICD-9: 281,285.0

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 257

Diagnosis: DISSEMINATED INTRAVASCULAR COAGULATION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 286.6

CPT: 11040-11041, 15200, 15220, 15240, 15260, 25900-25905, 25915-25920, 25927, 26910-26952, 27598, 27880-27882, 27888-27889, 28800-28825, 30150, 54130-54135, 69110-69120, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 258

Diagnosis: DIVERTICULITIS OF COLON

Treatment: COLON RESECTION, MEDICAL THERAPY

ICD-9: 562.0-562.1

CPT: 33238, 44005, 44139-44141, 44143-44147, 44160, 44200, 44204-44208, 44320, 44620-44625, 44701, 45335, 45381, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 259

Diagnosis: CYST AND PSEUDOCYST OF PANCREAS

Treatment: DRAINAGE OF PANCREATIC CYST

ICD-9: 577.2

CPT: 43240, 48001, 48005, 48020, 48120-48148, 48152-48154, 48180, 48500-48540, 49423-49424, 64680, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 260

Diagnosis: ACUTE POLIOMYELITIS

Treatment: MEDICAL THERAPY

ICD-9: 045

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 261

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: SYSTEMIC SCLEROSIS

Treatment: MEDICAL THERAPY

ICD-9: 710.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 262

Diagnosis: SUBSTANCE-INDUCED DELIRIUM

Treatment: MEDICAL THERAPY

ICD-9: 291.0, 291.3, 291.8-291.9, 292.0, 292.8

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 99201-99275, 99301-99316, BA310, BA312, BA313, BA314, BA315, BA316, BA317, BA318, BA319, BA321, BA340, BA370, BA372, BA373, BA374, BA375, BA376, BA377, BA378, BA381, BA383, BA384, BA385, BA386, BA387, BA388, BA389

Line: 263

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 277.7, 410-414, 414.06, 429.2, 429.4, 429.71, 429.79, 747.89, 785.51

CPT: 33200-33201, 33206-33210, 33212-33226, 33233-33238, 33261, 33400-33417, 33420, 33422, 33425-33427, 33430, 33465, 33475, 33500, 33508-33542, 33572, 33681, 33922, 33967, 33970-33974, 33979-33980, 35001, 35182, 35189, 35226, 35286, 35572, 35600, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92961, 92970-92984, 92995-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: G0290, G0291

Line: 264

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS

Treatment: COMFORT CARE (See Guideline Note)

ICD-9: V66.7

CPT: 27035, 44370, 44379, 44383, 44397, 45327, 45387, 50947-50948, 52341-52346, 52355, 62350-62368, 64400-64450, 64620, 67570, 77261-77799, 79000-79900, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97780-97781, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99440, 99499

HCPCS: G0242, G0243

Line: 265

Diagnosis: ADJUSTMENT DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 309.0, 309.1, 309.23-309.29, 309.3-309.4, 309.82, 309.83, 309.9

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 266

Diagnosis: OPPOSITIONAL DEFIANT DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.81

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA135, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 267

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.0, 307.2

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 268

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS

Treatment: EXCISION OF POLYP

ICD-9: 211.3-211.4, 569.0

CPT: 44150, 45170, 45308-45309, 45333-45334, 45383-45385

Line: 269

Diagnosis: TRANSIENT CEREBRAL ISCHEMIA

Treatment: MEDICAL THERAPY

ICD-9: 362.34, 388.02, 435

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 270

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 233.1, 622.0-622.2, 623.0-623.1, 623.7, 795.0

CPT: 57061-57065, 57150, 57180, 57400, 57452, 57460-57461, 57505, 57510-57522, 57530, 57540, 57550, 57555-57556, 58120, 58150, 58260, 58262-58263, 58290-58291, 58550-58553, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 271

Diagnosis: ANOGENITAL VIRAL WARTS

Treatment: MEDICAL THERAPY

ICD-9: 078

CPT: 11420-11426, 17000-17004, 46900-46924, 54050-54065, 56501, 56515, 57061, 57065, 57150, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 272

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, TREATABLE

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

ICD-9: 152-154, 197.5, 230.3-230.6, 235.5

CPT: 31540-31541, 43248, 43249-43250, 43631-43634, 44120-44121, 44139-44150, 44204, 44206-44212, 44345, 44620-44625, 44701, 45110-45113, 45123, 45126, 45136, 45170, 45190, 45333, 45384-45385, 45505, 45550, 46917, 77261-77799, 79000-79900, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: G0242, G0243

Line: 273

Diagnosis: CANCER OF CERVIX, TREATABLE

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

ICD-9: 180

CPT: 38770, 44320, 44700, 53444, 57155, 57500, 57505, 57460, 57520, 57522, 57531, 57540, 57545, 57550, 57820, 58150, 58200, 58210, 58953-58954, 77261-77799, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: G0242, G0243

Line: 274

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM & OTHER RESPIRATORY ORGANS, TREATABLE

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

ICD-9: 162-163, 164.2-164.9, 165, 195.1, 197.0, 197.2-197.3, 231.1-231.2, 231.9, 235.7-235.8

CPT: 19260-19272, 21610, 22900, 31600-31603, 31640-31645, 31770, 31775, 31785-31786, 31820, 31825, 31899, 32000, 32020, 32320, 32480-32488, 32440-32445, 32500-32540, 32662, 32657, 32900-32906, 38542, 38794, 39000-39010, 39200, 39220, 39400, 46917, 49421, 77261-77799, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: G0242, G0243

Line: 275

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CANCER OF PROSTATE GLAND, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 185,233.4,236.5
CPT: 38564,38780,51700,52010,52234,52240,52281,52340,52400,52510,52601,52612-52648,53600-53601,54530,55810-55845,55859-55866,55899,58960,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 276

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, TREATABLE; CARCINOID SYNDROME
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 164.0,194,198.7,234.8,237.0-237.4,259.2
CPT: 38510,60512,60540-60545,60600-60605,60650,62165,64788,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 277

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 189.0-189.1,189.3-189.9,198.0,233.9,236.9
CPT: 50125,50220-50290,50340,50545-50546,50548,50553,50572,50650-50660,50825-50840,51530,51550-51597,51700,51720,52224,52234-52240,52250,52281-52282,52500,53210-53220,53670,58200,58960,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 278

Diagnosis: CANCER OF STOMACH, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 151,230.2,235.2
CPT: 43122,43248-43250,43620-43638,44110-44130,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 279

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, TREATABLE
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 191-192,198.3-198.4,237.5-237.9
CPT: 61312-61321,61500-61501,61510-61512,61516-61521,61530,61586,61616,61750-61751,61770,61793-61795,62140-62148,62164-62165,62223,62350-62368,63265,63275-63290,63300-63308,63615,64784-64792,64802-64818,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 280

Diagnosis: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
ICD-9: 040.0,526.4,526.89,639.0,639.6,670.02,670.04,673.0,686.0,709.3,728.0,730.2,730.30,730.9,785.4,958.0,990,996.52,996.7,999.1
CPT: 99183
Line: 281

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: BENIGN NEOPLASM OF PITUITARY GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
ICD-9: 227.3,349.81
CPT: 61070,61305,61545-61548,62100,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 282

Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION
Treatment: MEDICAL THERAPY/ADRENALECTOMY
ICD-9: 255.0,255.1,255.3,255.6,255.8-255.9,259.1,259.3,349.81
CPT: 60540-60545,60650,61546,62100,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 283

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
Treatment: MEDICAL THERAPY
ICD-9: 491.1-491.2,492,496,508.1-508.9,518.2,518.3
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 284

Diagnosis: DISORDERS OF MINERAL METABOLISM
Treatment: MEDICAL THERAPY
ICD-9: 275
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 285

Diagnosis: INTRACEREBRAL HEMORRHAGE
Treatment: MEDICAL THERAPY
ICD-9: 431
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 286

Diagnosis: STROKE
Treatment: MEDICAL THERAPY
ICD-9: 434,436,437.0,437.1,437.6,747.81
CPT: 37195,61680,61795,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 287

Diagnosis: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 415,958.1
CPT: 33916,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92984,92995-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 288

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DISLOCATION KNEE & HIP, OPEN
Treatment: SURGICAL TREATMENT
ICD-9: 835.1, 836.2, 836.4, 836.6
CPT: 27253-27258, 27275, 27350, 27430-27435, 27496-27499, 27556-27558, 27560, 27562, 27566, 27830-27832, 27892-27894, 29861-29863, 29882
Line: 289

Diagnosis: DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND SHOULDER, OPEN
Treatment: SURGICAL TREATMENT
ICD-9: 830.1, 831.1, 832.1, 833.1, 834.1, 837.1, 838.1
CPT: 21485-21490, 23395, 23530-23532, 23550-23552, 23660, 23670, 23680, 24300, 24332, 24343, 24345-24346, 24586, 24615, 24635, 25275, 25394, 25430-25431, 25670, 25676, 25685, 25695, 26340, 26645, 26665, 26685-26686, 26715, 26775-26776, 27695-27698, 27830-27832, 27846-27848, 28540, 28545-28546, 28555, 28570, 28575-28576, 28585, 28600, 28605-28606, 28615, 28630, 28635-28636, 28645, 28660, 28665-28666, 28675, 29891-29892
Line: 290

Diagnosis: ACUTE BRONCHITIS AND BRONCHIOLITIS
Treatment: MEDICAL THERAPY
ICD-9: 466
CPT: 31600-31603, 31820, 31825, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 291

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 614.0, 614.2-614.5, 614.7-614.9, 615
CPT: 44960, 46020, 57010, 58150, 58660, 58700, 58720, 58740, 58820-58823, 58925, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 292

Diagnosis: URINARY FISTULA
Treatment: SURGICAL TREATMENT
ICD-9: 593.81-593.82
CPT: 45820, 50040-50045, 50395-50398, 50520, 50525-50526, 50686-50688, 50900, 50920, 50930, 50961, 50970, 50980, 52234, 53080, 53085, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 293

Diagnosis: ANEURYSM OF PULMONARY ARTERY
Treatment: SURGICAL TREATMENT
ICD-9: 417.0, 417.1, 417.8-417.9, 901.41
CPT: 32480-32486, 32488, 32500-32501, 32520, 32522, 32525, 32540, 33910-33915, 33917-33920, 33922, 33973-33974, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 294

Diagnosis: EPILEPSY AND FEBRILE CONVULSIONS
Treatment: MEDICAL THERAPY
ICD-9: 345, 780.3
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 295

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 555,556,557.1,557.9,569.41,569.81-569.82,569.86

CPT: 44110,44120-44121,44139-44160,44202-44212,44300-44316,44345,44625-44626,44650,44701,45112-45113,45119,45123,45136,45307-45309,45315,45320-45321,45332-45340,45379,45381-45386,45805,45825,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 296

Diagnosis: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING

Treatment: MEDICAL THERAPY

ICD-9: 001,003.0,003.8-003.9,004,005.0,005.2-005.9,008.0-008.8,009

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 297

Diagnosis: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS

Treatment: MEDICAL THERAPY

ICD-9: 443.1,446.1-446.2,446.5

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 298

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 349.0,519.00,519.02,536.40,536.42,536.49,569.60,569.62,569.69,990,996.30-996.32,996.52-996.54,996.59,997.60-997.61,997.69,997.91,997.99,998.12-998.13,998.4,998.7,998.82-998.89,999.2,999.5-999.7

CPT: 10140,10160,11976-11977,11982-11983,15000,15350-15351,15400-15401,19328-19330,19371-19380,20680,20694,21120,22849-22850,22852-22855,24160-24164,25250-25251,25449,26320,27090-27091,27132-27138,27265-27266,27486-27488,27570,27704,31613-31614,31630,31750-31781,31800-31830,33922,35875-35876,35901-35905,36860-36861,43246,43760-43761,43830-43832,44312-44314,44340-44346,47525-47530,49422,53442,53446-53449,58301,62273,63660,63688,64595,64788,65150-65175,66985-66986,67560,69710-69711,75984,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 299

Diagnosis: TERMINATION OF PREGNANCY (Note: This line item is not priced as part of the list.)

Treatment: INDUCED ABORTION

ICD-9: 635-639,655,779.6,V25.3

CPT: 58520,58611,59100,59160,59200,59812,59840-59841,59850-59852,59855-59857,59866,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: S2260

Line: 300

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note)

Treatment: CLEANING AND FLUORIDE

ICD-9: 520.0-520.6,520.8-520.9,521-523,V72.2

CPT: 90788,99201-99215,99245-99275

CDT: D0120,D0140,D0150,D0160,D0170,D1110,D1120,D1201,D1203,D1204,D1205,D1330,D1351,D4355,D5982,D5986,D9610,D9920

Line: 301

ICD-9-CM codes will only be required on dental claims for FQHCs, RHCs, and tribal health clinics.

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: HEARING LOSS - AGE 5 OR UNDER
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
ICD-9: 388.00,388.02,388.1-388.2,388.4-388.5,388.8,389
CPT: 69424,69433,69436,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 302

Diagnosis: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER
Treatment: COCHLEAR IMPLANT
ICD-9: 389.1
CPT: 69710-69718,69930,92510,92601-92617
Line: 303

Diagnosis: POSTTRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 309.81,309.89
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 304

Diagnosis: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.3
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 305

Diagnosis: BILATERAL ANOMALIES OF EXTERNAL EAR W/ IMPAIRMENT OF HEARING
Treatment: RECONSTRUCT OF EAR CANAL
ICD-9: 380.5,744.00-744.05,744.09
CPT: 15120,69310-69320,69631-69637,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 306

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
Treatment: SINGLE FOCAL SURGERY
ICD-9: 345.1,345.4-345.5
CPT: 61531,61533-61536,61543,61720,61735,61760,61850-61888,64573
Line: 307

Diagnosis: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS
Treatment: MEDICAL THERAPY
ICD-9: 112.4-112.5,112.81,112.83-112.85,112.89
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 308

Diagnosis: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES
Treatment: MEDICAL THERAPY
ICD-9: 114-116,117.0-117.4,117.6-117.8,118,518.6
CPT: 32662,33405-33417,33420-33430,33973-33974,35180,35182,35184,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 309

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: TETANUS
Treatment: MEDICAL THERAPY
ICD-9: 037
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 310

Diagnosis: EBSTEIN'S ANOMALY
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
ICD-9: 746.2
CPT: 33460, 33465, 33468, 33641-33647, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 311

Diagnosis: DISSEMINATED INFECTIONS WITH LOCALIZED SITES
Treatment: MEDICAL THERAPY
ICD-9: 003.2, 006.3-006.8, 014-018, 040.81-040.82, 093-097, 137.0, 137.2-137.4
CPT: 47015, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 312

Diagnosis: DISEASES AND DISORDERS OF AORTIC VALVE
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
ICD-9: 395, 424.1, 710.0, 720.0, 745.0, 747.21, 759.82
CPT: 33400-33405, 33410-33413, 33496, 33973-33974, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92986, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 313

Diagnosis: TYPE II DIABETES MELLITUS
Treatment: MEDICAL THERAPY
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
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
HCPCS: G0245, G0246, S9145
Line: 314

Diagnosis: POLYARTERITIS NODOSA AND ALLIED CONDITIONS
Treatment: MEDICAL THERAPY
ICD-9: 136.1, 437.4-437.5, 446.0, 446.6-446.7
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 315

Diagnosis: SARCOIDOSIS
Treatment: MEDICAL THERAPY
ICD-9: 135
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 316

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS

Treatment: MEDICAL THERAPY

ICD-9: 710.3-710.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 317

\$244.71

Diagnosis: ATRIAL SEPTAL DEFECT, SECUNDUM

Treatment: REPAIR SEPTAL DEFECT

ICD-9: 745.5

CPT: 33641, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92992-92993, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 318

Diagnosis: DISEASES OF MITRAL VALVE

Treatment: VALVULOPLASTY, MITRAL VALVE REPLACEMENT, MEDICAL THERAPY

ICD-9: 391.1, 394, 396, 424.0, 746.5-746.6, 746.89

CPT: 33420, 33422, 33425-33427, 33430, 33496, 33973-33974, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92986-92990, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 319

Diagnosis: ATELECTASIS (COLLAPSE OF LUNG)

Treatment: MEDICAL THERAPY

ICD-9: 518.0-518.1

CPT: 31645, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 320

Diagnosis: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN

Treatment: HYPERBARIC OXYGEN

ICD-9: 986-987, 993.3

CPT: 99183

Line: 321

Diagnosis: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER

Treatment: MEDICAL THERAPY

ICD-9: 244, 246.1

CPT: 60210, 60212, 60220, 60225, 60240, 60270-60271, 60512, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 322

Diagnosis: CARDIAC ARRHYTHMIAS

Treatment: MEDICAL THERAPY, PACEMAKER

ICD-9: 426, 427.0, 427.2-427.3, 427.6, 427.8-427.9, 429.4

CPT: 33200-33201, 33206-33238, 33250-33261, 33973-33974, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92961, 92970-92984, 92995-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 323

Diagnosis: MULTIPLE VALVULAR DISEASE

Treatment: SURGICAL TREATMENT

ICD-9: 396-397

CPT: 33400-33478, 33496, 33973-33974, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92986-92990, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 324

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE) (PARTIAL) W/ & W/O COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 896,897.6-897.7
CPT: 11010-11012,20838,20920,20922,20924,27888,28800-28805,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 325

Diagnosis: BRACHIAL PLEXUS LESIONS
Treatment: MEDICAL THERAPY
ICD-9: 353.0
CPT: 21615-21616,21700,21705,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,98925-98929,98940-98942,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 326

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 721.5-721.6,723.0,724.0,732.0,737.0-737.3,737.8-737.9,754.1-754.2,756.13-756.17,756.19,756.3
CPT: 20930-20938,21720,21725,22210-22226,22548,22554-22585,22590-22632,22800-22855,29000,29010,29015,29020,29025,29035,29040,29044,29046,29710,29715,29720,62284,62287,62290-62291,63001-63091,63170-63252,63300-63308,63600,63610,63650-63655,63685,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 327

Diagnosis: DISORDERS OF PLASMA PROTEIN METABOLISM
Treatment: MEDICAL THERAPY
ICD-9: 273
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 328

Diagnosis: ACUTE NON-LYMPHOCYTIC LEUKEMIAS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 205.0,206.0,207.0,208.0
CPT: 38100,38120,38760,62350-62368,77261-77799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 329

Diagnosis: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS
Treatment: MEDICAL THERAPY
ICD-9: 393,398
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 330

Diagnosis: ACUTE NECROSIS OF LIVER
Treatment: MEDICAL THERAPY
ICD-9: 570,573.3
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 331

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: CHRONIC HEPATITIS, INCLUDING VIRAL HEPATITIS B AND C

Treatment: MEDICAL THERAPY

ICD-9: 070.32, 070.51, 070.54, 571.4, 571.8-571.9, 573.0

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 332

Diagnosis: ACUTE PANCREATITIS

Treatment: MEDICAL THERAPY

ICD-9: 577.0

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 333

Diagnosis: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU

Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY

ICD-9: 232, 607.0, 692.75, 702.0

CPT: 11300-11313, 11400-11446, 11600-11646, 13100-13160, 14000-14350, 17000-17108, 17304, 69110, 69120, 69300, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 334

Diagnosis: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS

Treatment: SURGICAL TREATMENT

ICD-9: 530.10, 530.11, 530.19, 530.6, 530.81-530.83, 530.89, 551.3, 552.3, 553.3

CPT: 32800, 39502-39541, 39560, 39561, 43030, 43130, 43135, 43280, 43324, 43330-43331

Line: 335

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS

(See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)

ICD-9: 046, 049, 062-063, 090.40, 094.0-094.2, 094.8-094.9, 137.1, 138, 139.0, 139.8, 191-192, 225, 237.5-237.7, 243, 250.6, 250.8, 263.2, 270, 271.0-271.1, 271.9, 272.7-272.9, 275.1, 277.1-277.2, 277.5, 277.8-277.9, 290, 294.1, 294.8, 299.0-299.1, 299.8, 310, 315.4, 317-319, 323.8-323.9, 326, 330.0-330.1, 330.8-330.9, 331-332, 333.0, 333.4-333.7, 333.9, 334-335, 336.0-336.1, 336.8-336.9, 337.0, 337.3, 340-344, 345.01, 345.11, 345.41, 345.51, 345.61, 345.71, 345.81, 345.91, 348.0-348.1, 348.3-348.9, 349.82, 349.89, 349.9, 356, 357.0, 357.5-357.9, 359.0-359.4, 359.8-359.9, 431-432, 434, 436, 438, 718.49, 727.81, 728.1, 728.3-728.4, 740-742, 747.82, 756.5, 758, 759.4-759.5, 759.7-759.9, 760-762, 764-765, 767.0, 767.4, 768.2-768.9, 770.1, 771-773, 779.7, 781.8, 797, 850.4, 851.03-851.06, 851.1-851.3, 851.43-851.46, 851.5-851.7, 851.83-851.86, 851.9, 852-854, 905.0, 907.0-907.3, 907.5, 907.9, 909, 952-953, 958.0-958.1, 958.4, 958.6, 961.1-961.2, 964.0, 965.0, 966-971, 974, 980, 982, 984-985, 989, 994.0-994.1, 994.7-994.8, 995.0-995.6, 995.8, 997.0, 998.0

CPT: 20550, 20664, 21610, 23020, 23800-23802, 24301-24331, 24800-24802, 25280-25290, 25310-25316, 25320, 25330-25332, 25337, 25800-25805, 25830, 26474, 27000-27006, 27036, 27097-27122, 27140, 27306-27307, 27315-27320, 27390-27400, 27435, 27605-27606, 27612, 27676-27692, 27705, 27870-27871, 28010-28011, 28030, 28130, 28220-28234, 28240, 28300-28305, 28307-28312, 28705-28725, 28737-28760, 29895, 32501, 61343, 62161-62162, 62360-62362, 63600, 63610, 63650-63655, 63685, 64614, 64763, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99499

Line: 336

Diagnosis: ACUTE THYROIDITIS

Treatment: MEDICAL THERAPY

ICD-9: 245.0

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 337

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE

Treatment: MEDICAL THERAPY

ICD-9: 710.0,710.8,710.9,729.30

CPT: 20610,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 338

Diagnosis: WEGENER'S GRANULOMATOSIS

Treatment: MEDICAL THERAPY

ICD-9: 446.3-446.4

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 339

Diagnosis: PANIC DISORDER; AGORAPHOBIA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.01,300.21-300.22

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 340

Diagnosis: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 445.81,445.89,447.0,447.2-447.9,593.81,747.82

CPT: 35501-35515,35526-35531,35536-35551,35560-35563,35601-35616,35626-35646,35663,37607,62294,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 341

Diagnosis: LEPTOSPIROSIS

Treatment: MEDICAL THERAPY

ICD-9: 100

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 342

Diagnosis: AMEBIASIS

Treatment: MEDICAL THERAPY

ICD-9: 006.0-006.2,006.9,007.0,007.3,007.8,136.4-136.5,136.8

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 343

Diagnosis: ZONOTIC BACTERIAL DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 020-027,073.7-073.9,078.3,v71.82-v71.83

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 344

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES

Treatment: SURGERY

ICD-9: 802,950-951

CPT: 10121,11010-11012,20670,20680,20694,21085,21210,21215,21310-21339,21340-21348,21355-21360,21365-21366,21385-21395,21400-21401,21406-21408,21421-21423,21431-21454,21461-21462,21465,21470,21499,30420,30450,31292-31294,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

CDT: D5988

Line: 345

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS

Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

ICD-9: 212

CPT: 19260-19272,21627,21630,21740,31512,31541,31599,31770,31775,32320,32480-32488,32540,32657,32661-32662,33120,33130,39000-39010,39220,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 346

Diagnosis: DYSTONIA (UNCONTROLLABLE)

Treatment: MEDICAL THERAPY

ICD-9: 333.0-333.7,333.81,333.83,333.89,333.90,333.92,333.99

CPT: 64612-64613,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 347

\$251.12

Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 440.0-440.1

CPT: 35450,35471,35501-35515,35526-35531,35536-35551,35560-35563,35572,35601-35616,35626-35647,35654,35663,35820,35840,35875-35876,35905,35907,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 348

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 173,176,198.2,238.2

CPT: 11000-11044,11300,11400-11446,11600-11646,12001-12057,13100-13153,13160,14000-14061,14300,14350,15000,15100,15221,15240-15261,15350,15400,15570-15770,17000-17108,17260-17310,17340,21555-21557,21930-21935,23075-23077,24075-24077,25075-25077,26115-26117,27047-27048,27327-27329,27615-27619,28043-28046,38562-38564,38700-38745,38760-38765,67950,67961,67966,67971,67973-67975,69120,69145,69910,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99499

HCPCS: G0242,G0243

Line: 349

Diagnosis: SLEEP APNEA

Treatment: MEDICAL AND SURGICAL THERAPY

ICD-9: 347,780.51,780.53,780.57

CPT: 21193-21235,30117,30140,30520,31600-31610,31820,31825,42140,42145,42160,42820-42836,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 350

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES INCLUDING ALPHA 1-ANTITRYPSIN DEFICIENCY

Treatment: MEDICAL THERAPY

ICD-9: 277.6

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 351

Diagnosis: LIFE-THREATENING EPISTAXIS

Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE

ICD-9: 784.7

CPT: 30520, 30540, 30545, 30560, 30620-30802, 30901-30906, 30915-30930, 31238, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 352

Diagnosis: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS

Treatment: SURGERY

ICD-9: 527.2-527.4

CPT: 40810-40816, 42300-42320, 42325-42330, 42335, 42340, 42408, 42410, 42415-42420, 42440-42509, 42600, 42650-42665, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D7980, D7981, D7982, D7983

Line: 353

Diagnosis: CHRONIC ULCER OF SKIN

Treatment: MEDICAL AND SURGICAL THERAPY

ICD-9: 454.0-454.2, 454.8, 459.11-459.13, 459.19, 459.31-459.33, 459.39, 707

CPT: 10060-10061, 11000-11044, 14000-15770, 15920-15958, 27598, 28810, 90471-90472, 90780-90799, 97601-97750, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D7920

Line: 354

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 040.3, 040.89, 373.13, 380.14, 527.3, 528.3, 566, 597.0, 607.2, 608.4, 680-682, 684, 686.8, 703.0, 744.41, 744.46, 744.49

CPT: 10060-10061, 10160, 11043, 11730-11752, 20000, 20102, 21501, 21502, 26010-26011, 27301, 27603, 46020, 46040, 46050, 46270, 55100, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 355

Diagnosis: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 610, 611.0, 611.2, 611.5, 611.8

CPT: 19000-19126, 19295, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 356

Diagnosis: PILONIDAL CYST WITH ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 685.0

CPT: 10080-10081, 11770-11772, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 357

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DENTAL CARIES (PERIAPICAL INFECTION)

Treatment: SURGERY

ICD-9: 521.0,523.3,523.9

CPT: 21205,41899

Line: 358

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS) (See Guideline Note)

Treatment: URGENT AND EMERGENT DENTAL SERVICES

ICD-9: 521.0,522.0-522.1,522.4-522.9,523.0-523.5,523.8,526,v72.2

CPT: 41000,41800,90788,99201-99215,99241-99275

CDT: D0130,D1550,D2910,D2920,D2940,D3110,D3120,D3220,D3230,D3240,D5410,D5411,D5421,
D5422,D5510,D5951,D6930,D7110,D7120,D7130,D7210,D7220,D7230,D7240,D7241,D7250,D7260,
D7270,D7510,D7520,D7610,D7620,D7630,D7640,D7650,D7660,D7670,D7680,D7710,D7720,D7730,
D7740,D7750,D7760,D7770,D7780,D7910,D7911,D7997,D9110,D9410,D9420,D9440

Line: 359

Diagnosis: ABSCESS OF BURSA OR TENDON

Treatment: INCISION AND DRAINAGE

ICD-9: 727.89

CPT: 20600-20610,23030,23031,23405,23406,23930,25000,25031,25085,25118,26020,26025,26030,
26034,26990,27301,27603,28001,90471-90472,90780-90799,90901-90937,90945-92060,92070-
92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-
96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,
99185-99362,99374-99375,99379-99440,99499

Line: 360

Diagnosis: ABSCESS OF PROSTATE

Treatment: TURP, DRAIN ABSCESS

ICD-9: 601.2,601.8

CPT: 52450,52601,52606,52647-52648,52700,53080,53085,55720-55725,90471-90472,90780-90799,
90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,
93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,
99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 361

Diagnosis: OTHER ANEURYSM OF PERIPHERAL ARTERY

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,
35011,35013-35021,35141-35162,35572,35875-35876,35903,35682-35683,37609,64802-64818

Line: 362

Diagnosis: PYODERMA; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED

Treatment: MEDICAL THERAPY

ICD-9: 110.0,110.2,110.5-110.6,686.0-686.1

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 363

Diagnosis: URINARY TRACT CALCULUS

Treatment: CYSTOURETHROSCOPY W/FRAGMENTATION OF CALCULUS, MEDICAL THERAPY

ICD-9: 592.1,592.9,594.9,692.77

CPT: 50392,50553,50561,50572,50590,50600-50630,50900,50945,50961,50970,50976-50980,52310-
52318,52320,52325,52330,52332,52334,52352-52353,53020,90471-90472,90780-90799,90901-
90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-
95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-
99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 364

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)

Treatment: MEDICAL THERAPY, BURN TREATMENT

ICD-9: 991.0-991.5,991.8-991.9,992,993.2,994.0-994.1,994.4-994.9,995.89

CPT: 11000,11040-11041,11960-11971,14020,14040-14041,15000-15121,15200,15220,15240,15260,
15350,15400,15570-15574,15770,16000-16042,90471-90472,90780-90799,90901-90937,90945-
92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-
95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-
99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 365

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: VESICoureTERAL REFLUX
Treatment: MEDICAL THERAPY, REIMPLANTATION
ICD-9: 593.7
CPT: 50760-50820, 50845, 50860, 50947-50948, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 366

Diagnosis: CALCULUS OF BLADDER OR KIDNEY
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY, NEPHROLITHOTOMY, LITHOTRIPSY
ICD-9: 592.0, 594.0-594.1, 594.8
CPT: 50060-50081, 50130, 50392-50393, 50580-50590, 50700-50715, 52310-52318, 52330, 52332, 52334, 52352-52353, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 367

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 574.0-574.1, 574.3-574.9, 575.0-575.6, 575.8-575.9, 576.0-576.3
CPT: 43262, 43264-43268, 47420-47460, 47480-47490, 47510-47530, 47554-47556, 47562-47570, 47600-47630, 47900, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 368

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment: SURGICAL AND MEDICAL THERAPY
ICD-9: 591, 593.3-593.5, 593.89, 594.2
CPT: 50060-50081, 50100, 50400, 50553, 50557, 50559, 50572, 50575, 50576, 50590, 50700-50715, 50722, 50725, 50727-50728, 50740, 50845, 50900, 50940, 50959, 50970, 50972, 52276, 52290, 52301, 52310, 52320-52334, 52341-52346, 52352-52354, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 369

Diagnosis: CONGENITAL HYDRONEPHROSIS
Treatment: NEPHRECTOMY/REPAIR
ICD-9: 753.2
CPT: 50100, 50230, 50400-50500, 50540, 50553, 50572, 50575, 50722, 50725, 50727-50728, 50845, 50900, 50970, 52301, 52290, 52334, 52341-52346, 52352-52354, 52400, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 370

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
ICD-9: 440.2-440.9, 444.2, 445.01-445.02, 447.1
CPT: 20605, 27590, 34101, 34111, 34201, 35081, 35361, 35371, 35381, 35452, 35470-35475, 35500, 35516-35521, 35533, 35556-35558, 35565-35587, 35606, 35621, 35623, 35646-35661, 35665-35671, 35682-35686, 35701, 35721, 35741, 35761, 35860, 35875-35881, 35903, 36002, 37205-37209, 37609, 64802-64818, 64821-64823, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 371

Diagnosis: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR
ICD-9: 746.7
CPT: 33615, 33617, 33619, 33750, 33766, 33767
Line: 372

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CONGENITAL PULMONARY VALVE STENOSIS

Treatment: PULMONARY VALVE REPAIR

ICD-9: 746.02

CPT: 33470, 33478, 33496, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 92986-92990, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 373

Diagnosis: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHRITIS

Treatment: MEDICAL THERAPY, INJECTIONS

ICD-9: 099.3, 696.0, 714, 716.2, 716.4, 716.8, 719.3, 720.0-720.2, 720.89, 720.9

CPT: 20550, 20600, 20605, 20610, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 374

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE

Treatment: ARTHROPLASTY/RECONSTRUCTION

ICD-9: 714.0, 714.3, 715.1-715.3, 715.9, 716.1, 732.7, 733.4

CPT: 20610, 20692, 23120, 23470-23472, 23800-23802, 24102, 24130, 24160, 24164, 24360-24366, 24800-24802, 25000, 25115-25119, 25240, 25270, 25320, 25337, 25390-25393, 25441-25450, 25455, 25490-25492, 25800, 25810, 25820, 25825, 25830, 26320, 26516-26536, 26850, 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, 29871-29879, 29884-29887, 29894-29899, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 375

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Note)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 312.0-312.2, 312.4, 312.8

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA135, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 376

Diagnosis: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.00, 300.02-300.09, 307.46, 313.0

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 377

\$263.95

Diagnosis: BULIMIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 307.51, 307.54

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, 99301-99316, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 378

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ESOPHAGITIS

Treatment: MEDICAL THERAPY

ICD-9: 530.1-530.2, 530.6, 530.81-530.83, 530.89, 530.9

CPT: 43248-43249, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 379

Diagnosis: DEEP OPEN WOUND

Treatment: REPAIR, SURGICAL TREATMENT

ICD-9: 870.0-870.1, 872.0-872.1, 872.62-872.69, 872.7-872.9, 873.0-873.5, 873.7-873.9, 875-884, 890-895, 906.0-906.1, 958.2-958.3

CPT: 10120-10121, 11000-11044, 11730-11732, 11750, 11760, 12001-13160, 14040-14041, 15000-15401, 15570-15576, 15600-15620, 15630, 15650, 15732-15770, 15845, 20102-20103, 20150, 20525, 24341, 25260-25272, 25922, 26350-26510, 26951, 27372, 27603, 27830-27831, 28810-28825, 42180, 42182, 49002, 54670, 56800, 57210, 64400-64450, 64856-64857, 64890, 67930-67935, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D7912, D7920

Line: 380

Diagnosis: EPIDERMOLYSIS BULLOSA

Treatment: MEDICAL THERAPY

ICD-9: 757.39

CPT: 11000-11001, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 381

Diagnosis: CLEFT PALATE WITH CLEFT LIP

Treatment: EXCISION & REPAIR VESTIBULE OF MOUTH, ORTHODONTICS

ICD-9: 749.2

CPT: 14060, 21079-21080, 21082-21083, 30462, 40700-40701, 40810-40899, 42145, 42215, 42260, 42281, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D5932, D5933, D5954, D5955, D5958, D5959, D5960, D5987, D7340, D7350, D7912, D8010-D8999

Line: 382

Diagnosis: CLEFT PALATE

Treatment: REPAIR & PALATOPLASTY, ORTHODONTICS

ICD-9: 749.0

CPT: 20900, 21079-21080, 21082-21083, 42145, 42200-42227, 42235-42281, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D5932, D5933, D5934, D5955, D5958, D5959, D5960, D7110, D7120, D7210, D7250, D7340, D7350, D8010-D8999

Line: 383

Diagnosis: CLEFT LIP, CONGENITAL FISTULA OF LIP

Treatment: LIP EXCISION AND REPAIR

ICD-9: 749.1, 750.25

CPT: 30600, 40500-40520, 40650-40720, 40761, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D5987, D7260

Line: 384

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: TRACHOMA
Treatment: MEDICAL THERAPY
ICD-9: 076,085.1-085.4,139.1
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 385

Diagnosis: HISTIOCYTOSIS
Treatment: MEDICAL THERAPY
ICD-9: 277.8
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 386

Diagnosis: LEPROSY, YAWS, PINTA
Treatment: MEDICAL THERAPY
ICD-9: 030,031.1,040.1,040.3,102-104
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 387

Diagnosis: RHEUMATIC FEVER
Treatment: MEDICAL THERAPY
ICD-9: 390,392.9
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 388

Diagnosis: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS
Treatment: MEDICAL THERAPY
ICD-9: 031.8-031.9,039,130
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 389

Diagnosis: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS
Treatment: MEDICAL THERAPY
ICD-9: 360.12,364.0-364.3
CPT: 67515,68200,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 390

Diagnosis: BODY INFESTATIONS (EG. LICE, SCABIES)
Treatment: MEDICAL THERAPY
ICD-9: 132-134
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 391

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: PARANOID (DELUSIONAL) DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 297.0-297.2,297.8-297.9

CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95

Line: 392

Diagnosis: RECURRENT EROSION OF THE CORNEA

Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION

ICD-9: 371.42

CPT: 65435-65436,65600,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 393

Diagnosis: GIARDIASIS, INTESTINAL HELMINTHIASIS

Treatment: MEDICAL THERAPY

ICD-9: 007.1,120-122,123.0,125-129

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 394

Diagnosis: HYPHEMA

Treatment: REMOVAL OF BLOOD CLOT

ICD-9: 364.41

CPT: 65805-65815,65930

Line: 395

Diagnosis: WOUND OF EYE GLOBE

Treatment: SURGICAL REPAIR

ICD-9: 871

CPT: 65270,65272-65273,65280-65285,65290,66680,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 396

Diagnosis: DIABETIC AND OTHER RETINOPATHY

Treatment: LASER SURGERY

ICD-9: 228.03,250.5,362.1-362.2,362.81,363.0-363.1,363.20,363.22,363.3-363.9

CPT: 67208-67210,67220-67228,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 397

Diagnosis: GLAUCOMA

Treatment: MEDICAL THERAPY

ICD-9: 365.0-365.1,365.3-365.9

CPT: 67500,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 398

Diagnosis: PRIMARY AND OTHER ANGLE-CLOSURE GLAUCOMA

Treatment: IRIDECTOMY, LASER SURGERY

ICD-9: 365.20-365.24,365.83

CPT: 65860,65865,65870,65875,65880,66150,66160,66165,66180,66250,66500-66505,66625-66635,66761-66762,66990,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 399

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: RETINAL TEAR
Treatment: LASER PROPHYLAXIS
ICD-9: 361.30,361.32-361.33
CPT: 67141-67145,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 400

Diagnosis: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
ICD-9: 362.21
CPT: 67101-67121
Line: 401

Diagnosis: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION
Treatment: LASER SURGERY
ICD-9: 362.35-362.36
CPT: 67228,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 402

Diagnosis: SICCA SYNDROME; POLYMYALGIA RHEUMATICA
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 710.2,725
CPT: 68760-68761,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 403

Diagnosis: PURULENT ENDOPHTHALMITIS
Treatment: VITRECTOMY
ICD-9: 360.0,360.13
CPT: 65800,66020,66030,67005-67036,67515,68200,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 404

Diagnosis: KERATOCONJUNCTIVITS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-9: 370.2-370.9,371.43-371.44,371.48
CPT: 67515,68200,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 405

Diagnosis: SCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.00,379.03-379.09,379.11-379.16
CPT: 66130,66220,66225,66250,67250,67255,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 406

Diagnosis: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: INTRAOCULAR LENS
ICD-9: 379.3
CPT: 65750,65765,65767,66825,66985-66990,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 407

\$266.63

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
ICD-9: 370.0,370.35,918
CPT: 65275,65430,65600,67505,67515,68200,68360,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 408

Diagnosis: GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS
Treatment: EXTRACTION OF CATARACT
ICD-9: 360.19,365.5
CPT: 66920-66984,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 409

Diagnosis: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT
Treatment: SURGICAL TREATMENT
ICD-9: 364.61-364.64,364.8,376.30-376.36,376.40,376.42-376.47,376.81
CPT: 67405-67414,67420-67440,67875-67882,68500,68505,68540,68550,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 410

Diagnosis: PRIMARY AND OPEN ANGLE GLAUCOMA
Treatment: TRABECULECTOMY, CYCLOCRYOTHERAPY, LASER TRABECULOPLASTY
ICD-9: 365.10-365.11,365.13-365.14
CPT: 65820,65850,65855,66150,66155,66165,66170,66172,66185,66220,66225,66250,66700,66710,66740,66762
Line: 411

Diagnosis: RUBEOSIS IRIDIS
Treatment: LASER SURGERY
ICD-9: 364.42,364.7
CPT: 66170,66720,67228,67500,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 412

Diagnosis: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
Treatment: ENUCLEATION
ICD-9: 360.11,360.14,360.20,360.23-360.29,360.32,360.4,360.81,360.89
CPT: 65091,65093,65105,65125,65150,65130,65135,65140,65155,65175,67218,67560,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 413

Diagnosis: CATARACT
Treatment: EXTRACTION OF CATARACT
ICD-9: 250.5,366.0-366.3,366.45-366.46,366.8-366.9,743.3,V43.1
CPT: 65770,66250,66682,66825,66830,66840,66850-66852,66920-66984,66986-66990,67010,67036,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 414

Diagnosis: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
ICD-9: 366.5,V43.1
CPT: 66820-66825,66830,66985-66990,92012-92014
Line: 415

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA

Treatment: KERATOPLASTY

ICD-9: 370.0, 371.0-371.1, 371.21, 371.23, 371.4-371.7

CPT: 65286, 65400, 65450, 65710-65730, 65750-65755, 65772, 65775, 65920, 66250, 66825, 66985-66990, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 416

Diagnosis: DEGENERATION OF MACULA AND POSTERIOR POLE

Treatment: VITRECTOMY, LASER SURGERY

ICD-9: 362.5

CPT: 66990, 67038, 67210, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 417

Diagnosis: GONOCOCCAL INFECTION OF EYE

Treatment: MEDICAL THERAPY

ICD-9: 098.4

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 418

Diagnosis: CHRONIC INFLAMMATORY DISORDER OF ORBIT

Treatment: MEDICAL THERAPY

ICD-9: 376.1

CPT: 67515, 68200, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 419

Diagnosis: PENETRATING WOUND OF ORBIT

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 376.6, 870.3-870.4, 870.8, 870.9, 950

CPT: 12011-12013, 12051-12052, 13132, 13150-13152, 67405, 67412-67414, 67420-67445, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 420

Diagnosis: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC & NONMAGNETIC

Treatment: FOREIGN BODY REMOVAL

ICD-9: 360.5-360.6

CPT: 65235, 65260-65265, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 421

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS

Treatment: RETINAL REPAIR, VITRECTOMY

ICD-9: 361.0-361.2, 361.31, 361.8-361.9, 379.25-379.26

CPT: 66990, 67005-67112, 67208, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 422

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: VITREOUS DISORDERS

Treatment: VITRECTOMY

ICD-9: 379.21-379.23

CPT: 67036-67038, 67210, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 423

Diagnosis: ENTROPION

Treatment: REPAIR

ICD-9: 374.0

CPT: 67820-67850, 67880-67882, 67921-67924, 67950, 67961, 67966, 67971, 67973-67975

Line: 424

Diagnosis: CHRONIC DEPRESSION

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 300.4-300.5

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 425

Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 291.3-291.5, 291.9, 292.1-292.2, 292.89, 292.9, 303.0

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 99201-99275, 99301-99316, BA310, BA312, BA313, BA314, BA315, BA316, BA317, BA318, BA319, BA321, BA340, BA370, BA372, BA373, BA374, BA375, BA376, BA377, BA378, BA381, BA383, BA384, BA385, BA386, BA387, BA388, BA389

Line: 426

Diagnosis: BORDERLINE PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 301.83

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 427

Diagnosis: IDENTITY PROBLEM

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 313.82

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 428

Diagnosis: SCHIZOTYPAL PERSONALITY DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 295.0, 301.22

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 429

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ACUTE OTITIS MEDIA
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-9: 381.0,381.51,381.8-381.9,382.0,382.4,382.9,384.0,993.0
CPT: 69210,69420-69421,69424,69433,69436,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 430

Diagnosis: SUPERFICIAL INJURIES WITH INFECTION
Treatment: MEDICAL AND SURGICAL THERAPY
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: 10120,10140,10160,11000-11001,12001-12014,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 431

Diagnosis: ACROMEGALY & GIGANTISM, OTHER & UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND & OTHER ENDOCRINE GLANDS
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: 60200-60240,60270-60271,60512,60600-60605,60650,61548,62100,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 432

Diagnosis: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA135,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 433

Diagnosis: FUNCTIONAL ENCOPIRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.7
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA135,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 434

Diagnosis: AVOIDANT DISORDER OF CHILDHOOD OR ADOLESCENCE; ELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 313.2
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA135,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 435

Diagnosis: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 316
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 436

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS, OVARIAN CYSTS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 220, 221.0, 256.0, 620.0-620.2, 620.4, 620.7-620.9

CPT: 49322, 58120, 58140-58152, 58260-58263, 58290-58292, 58545-58550, 58559-58563, 58660-58662, 58700-58720, 58800, 58805, 58900, 58920, 58925, 58940, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 437

\$272.04

Diagnosis: STREAK OVARIES

Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY

ICD-9: 752.0

CPT: 58660-58662, 58720, 58925, 58940-58943, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 438

Diagnosis: UROLOGIC INFECTIONS

Treatment: MEDICAL THERAPY

ICD-9: 590.0, 590.80, 590.9, 595.0, 595.2-595.3, 595.8-595.9, 598.00, 599.0, 601.0, 604.0, 604.90, 604.99, 608.0

CPT: 51700, 51702-51703, 52260, 53450, 54700, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 439

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION (See Coding Specification Below)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 595.1, 596.0, 596.3-596.5, 596.7-596.9, 598.1-598.9, 599.1-599.4, 599.82-599.89, 600, 607.3, 608.1, 608.83, 608.87, 939.0, 939.3, 939.9

CPT: 44200, 50845, 51040, 51700, 51702-51703, 51715, 51800-51845, 51880-51980, 52001, 52010, 52214-52240, 52260-52285, 52305, 52315, 52355-52400, 52510, 52601, 52606, 52612-52648, 53020, 53040, 53400-53425, 53450, 53600-53621, 53640, 53660-53670, 53675, 54115, 54152, 54160-54161, 54220, 54230-54231, 54235, 54240, 54250, 54430, 54520, 54640, 54670, 54680, 54700, 54820, 54830-54861, 54900-54901, 55400, 55450, 55520, 55600, 55605, 55650, 55680, 55801, 55821, 55862-55865, 57220, 57287, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 440

ICD-9-CM code 600, benign prostatic hypertrophy, is only included on this line when identified with a secondary diagnosis code of 596.0, bladder neck obstruction, or 788.20, urinary retention, and when post-void residuals are at least 150 cc's.

Diagnosis: GUILLAIN-BARRE SYNDROME

Treatment: MEDICAL THERAPY

ICD-9: 357.0

CPT: 31600, 31610, 36520, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 441

Diagnosis: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA

Treatment: HEART-LUNG AND LUNG TRANSPLANT

ICD-9: 135, 277.0, 277.02-277.03, 277.6, 277.09, 491.8, 492.8, 494-495, 500-505, 515, 947.9, 996.84

CPT: 32850-32854, 33930, 33935

Line: 442

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER'S DISEASE

Treatment: HEART-LUNG AND LUNG TRANSPLANTS

ICD-9: 238.1, 416.0, 516.3, 745.0, 745.4, 745.5, 747.0, 996.84

CPT: 32850-32854, 33930, 33935, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 443

Diagnosis: DIABETES MELLITUS WITH END STAGE RENAL DISEASE (See Coding Specification Below)

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

CPT: 48160, 48550, 48554, 48556, 50300, 50320, 50340, 50360-50365

HCPCS: S2065

Line: 444

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.

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES

Treatment: BONE MARROW TRANSPLANT

ICD-9: 279.1-279.2, 996.85

CPT: 36680, 38204-38215, 38240, 38242

HCPCS: G0267, S2150

Line: 445

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIAS

Treatment: BONE MARROW TRANSPLANT

ICD-9: 284.0, 996.85

CPT: 36680, 38240

HCPCS: S2150

Line: 446

Diagnosis: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER

Treatment: MEDICAL THERAPY

ICD-9: 571.0-571.3, 571.5-571.6

CPT: 49080-49081, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 447

Diagnosis: VESICULAR FISTULA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 596.1-596.2

CPT: 51800-51845, 51880-51980, 53080, 53085, 53660-53661, 53670, 57330, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 448

Diagnosis: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 227.1, 252

CPT: 60500-60505, 60512, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 449

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: PITUITARY DISORDERS: PANHYPOPITUITARISM, IATROGENIC AND OTHER

Treatment: MEDICAL THERAPY

ICD-9: 253.2,253.4,253.7,253.8

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 450

Diagnosis: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM

Treatment: MEDICAL THERAPY

ICD-9: 334,340-341

CPT: 31600,31610,36520,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 451

Diagnosis: HEREDITARY HEMORRHAGIC TELANGIECTASIA

Treatment: EXCISION

ICD-9: 448.0

CPT: 11400-11426,45382

Line: 452

Diagnosis: ARTHROPOD-BORNE VIRAL DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 060-066

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 453

Diagnosis: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 088

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 454

Diagnosis: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION

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

ICD-9: 046,049,062-063,090.40,094,137.1,138,139.0,139.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.9,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,369,431-432,434,436,438,728.1,728.3,736,740-742,747.82,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.6,995.8,997.0,998.0

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 455

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL THERAPY

ICD-9: 046,049,062-063,090,094,137.1,138,139.0,139.8,161.8,191-192,225,237.5-237.7,243,250.6,250.8,263.2,270,271.0-271.1,271.9,272.7-272.9,275.1,277.1-277.2,277.5,277.8-277.9,290,294.1,294.8,299.0-299.1,299.8,310,315.3,317-319,323.8-323.9,326,330.0-330.1,330.8-330.9,331-332,333.0,333.4-333.7,333.9,334-335,336.0-336.1,336.8-336.9,337.0,337.3,340-344,345.01,345.11,345.41,345.51,345.61,345.71,345.81,345.91,348.0-348.1,348.3-348.9,349.82,349.89,349.9,356,357.0,357.5-357.9,359.0-359.4,359.8-359.9,431-432,434,436,438,728.1,728.3,740-742,747.82,756.5,758,759.4-759.5,759.7-759.9,760-762,764-765,767.0,767.4,768.2-768.9,770.1,771-773,779.7,781.8,797,850.4,851.03-851.06,851.1-851.3,851.43-851.46,851.5-851.7,851.83-851.86,851.9,852-854,905.0,907.0-907.5,907.9,909,952-953,958.0-958.1,958.4,958.6,961.1-961.2,964.0,965.0,966-971,974,980,982,984-985,989,994.0-994.1,994.7-994.8,995.0-995.6,995.8,997.0,998.0

CPT: 21084,31611,70370-70371,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 456

Diagnosis: PARALYSIS OF VOCAL CORDS OR LARYNX, OTHER DISEASES OF LARYNX; ABSCESS, CELLULITIS, AND LEUKOPLAKIA OF VOCAL CORDS

Treatment: INCISION/EXCISION/ENDOSCOPY

ICD-9: 478.3,478.5,478.7,748.3

CPT: 31300,31360-31502,31511-31513,31530-31531,31540-31571,31577-31579,31580-31582,31587-31605,31820,31825,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 457

Diagnosis: OTOSCLEROSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 060.4,387

CPT: 69650-69662,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 458

Diagnosis: MIGRAINE HEADACHES

Treatment: MEDICAL THERAPY

ICD-9: 346

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,98925-98929,98940-98942,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 459

Diagnosis: FISTULA INVOLVING FEMALE GENITAL TRACT

Treatment: CLOSURE OF FISTULA

ICD-9: 619

CPT: 44660,46715,50650-50660,50930,51900-51920,57300-57311,57320,57330,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 460

Diagnosis: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; HYPERTROPHY OF TONSILS AND ADENOIDS; ULCER OF TONSIL (See Guideline Note)

Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY

ICD-9: 034,101,474.1,474.8

CPT: 42820-42821,42825-42826,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 461

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.50,307.54,307.59
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 462

Diagnosis: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.10,300.12-300.15,300.6
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 463

Diagnosis: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION/MEDICAL THERAPY
ICD-9: 290,291.2,292.82-292.84,293.8,294.0-294.1,294.8,294.9,299.00,299.10,299.8,310.1
CPT: 90862,96100,99241,99271,99301-99316,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 464

Diagnosis: LYMPHADENITIS
Treatment: SURGICAL AND MEDICAL THERAPY
ICD-9: 289.1,289.3,683
CPT: 10060-10061,38300-38308,38505-38542,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 465

Diagnosis: SPONTANEOUS ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 631,634.2-634.9
CPT: 59812,59820,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 466

Diagnosis: MENSTRUAL BLEEDING DISORDERS (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 621.7,626.2-626.6,627.0
CPT: 58120,58150,58180,58260,58262,58290-58291,58353,58550-58553,58561-58563,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 467

\$288.85

Diagnosis: DISORDERS INVOLVING THE IMMUNE SYSTEM
Treatment: MEDICAL THERAPY
ICD-9: 279,287.0,759.0
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 468

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED

Treatment: OPEN OR CLOSED REDUCTION

ICD-9: 733.1,733.93-733.95,812.2,813.2,813.8,818.0,821.0,823.2,823.8,827.0,905.2-905.5
CPT: 20680,20690-20694,20900,22610-22614,23600,24130,24500-24516,25500-25575,25600-25620,
27236,27244,27409,27465-27468,27496-27519,27656,27664,27712,27750-27759,27780-27792,
27824-27829,27892-27894,29055,29065,29075,29085,29105,29125-29126,29345,29355,29358,
29365,29440,29445,29700,29705,90471-90472,90780-90799,90901-90937,90945-92060,92070-
92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,97537,97601-97750,
97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 469

Diagnosis: CLOSED FRACTURE OF PHYSIS OF LOWER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

ICD-9: 732.1-732.2,820.01,821.22
CPT: 20690-20694,20900,27175-27178,27181,27465-27468,27496-27499,27516-27519,27656,27824-
27829,27892-27894,29855-29856,29897-29898,90471-90472,90780-90799,90901-90937,90945-
92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-
95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-
99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 470

Diagnosis: CLOSED FRACTURE OF PHYSIS OF UPPER EXTREMITIES

Treatment: OPEN OR CLOSED REDUCTION

ICD-9: 812.09,812.44,813.43
CPT: 20690-20694,20900,25350-25375,25600-25620,26676,27465-27468,27824-27829,27892-27894,
29065,29075,29085,29105,29125-29126,90471-90472,90780-90799,90901-90937,90945-92060,
92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,
96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,
99175,99185-99362,99374-99375,99379-99440,99499
Line: 471

Diagnosis: CHRONIC PANCREATITIS

Treatment: MEDICAL THERAPY

ICD-9: 577.1,577.8-577.9
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
Line: 472

Diagnosis: STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES
OF EYE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 368.0,378,743
CPT: 67311-67340,67343,67345,67901-67909,68135,68320-68328,68335-68340,90471-90472,90780-
90799,90901-90937,90945-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-
95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-
99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 473

Diagnosis: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM

Treatment: SURGICAL THERAPY

ICD-9: 621.4,623.2-623.3,626.8,752.40,752.42
CPT: 56700-56720,57130,57400,57500,58120
Line: 474

Diagnosis: CONGENITAL ABSENCE OF VAGINA

Treatment: ARTIFICIAL VAGINA

ICD-9: 752.49
CPT: 56800,57291-57292,57800
Line: 475

Diagnosis: PARKINSON'S DISEASE

Treatment: MEDICAL THERAPY

ICD-9: 332
CPT: 61795,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-
92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-
97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499
Line: 476

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: MENIERE'S DISEASE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 386.0

CPT: 69666-69667, 69805-69806, 69915, 69950, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 477

Diagnosis: STEREOTYPY/HABIT DISORDER & SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION

Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION

ICD-9: 307.3

CPT: 90862, 96100, 99241, 99271, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 478

Diagnosis: BULLOUS DERMATOSES OF THE SKIN

Treatment: MEDICAL THERAPY

ICD-9: 694

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 479

Diagnosis: CHOLESTEATOMA; INFECTIONS OF THE PINNA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 380.0, 380.11, 380.21, 383.3, 383.81, 383.89, 384.1, 384.8, 385

CPT: 69220, 69420-69450, 69501-69505, 69511, 69530-69535, 69601-69605, 69610, 69620-69646, 69662, 69670, 69700, 69905, 69910, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 480

Diagnosis: ACUTE SINUSITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 461

CPT: 31000-31090, 31256, 31276, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: S2342

Line: 481

Diagnosis: UTERINE LEIOMYOMA (See Guideline Note)

Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY

ICD-9: 218-219, 621.0-621.2

CPT: 58120-58180, 58260-58263, 58290-58292, 58545-58553, 58559, 58561, 58670-58671, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: S2250

Line: 482

Diagnosis: DISLOCATION/DEFORMITY KNEE & HIP

Treatment: SURGICAL TREATMENT

ICD-9: 718.25-718.26, 718.35-718.36, 732.4, 736.5, 754.40-754.41, 835.0, 836.2-836.3, 836.5

CPT: 27095, 27097, 27100-27122, 27140-27170, 27179, 27185, 27250-27258, 27265-27275, 27306-27307, 27350, 27420-27499, 27550-27570, 27656, 27676, 27715, 27727-27742, 27892-27894, 29861-29863, 29873, 29881-29882, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: S2115

Line: 483

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW, CLAVICLE AND SHOULDER
Treatment: SURGICAL TREATMENT
ICD-9: 718.12, 718.17, 718.22-718.24, 718.27, 718.30-718.34, 718.36-718.39, 718.71-718.79, 728.6, 736.21-736.22, 736.73-736.75, 736.81, 754.51-754.53, 754.62, 754.71, 755.01, 755.11-755.12, 755.2-755.4, 755.54-755.55, 755.58, 830.0, 831.0, 832.0, 833.0, 834.0, 837.0, 838.0, 839.6, 839.8
CPT: 20690-20694, 20900, 20920-20924, 21480, 23470, 23520-23552, 23650-23680, 23700, 24101, 24300, 24332, 24343, 24345-24346, 24600-24640, 25001, 25024-25025, 25259, 25275, 25320, 25335-25337, 25390-25394, 25430-25431, 25441-25445, 25447, 25450-25492, 25660-25695, 25810-25830, 26035-26060, 26121-26180, 26320, 26340, 26440-26596, 26641-26715, 26770-26776, 26820, 26841-26863, 27580-27598, 27600-27654, 27658-27675, 27680-27692, 27698, 27705, 27830-27832, 27840-27848, 27860, 28008-28010, 28035-28072, 28086-28092, 28110-28118, 28126-28160, 28220-28280, 28288-28289, 28300-28305, 28307-28341, 28360, 28540, 28545-28546, 28555, 28570, 28575-28576, 28585, 28600, 28605-28606, 28615, 28630, 28635-28636, 28645, 28660, 28665-28666, 28675, 28705-28760, 29450, 29891-29892, 29894, 64702-64704, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
CDT: D7810, D7820, D7830
Line: 484

Diagnosis: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 805.2, 805.4, 805.8, 809.0, 839.40, 839.42, 839.49, 905.1
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 485

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)
Treatment: OPEN OR CLOSED REDUCTION
ICD-9: 810.0, 811.0, 812.0, 812.4, 813.0, 813.4, 814.0, 815.0, 816.0, 817.0, 819.0, 821.20-821.21, 821.23-821.29, 822.0, 823.0, 824.0, 824.2, 824.4, 824.6, 824.8, 825.0, 825.2, 828.0
CPT: 20690-20694, 20900, 23500-23515, 23570-23630, 24530-24587, 24650-24685, 25119, 25210-25240, 25259, 25320, 25337, 25350, 25390-25393, 25440-25447, 25450, 25455, 25490-25492, 25574, 25600-25652, 25671, 25800-25830, 26520, 26600-26615, 26645-26650, 26720-26770, 27330, 27350, 27409, 27424, 27430-27435, 27465-27468, 27496-27499, 27501, 27503, 27508-27514, 27520-27540, 27610, 27656, 27760-27762, 27766, 27780-27792, 27808-27823, 27846-27848, 27892-27894, 28400-28531, 28730, 29049, 29058, 29075-29125, 29130-29131, 29710, 29850-29856, 29874-29879, 29897-29898, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 486

Diagnosis: ACHALASIA, NON-NEONATAL
Treatment: SURGICAL AND MEDICAL THERAPY
ICD-9: 513.1, 519.2, 530.0, 530.5
CPT: 39000-39010, 43219-43220, 43324-43325, 43330-43331, 43450, 43456-43458, 43460, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 487

Diagnosis: BRONCHIECTASIS
Treatment: MEDICAL AND SURGICAL THERAPY
ICD-9: 494
CPT: 32320, 32480-32488, 32501, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 488

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: OCCUPATIONAL LUNG DISEASES

Treatment: MEDICAL THERAPY

ICD-9: 495,500-505

CPT: 31600,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 489

Diagnosis: PULMONARY FIBROSIS

Treatment: MEDICAL AND SURGICAL THERAPY

ICD-9: 515-517

CPT: 31600-31603,31624,31820,31825,32997,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 490

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 751.6

CPT: 43262,43268,47400-47490,47510-47530,47554-47556,47564,47570,47600-47900,49422,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 491

Diagnosis: CHRONIC SINUSITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 473

CPT: 30000-30020,30110-30140,30200-31230,31237-31240,31254-31256,31267,31276,31287-31299,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 492

Diagnosis: PITUITARY DWARFISM

Treatment: MEDICAL THERAPY

ICD-9: 253.3

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 493

Diagnosis: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC

Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY

ICD-9: 930.0-930.2,930.8-930.9

CPT: 65205-65222,67938,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 494

Diagnosis: GOUT AND CRYSTAL ARTHROPATHIES

Treatment: MEDICAL THERAPY

ICD-9: 274,712

CPT: 20605,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 495

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 617

CPT: 49200-49201,49322,58145-58150,58260-58263,58290-58292,58550,58552-58553,58660-58662,58740,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 496

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT

Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY

ICD-9: 256.1,256.31,256.39,256.4,257,259.0,608.3,620.3,627.1-627.9,716.3,752.0,758.6-758.7

CPT: 54520,54690,58660-58661,58940,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 497

\$293.86

Diagnosis: PERIPHERAL NERVE INJURY WITH OPEN WOUND

Treatment: NEUROPLASTY

ICD-9: 736.05-736.06,953.4-953.9,954-956,957.0-957.1,957.8-957.9

CPT: 23397,25295,25300-25301,25320,25335-25337,25390-25393,25441-25447,25450,25455,25490-25492,25810,25820,25825,25830,64702-64714,64718,64727,64732-64792,64820,64831-64862,64872-64876,64885-64907,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 498

Diagnosis: MYASTHENIA GRAVIS

Treatment: MEDICAL THERAPY, THYMECTOMY

ICD-9: 358

CPT: 60520-60522,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 499

Diagnosis: CANCER OF ESOPHAGUS, TREATABLE (See Guideline Note)

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

ICD-9: 150,195.2,230.1

CPT: 15734,38542,38720-38724,38794,43100-43124,43216,43219-43227,43248-43250,43340-43341,43360-43361,43496,44139-44147,44206-44208,44300,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 500

Diagnosis: CANCER OF LIVER, TREATABLE (See Guideline Note)

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

ICD-9: 155.0,155.2,197.7,235.3

CPT: 36260-36262,37204,37617,47120-47130,47370-47371,47380-47382,47562,47600-47620,47711-47712,48150,49080,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 501

Diagnosis: CANCER OF PANCREAS, TREATABLE (See Guideline Note)

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

ICD-9: 157.0-157.3,157.8-157.9,230.9

CPT: 43219,43262,43267-43268,43271-43272,47721,47741,47760,47785,48140,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 502

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, TREATABLE (See Guideline Note)
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
ICD-9: 155.1,156,197.8,230.8
CPT: 43271-43272,47564,47570,47600-47620,47711-47712,47741,47785,60540,77261-77799,79000-79900,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
HCPCS: G0242,G0243
Line: 503

Diagnosis: NON-MALIGNANT OTITIS EXTERNA
Treatment: MEDICAL THERAPY
ICD-9: 112.82,380.10,380.12-380.13,380.15-380.16,380.22-380.23
CPT: 69210,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 504

Diagnosis: ESOPHAGEAL VARICES
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
ICD-9: 456.0-456.2,530.7
CPT: 37145,37160,37181,38100,43107-43108,43112-43113,43116-43124,43201,43204-43205,43227,43243-43244,43255,43400-43401,43410,43415,43460,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 505

Diagnosis: EPISCLERITIS
Treatment: MEDICAL THERAPY
ICD-9: 379.01-379.02
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 506

Diagnosis: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH) (See Guideline Note)
Treatment: BASIC RESTORATIVE
ICD-9: V72.2
CPT: 90788
CDT: D2110,D2120,D2130,D2131,D2140,D2150,D2160,D2161,D2330,D2331,D2332,D2335,D2336,D2337,D2930,D2931,D2932,D2933,D2951,D2955,D2970,D2980,D3310,D3320,D3330,D3331,D3332,D3333,D3346,D3347,D3348,D3410,D7450,D7451,D7465,D7530,D7540,D7550,D9310,D9930,D9999
Line: 507

Diagnosis: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY) (See Guideline Note)
Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS
ICD-9: V72.2
CPT: 41870,41872,90788
CDT: D2710,D2721,D2722,D2751,D2752,D2950,D2954,D2957,D3351,D3352,D3353,D3910,D3950,D4210,D4211,D4341,D5110,D5120,D5130,D5140,D5213,D5214,D5520,D5610,D5620,D5630,D5640,D5650,D5660,D5710,D5711,D5720,D5721,D5730,D5731,D5740,D5741,D5750,D5751,D5760,D5761,D5820,D5821,D5850,D5851,D6972,D6980,D7310,D7320,D7471,D7970
Line: 508

Diagnosis: DISORDERS OF REFRACTION AND ACCOMMODATION
Treatment: MEDICAL THERAPY
ICD-9: 360.21,360.34,367,368.10-368.11,368.13-368.16,368.2-368.3,368.5-368.9
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 509

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CENTRAL PTERYGIUM

Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM W/O GRAFT, RADIATION THERAPY

ICD-9: 372.43

CPT: 65420, 65426, 79000-79900, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: G0242, G0243

Line: 510

Diagnosis: HEARING LOSS - OVER AGE OF FIVE

Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS

ICD-9: 388.00-388.01, 388.1-388.5, 389

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92510-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 511

Diagnosis: OPEN WOUND OF EAR DRUM

Treatment: TYMPANOPLASTY, MEDICAL THERAPY

ICD-9: 389.03, 872.61

CPT: 69450, 69610-69643, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 512

Diagnosis: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE

Treatment: COCHLEAR IMPLANT

ICD-9: 389.1

CPT: 69710-69718, 69930, 92510, 92601-92617

Line: 513

Diagnosis: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER; PREMENSTRUAL TENSION SYNDROMES

Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT/MEDICATION MANAGEMENT

ICD-9: 300.81-300.82, 307.80, 307.89, 625.4

CPT: 90801, 96100, 99201-99202, 99211-99212, 99241, 99271, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 514

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS

Treatment: MEDICAL & SURGICAL TREATMENT

ICD-9: 350, 352

CPT: 61450, 61458, 61790-61791, 64400, 64573, 64600-64610, 64716, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 515

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III

Treatment: REPAIR

ICD-9: 726.5, 727.59, 727.62-727.65, 727.68-727.69, 728.83, 728.89, 840.0-840.3, 840.5-840.9, 841-843, 845.0

CPT: 23430, 24340-24342, 26357-26392, 26418-26437, 26474, 26497, 26775-26776, 27380-27386, 27650-27654, 27658-27659, 27665, 27675, 27695-27698, 28200-28210, 29861-29863, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 516

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DISORDERS OF SHOULDER

Treatment: REPAIR/RECONSTRUCTION

ICD-9: 718.01, 718.11, 718.21, 718.31, 718.41, 718.51, 718.81, 726.0, 726.10-726.11, 726.19, 726.2, 727.61, 840.4, 840.7

CPT: 20550, 20600-20615, 23000, 23020, 23105-23130, 23190-23195, 23395, 23410-23420, 23440-23466, 23490-23491, 23700, 29807, 29819-29827, 29873, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 517

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II AND III

Treatment: REPAIR, MEDICAL THERAPY

ICD-9: 717.0-717.4, 717.6-717.8, 718.26, 718.36, 718.46, 718.56, 727.66, 836.0-836.2, 844

CPT: 20610, 27332-27340, 27347-27350, 27380-27381, 27403-27430, 29871-29889, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 518

Diagnosis: MALUNION & NONUNION OF FRACTURE

Treatment: SURGICAL TREATMENT

ICD-9: 733.8

CPT: 20690-20694, 20900, 20955-20975, 23480-23485, 24400, 24410, 24430-24435, 25259, 25400-25440, 25628, 26185, 26546, 26565, 27125, 27165-27170, 27217, 27465-27468, 27470-27472, 27656, 27720-27725, 27824-27829, 28315, 28320-28322, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 519

Diagnosis: FOREIGN BODY IN UTERUS, VULVA AND VAGINA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 939.1-939.2

CPT: 57410-57415, 58120, 58562, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 520

Diagnosis: UTERINE PROLAPSE; CYSTOCELE (See Guideline Note)

Treatment: SURGICAL REPAIR

ICD-9: 618

CPT: 45560, 51840, 52270, 52285, 53000, 53010, 56810, 57108, 57120, 57160, 57220, 57230, 57240-57289, 57545, 57555-57556, 58150, 58152, 58260-58280, 58290-58294, 58550-58553, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 521

Diagnosis: OSTEOARTHRITIS AND ALLIED DISORDERS

Treatment: MEDICAL THERAPY, INJECTIONS

ICD-9: 713.5, 715, 716.0-716.1, 716.5-716.6

CPT: 11042, 25000, 20600, 20605, 20610, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 522

Diagnosis: METABOLIC BONE DISEASE

Treatment: MEDICAL THERAPY

ICD-9: 731.0, 733.0

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 523

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: SYMPTOMATIC IMPACTED TEETH

Treatment: SURGERY

ICD-9: 520.6,524.3-524.4

CPT: 41899

Line: 524

Diagnosis: UNSPECIFIED DISEASE OF HARD TISSUES OF TEETH (AVULSION)

Treatment: INTERDENTAL WIRING

ICD-9: 525.9

CPT: 21497

Line: 525

Diagnosis: ABSCESSSES AND CYSTS OF BARTHOLIN'S GLAND AND VULVA

Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

ICD-9: 616.2-616.9

CPT: 10060-10061,53060,53270,56405,56420,56440,56501,56515,56740,57135,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 526

Diagnosis: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 616.0,623.6,623.8-623.9,624.5

CPT: 56405,56501,56515,57135,57200,57210,57511,57513,57520,57530,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 527

\$305.85

Diagnosis: DENTAL CONDITIONS (EG. TOOTH LOSS) (See Guideline Note)

Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE

ICD-9: V72.2

CPT: 90788

CDT: D1510,D1515,D1520,D1525,D4220,D4240,D4245,D4260,D4268,D4910,D4920

Line: 528

Diagnosis: URINARY INCONTINENCE (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 599.81,625.6,788.31-788.33

CPT: 20922,51840-51845,51990-51992,53446,53448,57160,57220,57280-57284,57287-57289,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 529

Diagnosis: HYPOSPADIAS AND EPISPADIAS

Treatment: REPAIR

ICD-9: 752.6

CPT: 51715,53431,54230-54231,54235,54240,54250,54300-54390,54420-54440,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 530

Diagnosis: RESIDUAL FOREIGN BODY IN SOFT TISSUE

Treatment: REMOVAL

ICD-9: 374.86,729.6,883.1-883.2

CPT: 10120-10121,20520-20525,23040-23044,23107,23330-23332,24000,24101,24200-24201,25040,25101,25248,26070-26080,27033,27086-27087,27310,27331,27372,27610,27620,28020-28024,28190-28193,40804,41805-41806,55120

Line: 531

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: BRANCHIAL CLEFT CYST
Treatment: EXCISION, MEDICAL THERAPY
ICD-9: 744.41-744.46,744.49,759.2
CPT: 38550,38555,42810,42815,60000,60280-60281,69145,90471-90472,90780-90799,90901-90937,
90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,
95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,
99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 532

Diagnosis: EXFOLIATION OF TEETH DUE TO SYSTEMIC CAUSES; SPECIFIC DISORDERS OF THE TEETH AND
SUPPORTING STRUCTURES
Treatment: EXCISION OF DENTOALVEOLAR STRUCTURE
ICD-9: 525.0,525.8,525.11
CPT: 40899,41820,41822-41830,41850,41874,41899,42299
Line: 533

Diagnosis: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR
ICD-9: 374.2-374.3,374.41,374.43,374.46
CPT: 15822-15823,67875,67880,67900-67904,67906,67908-67909,67911,67961,67971,90471-90472,
90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,
92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,
97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 534

Diagnosis: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.23,300.29
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-
99275,BA008,BA009,BA010,BA011,BA013,BA015,BA016,BA017,BA019,BA021,BA023,BA024,BA025,
BA026,BA040,BA045,BA046,BA047,BA108,BA109,BA110,BA111,BA112,BA113,BA114,BA115,BA116,
BA117,BA118,BA119,BA120,BA121,BA122,BA125,BA126,BA135,BA140,BA146,BA147,BA150,BA152,
BA153,BA154,BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,
ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 535

Diagnosis: RETAINED DENTAL ROOT
Treatment: EXCISION OF DENTOALVEOLAR STRUCTURE
ICD-9: 525.3
CPT: 40899,41822-41830,41874,41899,42299
Line: 536

Diagnosis: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 354.0,354.2,355.5,723.3,728.6
CPT: 20526,25111,25118,25447,26035-26060,26121-26180,26320,26440-26498,28035,29125,29848,
64702-64704,64718-64727,64774-64783,64788-64792,64856-64857,64872-64907,90471-90472,
90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,
92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,
97799,98925-98929,98940-98942,99025,99050-99054,99058-99078,99175,99185-99362,99374-
99375,99379-99440,99499
Line: 537

Diagnosis: INCONTINENCE OF FECES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 787.6
CPT: 46750-46762,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,
92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,
97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-
99375,99379-99440,99499
Line: 538

Diagnosis: RECTAL PROLAPSE
Treatment: PARTIAL COLECTOMY
ICD-9: 569.1-569.2
CPT: 44139-44144,44206-44208,44701,45130,45135,45505-45541,45900,90471-90472,90780-90799,
90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,
93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,
99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 539

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 223

CPT: 52224, 52282, 53260-53265, 50542-50543, 50562, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 540

Diagnosis: URETHRAL FISTULA

Treatment: EXCISION, MEDICAL THERAPY

ICD-9: 599.1-599.2, 599.4

CPT: 45820, 53040, 53230, 53235, 53240, 53250, 53520, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 541

Diagnosis: THROMBOSED AND COMPLICATED HEMORRHOIDS

Treatment: HEMORRHOIDECTOMY, INCISION

ICD-9: 455.1-455.2, 455.4-455.5, 455.7-455.8

CPT: 45320, 45334, 45339, 46083, 46220-46221, 46250-46262, 46320, 46500, 46608-46615, 46934-46936, 46945-46946, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 542

Diagnosis: VAGINITIS, TRICHOMONIASIS

Treatment: MEDICAL THERAPY

ICD-9: 112.1, 131, 616.1, 623.5

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 543

Diagnosis: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 607.1, 607.81-607.83, 607.89

CPT: 53431, 54000-54001, 54015, 54110-54112, 54200-54205, 54230-54231, 54235, 54240, 54250, 54450, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 544

Diagnosis: CHRONIC ANAL FISSURE (See Guideline Note); ANAL FISTULA

Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY

ICD-9: 565.0-565.1

CPT: 45905, 45910, 46030, 46080, 46200-46211, 46270-46285, 46288, 46700, 46706, 46940-46942, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 545

Diagnosis: CHRONIC OTITIS MEDIA (See Guideline Note)

Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY

ICD-9: 380.5, 381.1-381.8, 382.1-382.3, 382.9, 383.1-383.2, 383.30-383.31, 383.9, 384.2, 384.8-384.9

CPT: 42830-42831, 42835-42836, 69210, 69220-69222, 69310, 69400-69410, 69420-69421, 69424, 69433, 69436, 69440, 69450, 69501-69511, 69601-69605, 69610-69633, 69635-69650, 69700, 69801-69802, 69905, 69910, 69979, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 546

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ACUTE CONJUNCTIVITIS

Treatment: MEDICAL THERAPY

ICD-9: 077,372.00

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 547

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR & NOSE

Treatment: REMOVAL OF FOREIGN BODY

ICD-9: 380.4, 931-932

CPT: 30300-30320, 69200-69210, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: G0238

Line: 548

Diagnosis: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 379.54, 386.1-386.2, 386.4-386.9, 438.6-438.7, 438.83-438.85

CPT: 69666-69667, 69805-69806, 69915, 69950, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 549

\$308.89

Diagnosis: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION

Treatment: MEDICAL THERAPY

ICD-9: 599.6, 600

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 550

Diagnosis: PHIMOSIS

Treatment: SURGICAL TREATMENT

ICD-9: 605

CPT: 54152, 54161

Line: 551

Diagnosis: CONTACT DERMATITIS, ATOPIC DERMATITIS AND OTHER ECZEMA

Treatment: MEDICAL THERAPY

ICD-9: 691.8, 692.0-692.6, 692.70-692.74, 692.79, 692.8-692.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 552

Diagnosis: PSORIASIS AND SIMILAR DISORDERS

Treatment: MEDICAL THERAPY

ICD-9: 696.1-696.2, 696.8

CPT: 11900-11901, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 553

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CYSTIC ACNE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 705.83,706.0-706.1
CPT: 10040-10061,11450-11471,11900-11901,17000,17340,17360,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 554

Diagnosis: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 826.0
CPT: 11740,28470,28490-28496,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 555

Diagnosis: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
ICD-9: 708.0-708.1,708.5,708.8,995.7
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 556

Diagnosis: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
Treatment: MEDICAL AND SURGICAL TREATMENT; CLOSURE
ICD-9: 370.33,375,870.2
CPT: 67880-67882,68440,68530,68700,68760-68761,68801-68840,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 557

\$309.48

Diagnosis: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 471,478.1,993.1
CPT: 30000-30020,30110-30140,30200-31230,31237-31240,31254-31256,31267,31276,31287-31299,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 558

Diagnosis: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 527.5-527.9
CPT: 40810-40816,42300,42305,42325-42326,42330,42335,42340,42408-42409,42410,42415-42425,42440-42510,42600,42650-42665,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
CDT: D7980,D7981,D7982
Line: 559

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS
ICD-9: 522.6,522.8,V72.2
CPT: 90788,99201-99215,99241-99275
CDT: D3430,D4320,D4321,D5850,D5851,D5860,D5861,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6970,D6971,D6973,D6975,D7281,D7960,D7970
Line: 560

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: IMPULSE DISORDERS (See Guideline Note)

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 312.31-312.39

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA011, BA013, BA015, BA016, BA017, BA019, BA021, BA023, BA024, BA025, BA026, BA040, BA045, BA046, BA047, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 561

Diagnosis: BENIGN NEOPLASM BONE & ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 213, 215, 526.0-526.1, 526.81, 719.2, 733.2

CPT: 11400-11446, 12051-12052, 13131, 17106-17111, 20150, 20550-20551, 20610, 20615, 20900, 20930-20938, 20955-20973, 21029-21032, 21040-21041, 21046-21049, 21181, 21555-21556, 21600, 21930-21935, 22548-22585, 22851, 23075-23076, 23101, 23140-23156, 23200-23222, 24075-24077, 24105-24126, 24420, 24498, 25000, 25110-25136, 25170, 25210-25240, 25295-25301, 25320, 25335-25337, 25390-25393, 25441-25447, 25450, 25455, 25490-25492, 25810-25830, 26100-26116, 26200-26215, 26250-26262, 26449, 27025, 27047-27049, 27054, 27065-27071, 27075-27079, 27187, 27327-27328, 27355-27358, 27365, 27465-27468, 27495-27499, 27630-27638, 27645-27647, 27656, 27745, 27892-27894, 28043-28045, 28100-28108, 28122-28124, 28171-28175, 28820-28825, 36680, 63081-63091, 64774, 64792, 79000-79999

CDT: D7480

HCPCS: G0242, G0243

Line: 562

Diagnosis: SEXUAL DYSFUNCTION

Treatment: MEDICAL AND SURGICAL TREATMENT, PSYCHOTHERAPY

ICD-9: 302.7, 607.84

CPT: 54400-54417, 90471-90472, 90780-90799, 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499, BA108, BA109, BA110, BA111, BA112, BA113, BA114, BA115, BA116, BA117, BA118, BA119, BA120, BA121, BA122, BA125, BA126, BA135, BA140, BA146, BA147, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 563

Diagnosis: STOMATITIS AND DISEASES OF LIPS

Treatment: INCISION AND DRAINAGE/MEDICAL THERAPY

ICD-9: 528.0, 528.5, 528.9, 529.0

CPT: 10060-10061, 20000, 20005, 40650, 40801, 40805, 40810, 40812, 41800, 42000, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 564

Diagnosis: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS

Treatment: TARSORRHAPHY

ICD-9: 351.0-351.1, 351.8-351.9, 370.34, 374.44, 374.45, 374.89

CPT: 15840-15842, 64864-64870, 67875, 67880-67882, 67911, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 565

Diagnosis: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION

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, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 566

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID

Treatment: ECTROPION REPAIR

ICD-9: 216.1, 224, 372.63, 374.1, 374.85

CPT: 17340, 21280, 21282, 67343, 67700-67808, 67820-67850, 67880-67882, 67914-67924, 67950, 67961, 67966, 67971, 67973-67975, 68110, 68115-68130, 68135, 68320-68340, 68362, 68440, 68705

Line: 567

Diagnosis: CHONDROMALACIA

Treatment: MEDICAL THERAPY

ICD-9: 733.92

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 568

Diagnosis: DYSMENORRHEA (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 625.3

CPT: 58150, 58260, 58290, 58550-58553, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 569

Diagnosis: SPASTIC DIPLEGIA

Treatment: RHIZOTOMY

ICD-9: 343.0

CPT: 21720, 21725, 62350-62368, 63185-63190

Line: 570

Diagnosis: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE

Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS

ICD-9: 525.2

CPT: 15350, 15574, 20902, 21210, 21215, 21244-21249, 40840, 40842, 40845

CDT: D7340, D7350

Line: 571

Diagnosis: DEFORMITIES OF UPPER BODY & ALL LIMBS

Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY

ICD-9: 718.02-718.05, 718.13-718.15, 718.42-718.46, 718.52-718.56, 718.65, 718.82-718.86, 728.79, 732.3, 732.6, 732.8-732.9, 733.90-733.91, 736.00-736.04, 736.07, 736.09, 736.1, 736.20, 736.29, 736.30, 736.39, 736.4, 736.6, 736.76, 736.79, 736.89, 736.9, 738.6, 738.8, 754.42-754.44, 754.61, 754.8, 755.50-755.53, 755.56-755.57, 755.59, 755.60, 755.63-755.64, 755.69, 755.8, 756.82-756.83, 756.89

CPT: 11041-11042, 14040-14041, 15120, 15240, 20150, 20690-20694, 20900, 20920, 20922, 20924, 21742-21743, 24101, 25320, 25335-25337, 25390-25393, 25441-25450, 25455, 25490-25492, 25810-25830, 26035-26060, 26121-26180, 26320, 26440-26596, 26820-26863, 27095-27097, 27100-27122, 27140, 27185, 27306-27307, 27435, 27448-27455, 27465-27468, 27475-27485, 27496-27499, 27590, 27656, 27676, 27685-27690, 27705, 27715, 27727, 27730-27742, 27892-27894, 29861-29863, 64702-64704, 64718-64727, 64774-64783, 64788-64792, 64856-64857, 64872-64907, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 572

Diagnosis: DEFORMITIES OF FOOT

Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS

ICD-9: 718.07, 718.47, 718.57, 718.87, 727.1, 732.5, 735.0-735.2, 735.3-735.9, 736.70-736.72, 754.50, 754.59, 754.60, 754.69, 754.70, 754.79, 755.65-755.67

CPT: 20920, 20922, 20924, 27612, 27690-27692, 28008, 28010, 28035, 28050-28072, 28086-28092, 28110-28119, 28126-28160, 28220-28238, 28240-28341, 28360, 28705-28760, 29450, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 573

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: PERITONEAL ADHESION

Treatment: SURGICAL TREATMENT

ICD-9: 568.0, 568.82-568.89, 568.9

CPT: 44005, 44200, 44603-44604, 49423-49424, 58660

Line: 574

Diagnosis: PELVIC PAIN SYNDROME, DYSpareunia (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 300.81, 614.1, 614.6, 620.6, 625.0-625.2, 625.5, 625.8-625.9

CPT: 49322, 58150, 58260-58262, 58290-58291, 58400, 58410, 58550, 58552-58553, 58562, 58660-58662, 58700, 58720, 58740, 58805, 58925, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 575

Diagnosis: TENSION HEADACHES

Treatment: MEDICAL THERAPY

ICD-9: 307.81, 784.0

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 576

Diagnosis: CHRONIC BRONCHITIS

Treatment: MEDICAL THERAPY

ICD-9: 490, 491.0, 491.8-491.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 577

Diagnosis: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS

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, 564.0-564.7, 564.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 578

Diagnosis: TMJ DISORDER

Treatment: TMJ SPLINTS

ICD-9: 524.6, 848.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D7880

Line: 579

Diagnosis: URETHRITIS, NON-SEXUALLY TRANSMITTED

Treatment: MEDICAL THERAPY

ICD-9: 597.8, 599.3-599.5, 599.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 580

Diagnosis: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS

Treatment: MEDICAL THERAPY, EXCISION

ICD-9: 355.6, 728.71

CPT: 20550, 20605, 28008, 28060, 28080, 29893, 64726, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 581

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN & SUBCUTANEOUS TISSUE

Treatment: REMOVAL OF GRANULOMA

ICD-9: 709.4, 728.82

CPT: 21555-21556, 21930, 23075-23076, 24075-24076, 25075-25076, 26115-26116, 27047-27048, 27327-27328, 27618-27619, 28043, 28045, 28192, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 582

Diagnosis: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 110.0-110.6, 110.8-110.9, 111

CPT: 11720-11732, 11750, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97703-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 583

Diagnosis: INTERNAL DERANGEMENT OF JOINT OTHER THAN KNEE

Treatment: REPAIR, MEDICAL THERAPY

ICD-9: 718.09, 718.19, 718.29, 718.48, 718.59, 718.88-718.89, 719.81-719.85, 719.87-719.89

CPT: 24006, 24102, 24149, 24155, 24470, 25085, 25105, 25107, 25119, 25210-25240, 25320, 25337, 25390-25393, 25441-25447, 25450, 25455, 25490-25492, 25810-25830, 27625-27626, 29834-29838, 29844-29847, 29897-29898, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 584

Diagnosis: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)

Treatment: DACRYOCYSTORHINOSTOMY

ICD-9: 375.02, 375.30, 375.32, 375.4, 375.56-375.57, 375.61, 771.6

CPT: 31238-31239, 68420, 68520, 68720-68750, 68770, 68801

Line: 585

Diagnosis: PERIPHERAL NERVE DISORDERS

Treatment: SURGICAL TREATMENT

ICD-9: 337.2, 353, 354.1, 354.3-354.9, 355.0, 355.3, 355.4, 355.7-355.8, 723.2

CPT: 23397, 64702-64719, 64722, 64726-64727, 64774-64792, 64820, 64856-64857, 64872-64907

Line: 586

Diagnosis: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES

Treatment: MEDICAL THERAPY, ORTHOTIC

ICD-9: 734, 736.73, 755.00, 755.02, 755.10, 755.13-755.14

CPT: 28344-28345, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 587

Diagnosis: PERIPHERAL ENTHESOPATHIES

Treatment: SURGICAL TREATMENT

ICD-9: 726.12, 726.3-726.9, 728.81

CPT: 20550-20553, 20600-20610, 21032, 24105, 24350-24352, 24354, 24356, 25447, 26035-26060, 26121-26180, 26320, 26440-26596, 26820-26863, 27060-27062, 27095-27097, 27100-27122, 27140-27185, 27306-27307, 27448-27455, 27466-27468, 27475-27485, 27715, 27730-27742, 28119, 28899, 64550, 64702-64704, 64718-64727, 64774-64795, 64856-64857, 64872-64907

Line: 588

Diagnosis: PERIPHERAL ENTHESOPATHIES

Treatment: MEDICAL THERAPY

ICD-9: 726.12, 726.3-726.4, 726.6-726.9, 728.81

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 589

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: DISORDERS OF SOFT TISSUE

Treatment: MEDICAL THERAPY

ICD-9: 729.0-729.2, 729.31-729.39, 729.4-729.9

CPT: 11041-11042, 14040-14041, 20550, 20600-20610, 62350-62351, 62360-62362, 64550, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 590

Diagnosis: ENOPHTHALMOS

Treatment: ORBITAL IMPLANT

ICD-9: 372.64, 376.5

CPT: 20902, 21076-21077, 67550, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D5915, D5928

Line: 591

Diagnosis: MACROMASTIA

Treatment: SUBCUTANEOUS TOTAL MASTECTOMY, BREAST REDUCTION

ICD-9: 611.1

CPT: 19140, 19318

Line: 592

Diagnosis: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 217, 611.3, 611.4, 611.6, 611.71, 611.9, 757.6

CPT: 19110, 19125-19126, 19290-19295, 19324-19355, 19357, 19361, 19364, 19366-19396, 19499, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 593

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 721.0, 721.2-721.3, 721.7-721.8, 721.90, 722.0-722.6, 722.8-722.9, 723.1, 723.5-723.9, 724.1-724.2, 724.5-724.9, 739, 839.2, 847

CPT: 20550, 29220, 62350-62351, 62360-62362, 64416, 64445-64450, 64520-64530, 64550, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 594

Diagnosis: CYSTS OF ORAL SOFT TISSUES

Treatment: INCISION & DRAINAGE

ICD-9: 527.1, 528.4, 528.8

CPT: 40800, 41005-41009, 41015-41018, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D7460, D7461

Line: 595

Diagnosis: FEMALE INFERTILITY, MALE INFERTILITY

Treatment: ARTIFICIAL INSEMINATION, MEDICAL THERAPY

ICD-9: 606, 628.4-628.9, 629.9, V26.1-V26.2, V26.8-V26.9

CPT: 52347, 58321-58323, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 596

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: INFERTILITY DUE TO ANNOVULATION

Treatment: MEDICAL THERAPY

ICD-9: 626.0-626.1, 628.0, 628.1

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 597

Diagnosis: POSTCONCUSSION SYNDROME

Treatment: MEDICAL THERAPY

ICD-9: 310.2

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 598

Diagnosis: SIMPLE AND UNSPECIFIED GOITER, NONTOXIC NODULAR GOITER

Treatment: MEDICAL THERAPY, THYROIDECTOMY

ICD-9: 240-241

CPT: 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270-60271, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 599

Diagnosis: CONDUCTIVE HEARING LOSS

Treatment: AUDIANT BONE CONDUCTORS

ICD-9: 389.0, 389.2

CPT: 69710-69711

Line: 600

Diagnosis: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS

Treatment: LIVER TRANSPLANT

ICD-9: 155.0-155.1, 996.82

CPT: 47133-47136, 77261-77799, 79000-79900

HCPCS: G0242, G0243

Line: 601

Diagnosis: HYPOTENSION

Treatment: MEDICAL THERAPY

ICD-9: 458

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 602

Diagnosis: VIRAL HEPATITIS, EXCLUDING CHRONIC VIRAL HEPATITIS B AND VIRAL HEPATITIS C WITHOUT HEPATIC COMA

Treatment: MEDICAL THERAPY

ICD-9: 070.0-070.2, 070.30-070.31, 070.33, 070.4, 070.52-070.53, 070.59, 070.6-070.9

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 603

Diagnosis: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES

Treatment: MEDICAL THERAPY

ICD-9: 210, 214, 216, 221, 222.1, 222.4, 228.00-228.01, 228.1, 229, 686.1, 686.9

CPT: 11300-11313, 11400-11471, 12031-12032, 13100-13151, 17000-17108, 19120, 40814, 41116, 41826, 42104-42107, 42160, 42808, 69145, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

CDT: D7430, D7431, D7981

Line: 604

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION
ICD-9: 605,V50.2
CPT: 54000-54001, 54150-54164, 54450, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358, 92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 605

Diagnosis: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT
ICD-9: 211.0-211.2, 211.5-211.6, 211.8-211.9
CPT: 43202, 43216-43217, 43248-43251, 43258, 43450, 44110-44120, 44139-44145, 44152, 44204, 44206-44208, 44369, 44392, 45160, 45308-45309, 45333, 45383-45385, 46610, 46937, 44701, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 606

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Statement of Intent)
Treatment: MEDICAL THERAPY
ICD-9: 558
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 607

Diagnosis: FACTITIOUS DISORDERS
Treatment: CONSULTATION
ICD-9: 300.10, 300.16, 300.19, 301.51
CPT: 90801, 96100, 99201-99202, 99211-99212, 99241, 99271, BA008, BA009, BA010, BA019, BA108, BA109, BA110, BA119, BA135, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95
Line: 608

Diagnosis: HYPOCHONDRIASIS; SOMATIFORM DISORDER, NOS AND UNDIFFERENTIATED
Treatment: CONSULTATION
ICD-9: 300.7, 300.9, 306
CPT: 90801, 96100, 99201-99202, 99211-99212, 99241, 99271, BA008, BA009, BA010, BA019, BA108, BA109, BA110, BA119, BA135, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95
Line: 609

Diagnosis: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 300.11
CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 99201-99275, BA008, BA009, BA010, BA019, BA108, BA109, BA110, BA119, BA135, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95
Line: 610

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Note)
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
ICD-9: 721.5-721.6, 723.0, 724.0, 731.0, 737.0-737.3, 737.8-737.9, 738.4-738.5, 754.1-754.2, 756.10-756.12, 756.13-756.17, 756.19, 756.3
CPT: 20930-20938, 21720, 21725, 22210-22226, 22590-22632, 22554-22585, 22800-22855, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 98925-98929, 98940-98942, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 611

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: ASYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
ICD-9: 708.2-708.4,708.9
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 612

Diagnosis: CIRCUMSCRIBED SCLERODERMA; SENILE PURPURA
Treatment: MEDICAL THERAPY
ICD-9: 287.2,287.8-287.9,701.0
CPT: 11900-11901,17000-17004,17340,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 613

Diagnosis: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY
Treatment: MEDICAL THERAPY
ICD-9: 693
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 614

Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS
Treatment: MEDICAL THERAPY
ICD-9: 372.01-372.05,372.14,372.54,372.56,472,477,995.3,V07.1
CPT: 30420,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 615

Diagnosis: PLEURISY
Treatment: MEDICAL THERAPY
ICD-9: 511.0,511.9
CPT: 32000,32200,32215,32220-32225,32310,32420,32650-32652,32655,32664-32665,32940,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 616

Diagnosis: CONJUNCTIVAL CYST
Treatment: EXCISION OF CONJUNCTIVAL CYST
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75
CPT: 68020,68040,68110,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 617

Diagnosis: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR
Treatment: DRAINAGE
ICD-9: 380.3,380.8,738.7
CPT: 10140,69000-69005,69020,69140,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 618

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: ACUTE NON-SUPPURATIVE LABYRINTHITIS

Treatment: MEDICAL THERAPY

ICD-9: 386.30-386.32,386.34-386.35

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 619

Diagnosis: INFECTIOUS MONONUCLEOSIS

Treatment: MEDICAL THERAPY

ICD-9: 075

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 620

Diagnosis: ASEPTIC MENINGITIS (See Statement of Intent)

Treatment: MEDICAL THERAPY

ICD-9: 047-049

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 621

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA

Treatment: SURGICAL TREATMENT

ICD-9: 752.0-752.3,752.41

CPT: 56306,57135,57500,57720,58400,58540,58559-58562,58660,58700,58720,58740,58940,90471-
90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-
92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-
97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,
99499

Line: 622

Diagnosis: CONGENITAL DEFORMITIES OF KNEE

Treatment: ARTHROSCOPIC REPAIR

ICD-9: 755.64,727.83

CPT: 27403-27429,29871-29889

Line: 623

Diagnosis: UNCOMPLICATED HERNIA IN ADULTS AGE 18 OR OVER

Treatment: REPAIR

ICD-9: 550.9,553.0-553.2,553.8-553.9

CPT: 44050,49250,49505-49572,49585-49590,49650-49651,55540,
90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 624

Diagnosis: ACUTE ANAL FISSURE

Treatment: FISSURECTOMY, MEDICAL THERAPY

ICD-9: 565.0

CPT: 46200,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-
92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-
97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499

Line: 625

Diagnosis: CYST OF KIDNEY, ACQUIRED

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 593.2

CPT: 50390,50541,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,
92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,
97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-
99375,99379-99440,99499

Line: 626

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 307.52
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-99275,BA008,BA009,BA010,BA019,BA108,BA109,BA110,BA135,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 627

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
ICD-9: 307.41-307.45,307.47-307.49,780.50,780.52,780.54-780.56,780.59
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 628

Diagnosis: CYST, HEMORRHAGE, AND INFARCTION OF THYROID
Treatment: SURGERY - EXCISION
ICD-9: 246.2,246.3,246.9
CPT: 60001,60200,60210,60212,60220,60225,60270-60271,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 629

Diagnosis: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
ICD-9: 470,478.0,738.0,754.0
CPT: 14060,20912,21325-21335,30115-30117,30124-30320,30400-30430,30465,30520,30580,30620,30630,31020-31090,31200,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
CDT: D7260
Line: 630

Diagnosis: ERYTHEMA MULTIFORME
Treatment: MEDICAL THERAPY
ICD-9: 695.1
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 631

Diagnosis: HERPES SIMPLEX WITHOUT COMPLICATIONS
Treatment: MEDICAL THERAPY
ICD-9: 054.2,054.6,054.73,054.9
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 632

Diagnosis: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR & AMPUTATION
ICD-9: 744.00-744.04,744.09,744.1-744.3
CPT: 21086,21089,69110,69300
CDT: D5914,D5927
Line: 633

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Diagnosis: BLEPHARITIS
Treatment: MEDICAL THERAPY
ICD-9: 373.0, 373.8-373.9, 374.87
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 634

Diagnosis: HYPERTELORISM OF ORBIT
Treatment: ORBITOTOMY
ICD-9: 376.41
CPT: 67405, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 635

Diagnosis: INFERTILITY DUE TO TUBAL DISEASE
Treatment: MICROSURGERY
ICD-9: 608.85, 622.5, 628.2-628.3, 629.9, V26.0
CPT: 54900-54901, 55400, 58120, 58340, 58345, 58350, 58700, 58740-58770
Line: 636

Diagnosis: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN
Treatment: MEDICAL THERAPY
ICD-9: 373.3, 690, 698, 701.1-701.3, 701.8, 701.9
CPT: 11000-11057, 11200-11201, 11401-11406, 11900, 11950-11954, 17000-17004, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 637

Diagnosis: LICHEN PLANUS
Treatment: MEDICAL THERAPY
ICD-9: 697
CPT: 11900-11901, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 638

Diagnosis: OBESITY
Treatment: NUTRITIONAL AND LIFE STYLE COUNSELING
ICD-9: 278.0
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 639

Diagnosis: MORBID OBESITY
Treatment: GASTROPLASTY
ICD-9: 278.01
CPT: 43842-43843, 43846-43848, 44209, 44238-44239
Line: 640

Diagnosis: CHRONIC DISEASE OF TONSILS AND ADENOIDS
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
ICD-9: 474.0, 474.1-474.2, 474.9
CPT: 42820-42836, 42860, 42870, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 641

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION
ICD-9: 603,608.84,629.1,778.6
CPT: 54840,55000,55040-55041,55060,55500,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 642

Diagnosis: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
ICD-9: 701.4-701.5
CPT: 11200-11201,11300-11446,11900-11901,12032,17000-17004,77261-77799,79000-79900
HCPCS: G0242,G0243
Line: 643

Diagnosis: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA
Treatment: MEDICAL THERAPY
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9
CPT: 56805,57061,57065,57200,57800,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 644

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I
Treatment: MEDICAL THERAPY
ICD-9: 355.1-355.3,355.9,717,718.26,718.36,718.46,718.56,836.0-836.2,840-843,844.0-844.3,844.8-844.9,845.00-845.03,845.1,846,848.3,848.40-848.42,848.49,848.5,848.8-848.9,905.7
CPT: 24341,27590,29240,29260,29280,29520,29530,29540,29550,29580,29590,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,98925-98929,98940-98942,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 645

Diagnosis: SYNOVITIS AND TENOSYNOVITIS
Treatment: MEDICAL THERAPY
ICD-9: 726.12,727.00,727.03-727.09
CPT: 20550-20553,20600-20610,25000,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 646

Diagnosis: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSSTROPHY
Treatment: MEDICAL THERAPY
ICD-9: 719.5-719.6,719.80,719.86,727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4
CPT: 20550-20553,20600,20610,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 647

Diagnosis: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES
Treatment: MEDICAL THERAPY
ICD-9: 703.8-703.9,704.0,704.1-704.9,706.3,706.9,757.4-757.5,V50.0
CPT: 11000-11001,11720-11765,11900-11901,17380,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97703-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 648

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Diagnosis: CANDIDIASIS OF MOUTH, SKIN AND NAILS

Treatment: MEDICAL THERAPY

ICD-9: 112.0,112.3,112.9

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 649

Diagnosis: BENIGN LESIONS OF TONGUE

Treatment: EXCISION

ICD-9: 529.1-529.6,529.8-529.9

CPT: 41110,41112-41114,41599,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 650

Diagnosis: MINOR BURNS

Treatment: MEDICAL THERAPY

ICD-9: 692.76,941.0-941.2,942.0-942.2,943.0-943.2,944.0-944.2,945.0-945.2,946.0-946.2,949.0-949.1

CPT: 11000-11001,11040-11044,11960-11971,16000-16030,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 651

Diagnosis: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS

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: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 652

Diagnosis: CONGENITAL DEFORMITY OF KNEE

Treatment: MEDICAL THERAPY

ICD-9: 755.64

CPT: 27435,27465-27468,27496-27499,27656,27892-27894,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 653

Diagnosis: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL

Treatment: MEDICAL THERAPY

ICD-9: 451.0,451.2,451.82,451.84,451.89,451.9

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 654

Diagnosis: PROLAPSED URETHRAL MUCOSA

Treatment: SURGICAL TREATMENT

ICD-9: 599.3,599.5

CPT: 51840-51841,52270,52285,53000,53010,53275,57220,57230,57268-57270,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 655

Diagnosis: RUPTURE OF SYNOVIUM

Treatment: REMOVAL OF BAKER'S CYST

ICD-9: 727.51

CPT: 27345

Line: 656

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
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,
301.84,301.89,301.9
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-
99275,BA008,BA009,BA010,BA019,BA108,BA109,BA110,BA119,BA135,BA150,BA152,BA153,BA154,
BA155,BA156,BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,
ECC46,ECC50,ECC60,ECC70,ECC80,ECC90,ECC95
Line: 657

Diagnosis: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-9: 302.0-302.4,302.50,302.6,302.85,302.9
CPT: 90801-90807,90810-90813,90816-90819,90823-90827,90846-90862,90870-90871,96100,99201-
99275,BA008,BA009,BA010,BA108,BA109,BA110,BA135,BA150,BA152,BA153,BA154,BA155,BA156,
BA157,BA158,BA159,ECC10,ECC11,ECC12,ECC13,ECC14,ECC20,ECC30,ECC40,ECC44,ECC46,ECC50,
ECC60,ECC70,ECC80,ECC90,ECC95
Line: 658

Diagnosis: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
ICD-9: 883.0
CPT: 12001-12002,14040-14041,14350
Line: 659

Diagnosis: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE,
OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
ICD-9: 524.0-524.2,524.5,524.7-524.8,524.9
CPT: 21120-21127,21145-21147,21150-21151,21154-21160,21193-21196,21198,21206-21209,21255,
21295-21296,30520,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-
92371,92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-
97004,97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,
99374-99375,99379-99440,99499
CDT: D7940-D7949
Line: 660

Diagnosis: CERVICAL RIB
Treatment: SURGICAL TREATMENT
ICD-9: 756.2
CPT: 21615-21616,21705,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-
92371,92502-92508,92511-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-
97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499
Line: 661

Diagnosis: GYNECOMASTIA
Treatment: MASTECTOMY
ICD-9: 611.1
CPT: 19140
Line: 662

Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY
ICD-9: 056.0,056.71,323.8-323.9
CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499
Line: 663

Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
ICD-9: 574.2,575.8
CPT: 43262,43264,43267-43268,47490,47564,47570,47600-47620,90471-90472,90780-90799,90901-
90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-
95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-
99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499
Line: 664

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR & ACCESSORY SINUSES

Treatment: EXCISION, RECONSTRUCTION

ICD-9: 212.0

CPT: 30117-30150,30520,31020,31032,31201,31276,69145,69501-69540,69550-69554,69960

Line: 665

Diagnosis: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL

Treatment: MEDICAL THERAPY

ICD-9: 463

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 666

Diagnosis: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN

Treatment: MEDICAL THERAPY

ICD-9: 778.5,778.7-778.9

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 667

Diagnosis: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD

Treatment: MEDICAL THERAPY

ICD-9: 460,465

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 668

Diagnosis: DIAPER RASH

Treatment: MEDICAL THERAPY

ICD-9: 691.0

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 669

Diagnosis: DISORDERS OF SWEAT GLANDS

Treatment: MEDICAL THERAPY

ICD-9: 705.0-705.1,705.81-705.83,705.89,705.9,780.8

CPT: 11450-11471,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,
92502-92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,
97010-97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-
99375,99379-99440,99499

Line: 670

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN
PERSONS UNDER AGE 3 (See Statement of Intent)

Treatment: MEDICAL THERAPY

ICD-9: 052,055,056.79,056.8-056.9,057,072,074,078.0,078.2,078.4-078.8,079.0-079.6,079.88-
079.89,079.9,480,487

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 671

Diagnosis: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS

Treatment: MEDICAL THERAPY

ICD-9: 462,464.00,464.50,476,478.5

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 672

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: CORNS AND CALLUSES

Treatment: MEDICAL THERAPY

ICD-9: 700

CPT: 11055-11057, 17000-17004, 17110, 17340, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

HCPCS: S0390

Line: 673

Diagnosis: VIRAL WARTS EXCLUDING VENEREAL WARTS

Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY

ICD-9: 078.0, 078.10, 078.19

CPT: 11055-11057, 11420-11424, 11900-11901, 17000-17004, 17110-17111, 17340, 28043, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 674

Diagnosis: OLD LACERATION OF CERVIX AND VAGINA

Treatment: MEDICAL THERAPY

ICD-9: 621.5, 622.3, 624.4

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 675

Diagnosis: TONGUE TIE AND OTHER ANOMALIES OF TONGUE

Treatment: FRENOTOMY, TONGUE TIE

ICD-9: 529.5, 750.0-750.1

CPT: 40806, 40819, 41010, 41115

Line: 676

Diagnosis: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH W/O COMPLICATION

Treatment: REPAIR SOFT TISSUES

ICD-9: 525.10, 525.12, 525.13, 525.19, 873.6

CPT: 12001-12057, 13131-13133, 13151-13153, 40831, 41250-41251, 42180, 42182, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 677

Diagnosis: CENTRAL SEROUS RETINOPATHY

Treatment: LASER SURGERY

ICD-9: 362.40-362.41, 362.6-362.7

CPT: 67210

Line: 678

Diagnosis: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 278.1, 702.1-702.8, 709.1-709.3, 709.8-709.9

CPT: 11000, 11040-11042, 11055-11057, 11100-11101, 11300-11313, 11400-11406, 11420-11446, 13100-13160, 14000-14300, 15120, 15240, 15780-15793, 15810-15811, 15831-15839, 15876-15879, 17000-17004, 17106-17108, 17340, 17360, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 679

Diagnosis: UNCOMPLICATED HEMORRHOIDS

Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY

ICD-9: 455.0, 455.3, 455.6, 455.9

CPT: 45320, 45334, 45339, 46083, 46220-46262, 46320, 46500, 46610-46615, 46934-46936, 46945-46946, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 680

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: **GANGLION**
Treatment: **EXCISION**
ICD-9: 727.02, 727.4
CPT: 10140, 10160, 20551-20553, 20600-20612, 25111-25112, 26160, 28090, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 681

Diagnosis: **CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS**
Treatment: **MEDICAL THERAPY**
ICD-9: 372.10-372.13, 372.2-372.3, 372.53, 372.73, 374.55
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 682

Diagnosis: **TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS**
Treatment: **MEDICAL THERAPY**
ICD-9: 695.0, 695.2-695.9
CPT: 17340, 17360, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 683

Diagnosis: **PERIPHERAL NERVE DISORDERS**
Treatment: **MEDICAL THERAPY**
ICD-9: 337.2, 353, 354.1, 354.3-354.9, 355.0, 355.3, 355.7-355.8, 357.5-357.9, 723.2
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 684

Diagnosis: **OTHER COMPLICATIONS OF A PROCEDURE**
Treatment: **MEDICAL AND SURGICAL TREATMENT**
ICD-9: 371.82, 457.0, 998.81, 998.9
CPT: 38300-38308, 38380-38382, 38542-38555, 38571-38572, 38700-38760, 49062, 49323, 49423-49424, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 685

Diagnosis: **RAYNAUD'S SYNDROME**
Treatment: **MEDICAL THERAPY**
ICD-9: 443.0, 443.89, 443.9
CPT: 64821-64823, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 686

Diagnosis: **TMJ DISORDERS**
Treatment: **TMJ SURGERY**
ICD-9: 524.5, 524.6, 718.08, 718.18, 718.28, 718.38, 718.58
CPT: 20910, 20926, 21010, 21050-21070, 21210, 21215, 21230-21235, 21240-21243, 21480, 21485, 21490, 21499, 29800-29804, 29999, 30520, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
CDT: D7852-D7877, D7899, D7955, D7991
Line: 687

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION

Treatment: STRIPPING/SCLEROTHERAPY

ICD-9: 454.9,459,607.82

CPT: 36468-36471,37700,37720-37735,37760,37780-37799,90471-90472,90780-90799,90901-90937,
90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-92977,93000-95075,
95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,99025,99050-99054,
99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

Line: 688

Diagnosis: VULVAL VARICES

Treatment: VASCULAR SURGERY

ICD-9: 456.6

CPT: 37799,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-
92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-
97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499

Line: 689

Diagnosis: CHRONIC PANCREATITIS

Treatment: SURGICAL TREATMENT

ICD-9: 577.1

CPT: 48000,48180

Line: 690

Diagnosis: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE

Treatment: MEDICAL THERAPY

ICD-9: 601.1,601.3,601.9,602

CPT: 55801,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-
92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-
97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499

Line: 691

Diagnosis: MUSCULAR CALCIFICATION AND OSSIFICATION

Treatment: MEDICAL THERAPY

ICD-9: 728.1

CPT: 27036,90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-
92508,92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-
97537,97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,
99379-99440,99499

Line: 692

Diagnosis: CANCER OF VARIOUS SITES WHERE TREATMENT WILL NOT RESULT IN A 5% FIVE-YEAR SURVIVAL

Treatment: CURATIVE MEDICAL AND SURGICAL TREATMENT

ICD-9: 140-208

CPT: 11600-11646,36260-36262,36522,38720-38724,41110-41114,41130,42120,42842-42845,42880,
43228,43248-43250,47610,47420-47425,47741,47785,57460,58951,60600-60605,60650,61500,
61510,61517-61521,61546-61548,61586,61793,77261-77799,79000-79900,90471-90472,90780-
90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,92511-92960,92970-
92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,97601-97750,97799,
99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-99440,99499

HCPCS: G0242,G0243

Line: 693

Diagnosis: AGENESIS OF LUNG

Treatment: MEDICAL THERAPY

ICD-9: 748.5

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 694

Diagnosis: DISEASE OF CAPILLARIES

Treatment: EXCISION

ICD-9: 448.1-448.9

CPT: 11400-11426

Line: 695

PRIORITIZED LIST OF HEALTH SERVICES
APRIL 29, 2003

Diagnosis: BENIGN POLYPS OF VOCAL CORDS

Treatment: MEDICAL THERAPY, STRIPPING

ICD-9: 478.4

CPT: 31540-31541, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 696

Diagnosis: FRACTURES OF RIBS AND STERNUM, CLOSED

Treatment: MEDICAL THERAPY

ICD-9: 807.0, 807.2, 805.6, 839.41

CPT: 27200, 27202, 29200, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 697

Diagnosis: 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: 698

Diagnosis: DISEASES OF THYMUS GLAND

Treatment: MEDICAL THERAPY

ICD-9: 254

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 699

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT (See Guideline Note)

Treatment: ELECTIVE DENTAL SERVICES

ICD-9: 520.7, V72.2

CPT: 99201-99215, 99241-99275

CDT: D1204, D1205, D2380, D2381, D2382, D2385, D2386, D2387, D2388, D2542, D2543, D2544, D2720, D2740, D2750, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2799, D2952, D2953, D3421, D3425, D3426, D3450, D3470, D3920, D4249, D4263, D4264, D4270, D4271, D4273, D4274, D4381, D5211, D5212, D6212, D6780, D6781, D6782, D6783, D6940, D6976, D6977, D7220, D7230, D7240, D7241, D7250, D7272, D7971, D9910, D9911, D9940, D9951, D9952

Line: 700

Diagnosis: ANTI-SOCIAL PERSONALITY DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

ICD-9: 301.7

CPT: 90801-90807, 90810-90813, 90816-90819, 90823-90827, 90846-90862, 90870-90871, 96100, 99201-99275, BA008, BA009, BA010, BA108, BA109, BA110, BA135, BA150, BA152, BA153, BA154, BA155, BA156, BA157, BA158, BA159, ECC10, ECC11, ECC12, ECC13, ECC14, ECC20, ECC30, ECC40, ECC44, ECC46, ECC50, ECC60, ECC70, ECC80, ECC90, ECC95

Line: 701

Diagnosis: SEBACEOUS CYST

Treatment: MEDICAL AND SURGICAL THERAPY

ICD-9: 685.1, 706.2, 744.47

CPT: 10060-10061, 11400-11446, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499

Line: 702

Diagnosis: CENTRAL RETINAL ARTERY OCCLUSION

Treatment: PARACENTESIS OF AQUEOUS

ICD-9: 362.31-362.33

CPT: 67015, 67500-67505

Line: 703

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: ORAL APHTHAE
Treatment: MEDICAL THERAPY
ICD-9: 528.2
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 704

Diagnosis: SUBLINGUAL, SCROTAL, AND PELVIC VARICES
Treatment: VENOUS INJECTION, VASCULAR SURGERY
ICD-9: 456.3-456.5
CPT: 36470, 37799, 55530-55535, 55550, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 705

Diagnosis: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
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, 920-924, 959.0-959.8
CPT: 10120, 10140, 11740, 11760, 11762, 12001-12014, 28190, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 706

Diagnosis: UNSPECIFIED RETINAL VASCULAR OCCLUSION
Treatment: LASER SURGERY
ICD-9: 362.30
CPT: 67228
Line: 707

Diagnosis: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
ICD-9: 221.1-221.9
CPT: 56440-56441, 56501, 57130-57135
Line: 708

Diagnosis: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 222.0, 222.2, 222.3, 222.8, 222.9
CPT: 52606, 54231, 54512, 54522, 54900-54901, 55200, 55600, 55605, 55650, 55680, 55801, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 709

Diagnosis: XEROSIS
Treatment: MEDICAL THERAPY
ICD-9: 706.8
CPT: 11010-11044, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 710

Diagnosis: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION
ICD-9: 748.4
CPT: 32140-32141, 32500, 32663
Line: 711

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: ICHTHYOSIS
Treatment: MEDICAL THERAPY
ICD-9: 757.1
CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 712

Diagnosis: LYMPHEDEMA
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
ICD-9: 457.1-457.9, 757.0
CPT: 38300-38308, 38380-38382, 38542-38555, 38571-38572, 38700-38760, 49062, 49323, 49423-49424, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 713

Diagnosis: DERMATOLOGICAL CONDITIONS WITH NO EFFECTIVE TREATMENT OR NO TREATMENT NECESSARY
Treatment: MEDICAL AND SURGICAL TREATMENT
ICD-9: 696.3-696.5, 709.0, 757.2-757.3, 757.8-757.9
CPT: 11055-11057, 11301, 11920-11922, 17000, 17003, 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508, 92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537, 97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-99440, 99499
Line: 714

Diagnosis: INFECTIOUS DISEASES WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 071, 136.0, 136.9
CPT: 99201-99275
Line: 715

Diagnosis: RESPIRATORY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 519.3, 519.9, 748.60, 748.69, 748.9
CPT: 99201-99275
Line: 716

Diagnosis: GENITOURINARY CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 593.0-593.1, 593.6, 607.9, 608.3, 608.9, 621.6, 621.8-621.9, 626.9, 629.8, 752.9
CPT: 99201-99275
Line: 717

Diagnosis: CARDIOVASCULAR CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 429.3, 429.81-429.82, 429.89, 429.9, 747.9
CPT: 99201-99275
Line: 718

Diagnosis: MUSCULOSKELETAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 716.9, 718.00, 718.10, 718.20, 718.40, 718.50, 718.60, 718.80, 718.9, 719.7, 719.9, 728.5, 728.84, 728.9, 731.2, 738.2-738.3, 738.9, 744.5-744.9, 748.1, 755.9, 756.9
CPT: 21742-21743, 99201-99275
Line: 719

Diagnosis: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
ICD-9: 348.2, 377.01, 377.02, 377.2, 377.3, 377.5, 377.7, 437.7-437.8
CPT: 99201-99275
Line: 720

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: SENSORY ORGAN CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

Treatment: EVALUATION

ICD-9: 360.30-360.31,360.33,362.37,362.42-362.43,362.8-362.9,363.21,364.5,364.60,364.9,
371.20,371.22,371.24,371.3,371.81,371.89,371.9,372.40-372.42,372.44-372.45,372.50-
372.52,372.55,372.8-372.9,374.52-374.53,374.81-374.83,374.9,376.82,376.89,376.9,
377.03,377.1,377.4,377.6,379.24,379.29,379.4-379.8,380.9,747.47

CPT: 99201-99275

Line: 721

Diagnosis: ENDOCRINE AND METABOLIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

Treatment: EVALUATION

ICD-9: 251.1-251.2,259.4,259.8-259.9,277.3,759.1

CPT: 99201-99275

Line: 722

Diagnosis: GASTROINTESTINAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

Treatment: EVALUATION

ICD-9: 527.0,569.9,573.9

CPT: 99201-99275

Line: 723

Diagnosis: MENTAL DISORDERS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

Treatment: EVALUATION

ICD-9: 313.1,313.3,313.83

CPT: 99201-99275

Line: 724

Diagnosis: NEUROLOGIC CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY

Treatment: EVALUATION

ICD-9: 333.82,333.84,333.91,333.93

CPT: 99201-99275

Line: 725

Diagnosis: DENTAL CONDITIONS (EG. ORTHODONTICS)

Treatment: COSMETIC DENTAL SERVICES

ICD-9: 520.0-520.5,520.8-520.9,521.1-521.9,522.3,772.2

CPT: 99201-99215,99241-99275

CDT: D2410,D2420,D2430,D2510,D2520,D2530,D2610,D2620,D2630,D2642,D2643,D2644,D2650,D2651,
D2652,D2662,D2663,D2664,D2720,D2750,D2790,D2791,D2792,D2952,D2960,D2961,D2962,D2999,
D3120,D3460,D3999,D4271,D4999,D5281,D5810,D5820,D5862,D5867,D5875,D5899,D5999,D6010,
D6020,D6040,D6050,D6055,D6056,D6057,D6058,D6059,D6060,D6061,D6062,D6063,D6064,D6065,
D6066,D6067,D6068,D6069,D6070,D6071,D6072,D6073,D6074,D6075,D6076,D6077,D6078,D6079,
D6080,D6090,D6095,D6100,D6199,D6210,D6240,D6245,D6250,D6519,D6520,D6530,D6543,D6544,
D6548,D6720,D6721,D6722,D6740,D6750,D6790,D6920,D6950,D6999,D7280,D7290,D7291,D7410,
D7420,D7840,D7850,D7995,D7996,D7999,D8010,D8020,D8030,D8040,D8050,D8060,D8070,D8080,
D8090,D8210,D8220,D8660,D8670,D8680,D8690,D8691,D8692,D8999,D9941,D9950,D9970,D9971,
D9972,D9973,D9974,D9999

Line: 726

Diagnosis: TUBAL DYSFUNCTION AND OTHER CAUSES OF INFERTILITY

Treatment: IN-VITRO FERTILIZATION, GIFT

ICD-9: 256

CPT: 58970-58976

HCPCS: S4013,S4014,S4017,S4023,S4037,S4040

Line: 727

Diagnosis: HEPATORENAL SYNDROME

Treatment: MEDICAL THERAPY

ICD-9: 572.4

CPT: 90471-90472,90780-90799,90901-90937,90945-92060,92070-92353,92358-92371,92502-92508,
92511-92960,92970-92977,93000-95075,95115-95999,96100-96117,96400-97004,97010-97537,
97601-97750,97799,99025,99050-99054,99058-99078,99175,99185-99362,99374-99375,99379-
99440,99499

Line: 728

PRIORITIZED LIST OF HEALTH SERVICES
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Diagnosis: SPASTIC DYSPHONIA

Treatment: MEDICAL THERAPY

ICD-9: 478.79

CPT: 90471-90472, 90780-90799, 90901-90937, 90945-92060, 92070-92353, 92358-92371, 92502-92508,
92511-92960, 92970-92977, 93000-95075, 95115-95999, 96100-96117, 96400-97004, 97010-97537,
97601-97750, 97799, 99025, 99050-99054, 99058-99078, 99175, 99185-99362, 99374-99375, 99379-
99440, 99499

Line: 729

Diagnosis: DISORDERS OF REFRACTION AND ACCOMODATION

Treatment: RADIAL KERATOTOMY

ICD-9: 367, 368.1-368.9

CPT: 65760, 65771

Line: 730

STATEMENTS OF INTENT

STATEMENTS OF INTENT FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

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 296 and any necessary outpatient or inpatient services would be covered.

The Commission has added the following statements to indicate their intent that reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the disease.

Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY
Line: 607

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.

Diagnosis: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY
Line: 621

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.

Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
Line: 671

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.

PRACTICE GUIDELINES

GUIDELINE NOTES FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 143

Neurologic impairment is defined as objective evidence of one or more of the following:

- a) Reflex loss
- b) Dermatomal muscle weakness
- c) Dermatomal sensory loss
- d) EMG or NCV evidence of nerve root impingement
- e) Cauda equina syndrome
- f) Neurogenic claudication
- g) Neurogenic bowel or bladder

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE
Treatment: MEDICAL THERAPY
Line: 144

See Prevention Guidelines on following pages.

Diagnosis: PREVENTIVE SERVICES WITH PROVEN EFFECTIVENESS, OVER AGE 10
Treatment: MEDICAL THERAPY
Line: 184

See Prevention Guidelines on following pages.

Diagnosis: TOBACCO DEPENDENCE
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
Line: 185

Persons are eligible for this treatment if a documented quit date has been established.

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment: COMFORT CARE
Line: 265

Comfort care includes the provision of services or items that gives comfort and/or pain relief to persons whose choice to forego other types of care will result in death.

This category of care does not include services that are diagnostic, curative or focused on active treatment of the primary condition and intended to prolong life. Specifically, chemotherapy is contraindicated while a cancer patient is enrolled in hospice. Examples of comfort care include:

- 1) Pain medication and/or pain management devices
- 2) In-home and day care services and hospice services as defined by OMAP
- 3) Medical equipment and supplies (beds, wheelchairs, bedside commodes, etc.)
- 4) Palliative services for symptom relief (e.g. radiation therapy)
- 5) Physician aid-in-dying under ORS 127.800-127.897 (Oregon Death with Dignity Act), to include but not be limited to the attending physician visits, consulting physician confirmation, mental health counseling, and prescription medications. (NOTE: Services related to physician aid-in-dying are not priced as part of the list and only state funds will be used for their provision)

Diagnosis: PREVENTIVE DENTAL SERVICES
Treatment: CLEANING AND FLUORIDE
Line: 301

Limited to once per calendar year. Additional provision of prophylaxis for persons with disabilities who cannot perform adequate daily oral health care, severe periodontal disease and/or rampant caries, by report. (CDT codes D0120, D0150, D1110, D1120, D1201, D1204, D1205). Used up to 4 times per year (maximum once per week) for patients over 18 who are mentally disabled or are truly dental phobic in order to determine the need to use IV or GA sedation to render necessary treatment (CDT code D9920).

GUIDELINE NOTES FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 327

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 spinal stenosis in addition to a history of neurogenic claudication or radicular symptomatology.

Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURES)
Line: 336

1. Inclusion criteria for intrathecal baclofen therapy (IBT) associated with CPT codes 62360-62362:
 - a. Spasticity due to spinal cord injury, multiple sclerosis, cerebral palsy, brain injury (1 year post trauma) due to stroke, or anoxia.
 - b. Spasticity interferes with function (e.g. sleeping, dressing, and/or positioning).
 - c. Spasticity is severe with an Ashworth score of 3.
 - d. Patient is 4 years of age and has sufficient body mass to support a pump.
 - e. Patient/family/caregivers and providers agree on treatment goals and are motivated to achieve treatment goals.
2. Exclusion criteria for IBT:
 - a. Infection is present at time of screening or implant.
 - b. Patient has history of allergy/hypersensitivity to oral baclofen.
3. General Clinical Considerations for IBT:
 - a. Prior soft tissue lengthening procedures, tendon release, and selective posterior rhizotomy are not contraindications to IBT therapy.
 - b. Patients with spasticity of spinal origin should be refractory to oral baclofen or experience intolerable CNS side effects at effective doses. However, oral anti-spasticity medication is not a prerequisite for patients with spasticity of cerebral origin.
 - c. IBT therapy should be considered when patients experience spasticity-related pain.
4. Test Screening Flow Chart for IBT:
 - a. Day 1 Bolus: 50mcg → If response → Implant
 - b. If no response → Day 2 Bolus 75mcg → If response → Implant
 - c. If no response → Day 3 Bolus 100mcg → If response → Implant
 - d. If no response → Patient ineligible for implant

Treatment for coordination disorder (ICD-9 code 315.4) is included in this line for children age 3 and under and, for children over the age of 3, treatment is for diagnostic purposes only and is limited to a maximum of 120 days.

Diagnosis: DENTAL CONDITIONS (EG. INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 359

Treatment only for symptomatic pain, infection, bleeding or swelling (CDT codes D7220, D7230, D7240, D7241, D7250).

Diagnosis: CONDUCT DISORDER, AGE 18 OR UNDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 376

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit thus disorder (ADD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTES FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

Diagnosis: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; HYPERTROPHY OF TONSILS AND ADENOIDS; ULCER OF TONSIL

Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY

Line: 461

Tonsillectomy is an appropriate treatment in a case with:

- 1) Three documented attacks of strep tonsillitis in a year where an attack is considered a positive culture/screen and where 10 days of continuous antibiotic therapy has been completed;
- 2) Second occurrence of peritonsillar abscess, or if first abscess, has to be drained under general anesthesia;
- 3) Airway obstruction with presence of right ventricular hypertrophy or cor-pulmonale; and/or,
- 4) 4+ tonsils, which result in obstruction of breathing, swallowing and/or speech.

Diagnosis: MENSTRUAL BLEEDING DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 467

Endometrial ablation or hysterectomy for abnormal uterine bleeding in Premenopausal women may be indicated when all of the following are documented (1-3):

1. Patient history of (a, b, c, d, and e):
 - a. Excessive uterine bleeding evidence by (1 and 2):
 - 1) Profuse bleeding lasting more than 7 days and repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - b. Failure of hormonal treatment for a six-month trial period or contraindication to hormone use
 - c. No current medication use that may cause bleeding, or contraindication to stopping those medications
 - d. Endometrial sampling performed
2. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
3. Nonmalignant cervical cytology, if cervix is present

Diagnosis: UTERINE LEIOMYOMA

Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY

Line: 482

Hysterectomy for leiomyomata may be indicated when all of the following are documented (1-4):

1. One of the following (a or b):
 - a. Patient history of 2 out of 3 of the following (1, 2 and 3):
 - 1) Leiomyomata enlarging the uterus to a size of 12 weeks or greater gestation
 - 2) Pelvic discomfort cause by myomata (i or ii or iii):
 - i. Chronic lower abdominal, pelvic or low back pressure
 - ii. Bladder dysfunction not due to urinary tract disorder or disease
 - iii. Rectal pressure and bowel dysfunction not related to bowel disorder or disease
 - 3) Rapid enlargement causing concern for sarcomatous changes of malignancy
 - b) Leiomyomata as probable cause of excessive uterine bleeding evidenced by (1, 2, and 3):
 - 1) Profuse bleeding lasting more than 7 days or repetitive periods at less than 21-day intervals
 - 2) Anemia due to acute or chronic blood loss (hemoglobin less than 10)
 - 3) Documentation of mass by sonography
2. Nonmalignant cervical cytology, if cervix is present
3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
4. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 496

- A. Hysterectomy, with or without adnexectomy, for endometriosis may be appropriate when all of the following are documented (1-4):

GUIDELINE NOTES FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 496 (CONT'D)

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 (1 or 2):
 - 1) Oral contraceptives
 - 2) 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
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.
- B. Hysterectomy, with or without adnexectomy, for adenomyosis may be appropriate when all of the following are documented (1-6):
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 (1 or 2):
 - 1) Oral contraceptives
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
 3. Age > 30 years
 4. 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
 - c. Musculoskeletal
 5. Nonmalignant cervical cytology, if cervix is present
 6. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

Diagnosis: CANCER OF ESOPHAGUS, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 500

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

Diagnosis: CANCER OF LIVER, TREATABLE
Treatment: MEDICAL AND SURGICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 501

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

GUIDELINE NOTES FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

Diagnosis: CANCER OF PANCREAS, TREATABLE

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

Line: 502

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, TREATABLE

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

Line: 503

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See line 693, Cancer of Various Sites Where Treatment Will Not Result in a 5% Five-Year Survival.

Diagnosis: DENTAL CONDITIONS (E.G. DENTAL CARIES, FRACTURED TOOTH)

Treatment: BASIC RESTORATIVE

Line: 507

Composites for primary teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (CDT codes D2380, D2381, D2382). Posterior composites for permanent teeth will be reimbursed at the same rate as amalgams (CDT codes D2385, D2386, D2387).

Diagnosis: DENTAL CONDITIONS (E.G. SEVERE TOOTH DECAY)

Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS

Line: 508

Only for the treatment of severe drug-induced hyperplasia (CDT code D4210, D4211). To be used in conjunction with making a prosthesis (CDT codes D7470, D7970). Limited to two reimbursements (CDT codes D5850, D5851). Must have four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate (CDT codes D5110, D5120, D5130, D5140, D5213, D5214). By Report (CDT codes D4210). Payable once every two years (CDT codes D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761). Payable only when there are pockets of 5 mm or greater (CDT code 04341).

Diagnosis: UTERINE PROLAPSE; CYSTOCELE

Treatment: SURGICAL REPAIR

Line: 521

Hysterectomy for pelvic organ prolapse may be indicated when all of the following are documented (1-5):

1. Patient history of symptoms of pelvic prolapse such as:
 - a. Complaints of the pelvic organs prolapsing at least to the introitus
 - b. Low back discomfort or pelvic pressure
 - c. Difficulty in defecating
 - d. Difficulty in voiding
2. Nonmalignant cervical cytology, if cervix is present
3. Assessment for absence of endometrial malignancy in the presence of abnormal bleeding
4. 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
5. Negative preoperative pregnancy test unless patient is postmenopausal or has been previously sterilized

Diagnosis: DENTAL CONDITIONS (E.G. TOOTH LOSS)

Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE

Line: 528

By Report (CDT codes D4240, D4260)

GUIDELINE NOTES FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

Diagnosis: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 529

Surgery for genuine stress urinary incontinence (ICD-9 CM code 625.6 may be Indicated when all of the following are documented (1-7):

1. Patient history of (a, b, and c):
 - a. Involuntary loss of urine with exertion
 - b. 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)
 - c. Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
2. Patient's voiding habits
3. Physical or laboratory examination evidence of either (a or b):
 - a. Urethral hypermobility
 - b. Intrinsic sphincter deficiency
4. Diagnostic workup to rule out urgency incontinence
5. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
6. Nonmalignant cervical cytology, if cervix is present
7. Patient required to have 3 months alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises, biofeedback, and/or electrical stimulation, as available)

Diagnosis: CHRONIC ANAL FISSURE; ANAL FISTULA
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
Line: 545

Chronic anal fissure (ICD-9 code 565.0) is included in this line with one or more of the following:

- 1) Condition unresponsive to six to eight weeks of continuous treatment;
- 2) Condition progresses in spite of six to eight weeks of treatment;
- 3) Presence of pectenosis; and/or,
- 4) Fissures that have previously healed but have recurred three or more times.

Diagnosis: CHRONIC OTITIS MEDIA
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
Line: 546

Observation OR antibiotic therapy are treatment options for children with Effusion that has been present less than 4 to 6 months and at any time in children without a 20-decibel hearing threshold level or worse in the better-hearing ear.

For the child who has had bilateral effusion for a total of 3 months and who has a bilateral hearing deficiency (defined as a 20-decibel hearing threshold level or worse in the better-hearing ear), bilateral myringotomy with tube insertion recommended after a total of 4 to 6 months of bilateral effusion with a bilateral hearing deficit.

Adenoidectomy is an appropriate surgical treatment for serous otitis media With persistent effusion in children over 4 years with their second set of tubes. First time tubes is not an indication for an adenoidectomy.

Diagnosis: IMPULSE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 561

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).

Diagnosis: DYSMENORRHEA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 569

Hysterectomy for dysmenorrhea may be indicated when all of the following are Documented (1-7):

1. Patient history of:
 - a. No remediable pathology 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 (1 or 2):
 - 1) Oral contraceptives
 - 2) 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 has been previously sterilized

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 575

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 (1 or 2):
 - 1) Oral contraceptives of Depro-Provera
 - 2) Agents for inducing amenorrhea (e.g., GnRH analogs or danazol)
 - b. Nonsteroidal anti-inflammatory drugs
3. Age > 30 years
4. 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 for line 496, Endometriosis and Adenomyosis.

B. Hysterectomy for chronic pelvic pain in the absence of significant pathology may be indicated when all of the following are documented (1-7):

1. Patient history of:
 - a. No remediable pathology found on laporoscopic examination
 - b. Pain for more than 6 months with negative effect on patient's quality of life

GUIDELINE NOTES FOR THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 575 (CONT'D)

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 (1 or 2):
 - 1) Oral contraceptives
 - 2) 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

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 594

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 the Guideline Note for Line 143 is not available.

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT

Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY

Line: 611

Scoliosis not defined as clinically significant included curvature less than 25 degrees that does not have a documented progression of at least 10 degrees.

Diagnosis: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT

Treatment: ELECTIVE DENTAL SERVICES

Line: 700

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

PREVENTION TABLES

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 [Ch 21]
Blood pressure [Ch 3]
Vision screen (3-4 yr) [Ch 33]
Hemoglobinopathy screen (birth)¹ [Ch 43]
Phenylalanine level (birth)² [Ch 44]
T₄ and/or TSH (birth)³ [Ch 45]
Effects of STDs
FAS, FAE, drug affected infants⁴
Infant motor, hearing, developmental screens

Learning and attention disorders⁵
Signs of child abuse, neglect, family violence

COUNSELING

Injury Prevention [Ch 57, 58]
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 <120-130°F
Window/stair guards, pool fence, walkers
Safe storage of drugs, toxic substances, firearms & 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 & toddlers) [Ch 22, 56]
Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables (age >2 yr) [Ch 56]
Regular physical activity* [Ch 55]

Substance User

 [Ch 54]

Effects of passive smoking*
Anti-tobacco message*

Dental Health

 [Ch 61]

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

¹Whether 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 (See Ch 43). ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents 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. ⁵Consider 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)

IMMUNIZATIONS [<i>Ch 65</i>]	Hepatitis B ⁵
Diphtheria-tetanus-pertussis (DTP) ¹	Varicella ⁶
Oral poliovirus (OPV) ²	
Measles-mumps-rubella (MMR) ³	CHEMOPROPHYLAXIS
<i>H. influenzae</i> type b (Hib) conjugate ⁴	Ocular prophylaxis (birth) [<i>Ch 27</i>]

¹2, 4, 6, and 12-18 mo; once between ages 4-6 yr (DTaP may be used at 15 mo and older). ²2, 4, 6-18 mo; once between ages 4-6 yr. ³12-15 mo and 4-6 yr. ⁴2, 4, 6 and 12-15 mo; no dose needed at 6 mo if PRP-OMP vaccine is used for first 2 doses. ⁵Birth, 1 mo, 6 mo; or, 0-2 mo, 1-2 mo later, and 6-18 mo. If not done in infancy: current visit, and 1 and 6 mo later. ⁶12-18 mo; or any child without history of chickenpox .or previous immunization. Include information on risk in adulthood, duration of immunity, and potential need for booster doses.

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS (See detailed high-risk definitions)
Preterm or low birth	Hemoglobin/hematocrit (HR1)
Infants of mothers at risk for HIV	HIV testing
Low income; immigrants	Hemoglobin/hematocrit (HR1); PPD (HR3)
TB contacts	PPD (HR3)
Native American/Alaska Native	Hemoglobin/hematocrit (HR1); PPD (HR3); hepatitis A vaccine (HR4); pneumococcal vaccine (HR5)
Residents of long-term care facilities	PPD (HR3); hepatitis A vaccine (HR4); influenza vaccine (HR6)
Certain chronic medical conditions	Blood lead level (HR7)
Increased individual or community lead exposure	Daily fluoride supplement (HR8)
Inadequate water fluoridation	Avoid excess/midday sun, use protective clothing* (HR9)
Family h/o skin cancer; nevi; fair skin, eyes, hair	Screen for child abuse, neurological, mental health conditions
History of multiple injuries	Increased well-child visits (HR10)
High risk for mental health disorders	

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 birth weight infants, infants whose principal dietary intake is unfortified cow's milk (see Ch. 22).

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 (see Ch. 28).

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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

Birth to 10 Years (Cont'd)

HR4 = Persons >2 yr living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities). Consider for institutionalized children aged >2 yr. Clinicians should also consider local epidemiology (see Ch. 65-67).

HR5 = Immunocompetent persons >2 yr with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons >2 yr living in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations) (see Ch. 66).

HR6 = Annual vaccination of children >6 mo who are residents of chronic care facilities or who have chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

HR7 = 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 (see Ch. 23).

HR8 = Children living in areas with inadequate water fluoridation (<0.6 ppm) (see Ch. 61).

HR9 = 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 (see Ch. 12).

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.

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

Height and weight [Ch 21]
Blood pressure¹ [Ch 3]
Papanicolaou (Pap) test² [Ch 9]
Chlamydia screen³ (females <25 yr)
Rubella serology or vaccination hx⁴
(females >12 yr) [Ch 32]
Learning and attention disorders⁵
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁶ [Ch 52]
Eating disorders⁷
Anxiety and mood disorders⁸
Suicide risk factors⁹

COUNSELING

Injury Prevention [Ch 57,58]

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms* [Ch 50, 59]
Smoking near bedding or upholstery

Substance Use

Avoid tobacco use [Ch 54]
Avoid underage drinking & illicit drug use*
[Ch 52, 53]
Avoid alcohol/drug use while driving, swimming,
boating, etc.* [Ch 57, 58]

Sexual Behavior [Ch 62, 63]

STD prevention: abstinence*; avoid high-risk
behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Diet and Exercise

Limit fat & cholesterol; maintain caloric
balance; emphasize grains, fruits, vegetables [Ch 56]
Adequate calcium intake (females) [Ch 56]
Regular physical activity* [Ch 55]

Dental Health [Ch 61]

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

¹Periodic BP for persons aged > 21 yr. ²If sexually active at present or in the past: q < 3 yr. If sexual history is unreliable, begin Pap test at age 18 yr.
³If sexually active. ⁴Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally
acceptable alternatives. ⁵Consider 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.
⁶Persons 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. ⁷Persons with a weight
>10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁸In 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. ⁹Recent 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)

IMMUNIZATIONS [<i>Ch 65, 66</i>] Tetanus-diphtheria (Td) boosters (11-16 yr) Hepatitis B ¹ MMR (11-12 yr) ² Varicella (11-12 yr) ³	Rubella ⁴ (females >12 yr) [<i>Ch 32</i>] CHEMOPROPHYLAXIS Multivitamin with folic acid (females planning/ capable of pregnancy) [<i>Ch 42</i>]
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¹If not previously immunized: current visit, 1 and 6 mo later. ²If no previous second dose of MMR. ³If susceptible to chickenpox. ⁴Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives.

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS (See detailed high-risk definitions)
High-risk sexual behavior	RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis A vaccine (HR5)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis A vaccine (HR5); PPD (HR6); advice to reduce infection risk (HR7)
TB contacts; immigrants; low income Native American/Alaska Native	PPD (HR3) Hepatitis A vaccine (HR5); PPD (HR6); pneumococcal vaccine (HR8)
Certain chronic medical conditions	PPD (HR6); pneumococcal vaccine (HR8); influenza vaccine (HR9)
Settings where adolescents and young adults congregate	Second MMR (HR10)
Susceptible to varicella, measles, mumps	Varicella vaccine (HR11); MMR (HR12)
Blood transfusion between 1975-85	HIV screen (HR3)
Institutionalized persons	Hepatitis A vaccine (HR5); PPD (HR6); influenza vaccine (HR9)
Family h/o skin cancer; nevi; fair skin, eyes, hair	Avoid excess/midday sun, use protective clothing* (HR9)
Prior pregnancy with neural tube defect	Folic acid 4.0 mg (HR14)
Inadequate water fluoridation	Daily fluoride supplement (HR8)
History of multiple injuries	Screen for child abuse, neurological, mental health conditions
High risk for mental health disorders	Increased well-child/adolescent visits (HR16)

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 (see Ch. 26).

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 (see Ch. 27).

Ages 11-24 Years (Cont'd)

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 (see Ch. 28).

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 (see Ch. 29).

HR5 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Vaccine may be considered for institutionalized persons. Clinicians should also consider local epidemiology (see Ch. 66, 67).

HR6 = 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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR7 = Persons who continue to inject drugs (see Ch. 53).

HR8 = Immunocompetent persons with certain medical conditions, including chronic cardiopulmonary disorders, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments/social settings (e.g., certain Native American and Alaska Native populations) (see Ch. 66).

HR9 = Annual vaccination of: residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

HR10 = Adolescents and young adults in settings where such individuals congregate (e.g., high schools and colleges), if they have not previously received a second dose (see Ch. 65, 66).

HR11 = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr (see Ch. 65, 66).

HR12 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps) (see Ch. 65, 66).

HR13 = 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 (see Ch. 12).

HR14 = Women with prior pregnancy affected by neural tube defect planning a pregnancy (see Ch. 42).

Ages 11-24 Years (Cont'd)

HR15 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm) (see Ch. 61).

HR16 = 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 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

Blood pressure [Ch 3]
Height and weight [Ch 21]
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64)
Papanicolaou (Pap) test¹ [Ch 9]
Fecal occult blood test² and/or sigmoidoscopy (>50 yr) [Ch 8]
Mammogram + clinical breast exam³ (women 40-49 yr)
Mammogram + clinical breast exam⁴ (women >50 yr)
Rubella serology or vaccination hx⁵ (women of childbearing age) [Ch 32]
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁷ [Ch 52]
Eating disorders⁸
Anxiety and mood disorders⁹
Suicide risk factors¹⁰
Somatoform disorders¹¹
Environmental stressors¹²

COUNSELING

Substance Use

Tobacco cessation [Ch 54]
Avoid alcohol/drug use while driving, swimming, boating, etc.* [Ch 57, 58]

Diet and Exercise

Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables [Ch 56]
Adequate calcium intake (women) [Ch 56]
Regular physical activity* [Ch 55]

Injury Prevention [Ch 57, 58]

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms* [Ch 50, 59]
Smoking near bedding or upholstery

Sexual Behavior [Ch 62, 63]

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Dental Health [Ch 61]

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

IMMUNIZATIONS [Ch 32, 66]

Tetanus-diphtheria (Td) boosters
Rubella⁵ (women of childbearing age)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy) [Ch 42]
Discuss hormone prophylaxis (peri- and postmenopausal women) [Ch 68]

¹Women who are or have been sexually active and who have a cervix: q < 3 yr. ²Annually. ³The 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 1-2 years in combination with an annual clinical breast examination. ⁴For women of age 50 and older, screening mammography should be performed every 1-2 years in combination with an annual clinical breast examination. ⁵Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. ⁶Consider 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. ⁷Persons 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. ⁸Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁹In 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. ¹⁰Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. ¹¹Multiple unexplained somatic complaints. ¹²Community 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

POPULATION	POTENTIAL INTERVENTIONS
High-risk sexual behavior	(See detailed high-risk definitions) RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7) advice to reduce infection risk (HR8)
Low income; TB contacts; immigrants; alcoholics Native American/Alaska Native	PPD (HR7) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9)
Certain chronic medical conditions	PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Blood product recipients Susceptible to varicella, measles, mumps Institutionalized persons	HIV screen (HR3); hepatitis B vaccine (HR5) MMR (HR11); varicella vaccine (HR12) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Family h/o skin cancer; fair skin, eyes, hair	Avoid excess/midday sun, use protective clothing* (HR13) Folic acid 4.0 mg (HR14)
Previous pregnancy with neural tube defect	

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 (see Ch. 26).

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology (see Ch. 27).

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 (see Ch. 28).

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 (see Ch. 29).

HR5 = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV) (see Ch. 66).

HR6 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized persons. Clinicians should also consider local epidemiology (see Ch. 66, 67).

Ages 25-64 Years (Cont'd)

HR7 = 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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR8 = Persons who continue to inject drugs (see Ch. 53).

HR9 = Immunocompetent institutionalized persons >50 yr and immunocompetent with certain medical conditions, including chronic cardiac or pulmonary disease, diabetes mellitus, and anatomic asplenia. Immunocompetent persons who live in high-risk environments or social settings (e.g., certain Native American and Alaska Native populations) (see Ch. 66).

HR10 = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction (see Ch. 66). See Ch. 66 for indications for amantadine/rimantadine prophylaxis.

HR11 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity, or a history of physician-diagnosed measles or mumps) (see Ch. 66).

HR12 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults (see Ch. 65, 66).

HR13 = 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 (see Ch. 12).

HR14 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy (see Ch. 42).

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

Blood pressure [Ch 3]
Height and weight [Ch 21]
Fecal occult blood test¹ and/or sigmoidoscopy
[Ch 8]
Mammogram + clinical breast exam²
Papanicolaou (Pap) test³ [Ch 9]
Vision screening [Ch 33]
Assess for hearing impairment [Ch 35]
Signs of elder abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁴ [Ch 52]
Anxiety and mood disorders⁵
Somatoform disorders⁶
Environmental stressors⁷

COUNSELING

Substance Use

Tobacco cessation [Ch 54]
Avoid alcohol/drug use while driving, swimming,
boating, etc.* [Ch 57, 58]

Diet and Exercise

Limit fat & cholesterol; maintain caloric
balance; emphasize grains, fruits, vegetables [Ch 56]
Adequate calcium intake (women) [Ch 56]
Regular physical activity* [Ch 55, 58]
Assess eating environment

Injury Prevention [Ch 57,58]

Lap/shoulder belts
Motorcycle and bicycle helmets*
Fall prevention*
Safe storage/removal of firearms* [Ch 50, 59]
Smoke detector*
Set hot water heater to <120-130°F
CPR training for household members
Smoking near bedding or upholstery

Dental Health [Ch 61]

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

Sexual Behavior

STD prevention: avoid high-risk sexual behavior*;
use condoms [Ch 62]

IMMUNIZATIONS [Ch 66]

Pneumococcal vaccine
Influenza¹
Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS

Discuss hormone prophylaxis (peri- and postmenopausal
women) [Ch 68]

¹Annually. ²Screening mammography should be performed every 1-2 years in combination with an annual clinical breast examination. ³All women who are or have been sexually active and who have a cervix. Consider discontinuation of testing after age 65 yr if previous regular screening with consistently normal results. ⁴Persons 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. ⁵In 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. ⁶Multiple unexplained somatic complaints. ⁷Community violence or disaster, immigration, homelessness, family medical problems.

*The ability of clinical counseling to influence this behavior is unproven.

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
Institutionalized persons	(See detailed high-risk definitions) PPD (HR1); hepatitis A vaccine (HR2); amantadine/ rimantadine (HR4)
Chronic medical conditions; TB contacts; low income; immigrants; alcoholics	PPD (HR1)
Persons >75 yr; or >70 yr with risk factors for falls	Fall prevention intervention (HR5)
Cardiovascular disease risk factors	Consider cholesterol screening (HR6)
Family h/o skin cancer; fair skin, eyes, hair	Avoid excess/midday sun, use protective clothing* (HR7)
Native American/Alaska Native	PPD (HR1); hepatitis A vaccine (HR2)
Blood product recipients	HIV screen (HR3); hepatitis B vaccine (HR8)
High-risk sexual behavior	Hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9)
Injection or street drug use	PPD (HR1); hepatitis A vaccine (HR2); HIV screen (HR3); hepatitis B vaccine (HR8); RPR/VDRL (HR9); advice to reduce Infection risk (HR10)
Persons susceptible to varicella	Varicella vaccine (HR11)
Persons living alone & with poor nutrition	Refer to meal and social support resources

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 (see Ch. 25). See Ch. 25 for indications for BCG vaccine.

HR2 = Persons living in areas where the disease is endemic and where periodic outbreaks occur (e.g., certain Alaska Native, Pacific Island, Native American, and religious communities); men who have sex with men; injection or street drug users. Consider for institutionalized. Clinicians should also consider local epidemiology (see Ch. 66, 67).

HR3 = 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 (see Ch. 28).

HR4 = 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 (see Ch. 66).

HR5 = 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 (see Ch. 58).

HR6 = 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) (see Ch. 2).

Age 65 and Older (Cont'd)

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 (see Ch. 12).

HR8 = Blood product recipients (including hemodialysis patients), men who have sex with men, injection drug users and their sex partners, persons with multiple recent sex partners, persons with other STDs (including HIV) (see Ch. 66).

HR9 = 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 (see Ch. 26).

HR10 = Persons who continue to inject drugs (see Ch. 53).

HR11 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults (see Ch. 65, 66).

Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

SCREENING

First visit

Blood pressure [Ch 3, 37]

Hemoglobin/hematocrit [Ch 22]

Hepatitis B surface antigen (HBsAg) [Ch 24]

RPR/VDRL [Ch 26]

Chlamydia screen (<25 yr) [Ch 29]

Rubella serology or vaccination history [Ch 32]

D(Rh) typing, antibody screen [Ch 38]

Offer CVS (<13 wk)¹ or amniocentesis (15-18 wk)¹
(age>35 yr) [Ch 41]

Offer hemoglobinopathy screening [Ch 43]

Assess for problem or risk drinking [Ch 52]

Offer HIV screening² [Ch 28]

Follow-up visits

Blood pressure [Ch 3, 37]

Urine culture (12-16 wk) [Ch 31]

Offer amniocentesis (15-18 wk)¹ (age>35 yr) [Ch 41]

Offer multiple marker testing¹ (15-18 wk) [Ch 41]

Offer serum α -fetoprotein¹ (16-18 wk) [Ch 42]

COUNSELING

Tobacco cessation; effects of passive smoking [Ch 54]

Alcohol/other drug use [Ch 52, 53]

Nutrition, including adequate calcium intake [Ch 56]

Encourage breastfeeding [Ch 22, 56]

Lap/shoulder belts [Ch 57]

Infant safety car seats [Ch 57]

STD prevention: avoid high-risk sexual behavior*; use
condoms* [Ch 62]

CHEMOPROPHYLAXIS

Multivitamin with folic acid³ [Ch 42]

¹Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ²Universal 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). ³Beginning 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
High-risk sexual behavior	(See detailed high-risk definitions) Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit) (HR3); HBsAg (3rd trimester) (HR4); RPR/VDRL (3rd trimester) (HR5)
Blood transfusion 1978-85	HIV screen (1st visit) (HR3)
Injection drug use	HIV screen (HR3); ABsAg (3rd trimester) (HR4); advice to reduce infection risk (HR6)
Unsensitized D-negative women	D(Rh) antibody testing (24-28 wk) (HR7)
Risk factors for Down syndrome	Offer CVS ¹ (1st trimester), amniocentesis ¹ (15-18 wk) (HR8) Offer amniocentesis ¹ (15-18 wk), folic acid 4.0 mg ³ (HR9)
Previous pregnancy with neural tube defect	Targeted case management
High risk for child abuse	

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 (see Ch. 29).

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 (see Ch. 27).

HR3 = In areas where universal screening is not performed due to low prevalence of HIV infection, pregnant women with the following individual risk factors should be screened: past or present injection drug use; women who exchange sex for money or drugs; injection drug-using, bisexual, or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs (see Ch. 28).

HR4 = 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 (see Ch. 24).

HR5 = 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 (see Ch. 66).

HR6 = Women who continue to inject drugs (see Ch. 53).

HR7 = Unsensitized D-negative women (see Ch. 38).

HR8 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement (see Ch. 41).

HR9 = Women with previous pregnancy affected by neural tube defect (see Ch. 42).

ANCILLARY SERVICES

Ancillary Services

- **Ambulatory surgery center** services
- **Outpatient hospital** services
- **Inpatient hospital** services
- **Laboratory** services
- **Radiology and imaging** services, including radiation therapy
- **Prescription drugs** (to include outpatient, inpatient, intravenous, enteral therapy, chemotherapy, and limited over-the-counter drugs)
- **Medical supplies and equipment** prescribed by the practitioner (e.g., prosthetic devices, wheelchairs, respirators, ventilators, apnea monitors, diabetic testing strips, ostomy supplies, oxygen and related equipment, assistive communication devices, and ophthalmic materials)
- **Physical therapy**
- **Occupational therapy**
- **Speech and language therapy**
- **Hearing therapy and aids**
- **Vision therapy and aids**
- **Transportation, meals, and lodging** necessary for recipients to access covered services
- **Home health** services (i.e., skilled nursing, home health aide, speech/occupational/physical therapy, and equipment and supplies provided through a certified Home Health Agency)
- **Private duty nursing** services
- **Anesthesia** services
- **Therapeutic and diagnostic injections** including immunizations

- **Nutritional counseling** (e.g., diabetic counseling, counseling for improved pregnancy outcomes)
- **Rehabilitation services** (e.g., spinal cord or head injury)
- **Case management services** covered, now or in the future, by OMAP as a part of the traditional Medicaid program. Case management is defined as services that are designed to obtain health care services necessary to maintain an optimal level of physical and emotional development and health. Case management included a comprehensive, ongoing assessment of needs (including support services, such as medical, social and educational), plus the development and implementation of a detailed plan of services and related activities. Example of case management services include:
 - **Maternity Case Management:** Expansion of the prenatal service package to include management of other non-medical services, which address social, economic and nutritional factors.
 - **Targeted Case Management:** Management targeted at special groups, which can be identified by age, type or degree of disability, illness or condition. Examples of groups, which could be targeted, are pregnant women, at-risk/vulnerable children, individuals with catastrophic illness or injury such as AIDS or cancer patients, individuals with developmental disorders, and individuals with chronic mental illness.

APPENDIX G:
INDEXES TO THE APRIL 29, 2003,
PRIORITIZED LIST OF HEALTH
SERVICES

CONDITION INDEX

TREATMENT INDEX

CONDITION INDEX

CONDITION INDEX TO THE APRIL 29, 2003 PRIORITIZED LIST OF HEALTH SERVICES

<u>CONDITION</u>	<u>LINE</u>	<u>CONDITION</u>	<u>LINE</u>
A-BETA-LIPOPOTEINEMIA	254	ABRASION (CONT'D)	
ABDOMEN, ABDOMINAL		WITHOUT INFECTION	706
ACCORDION	609	ABSCESS	
EPILEPSY	295	ABDOMINAL WALL	355
MUSCLE DEFICIENCY SYNDROME	78	ABDOMINOPELVIC	3
OBSTIPUM	78	ACCESSORY SINUS	492
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CEREBRAL	270	VAGINA (CONGENITAL)	474
CERVICAL PLEXUS	586	ANONYCHIA (CONGENITAL)	648
NERVE	645	ANOPHTHALMOS	473
PERIPHERAL	686	ANOPSIA	
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SIGMOID	23	ANORCHISM	100
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(See DYSFUNCTION, NEUROMUSCULAR)		RED CELL	
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>30% OF BODY	40	MEDICAL THERAPY	589
>30% OF BODY	40	SURGERY FOR	588
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>10% OF BODY	165	CAR SICKNESS	365
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10%-30% OF BODY	199	MEDICAL THERAPY FOR	252
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(See PALATE, RECONSTRUCTION, LENGTHENING)		FEMUR.....	35,234,562
EXCHANGE		FIBULA.....	484,562
INTRAOCULAR LENS.....	299,407,414,415,416	FINGER.....	211,360,484,537,572,588,681
EXCISION		FOOT.....	484,573,681
(See DESTRUCTION)		HAND.....	211,360,484,537,572,588,681
ABSCESS		HIP BONE.....	35,234,562
BRAIN.....	31,169,217	KIDNEY.....	100,235,278
ACROMION.....	35,211,517	KNEE.....	656
ADENOIDS.....	111,135,350,546,641	LYMPH NODE.....	532,713
ADRENAL GLAND.....	193,277,283,502	MAXILLARY SINUS.....	492
ALVEOLUS.....	536	MEDIASTINUM.....	275
ANAL CRYPTS.....	545	METACARPAL.....	234,562
FISSURE.....	545	METATARSAL.....	562
TABS.....	542,680	MULLERIAN DUCT.....	709
AORTA		NOSE.....	558,630,665
COARCTATION.....	95	OLECRANON.....	562
APPENDIX.....	12,78,292	OVARY.....	7,292,437,438,482,575
ARYTENOID CARTILAGE.....	457	PERICARDIAL.....	5,14,112,172,216
ENDOSCOPIC.....	457	PHALANX, FINGER.....	562
ATRIAL SEPTUM.....	96,97,102,103,152,154	PHALANX, TOE.....	562
AV MALFORMATION		PUBIS.....	35,234,562
SPINAL.....	143,148,327	RADIUS.....	562
BARTHOLIN'S GLAND.....	526	RETROPERITONEUM.....	27,78,195
BLADDER		SALIVARY GLAND.....	353,556
DIVERTICULUM.....	100	SEMINAL VESICLES.....	709
NECK.....	100	SUBLINGUAL GLAND.....	353,556
PARTIAL.....	100,235,278	TALUS.....	562
TOTAL.....	100,235,278	TARSAL.....	562
TRANSURETHRAL.....	278,440	THYROID.....	193,432,453
TUMOR.....	100,231,235,278,293,440	TIBIA.....	484,562
WITH NODES.....	100,235,278	TOE.....	484,573
BRAIN		ULNA.....	562
HEMISPHERECTOMY.....	31,139,307	URACHAL.....	6,100,624
OTHER LOBE.....	31,139	VAGINA.....	526,527,622,708
TEMPORAL LOBE.....	31,139		
BREAST DUCT.....	356		
BULBOURETHRAL GLAND.....	541		
BURN WOUND.....	40,42,165,199,365,651		

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TREATMENT	LINE(S)	TREATMENT	LINE(S)
EXCISION (CONT'D)		EXCISION (CONT'D)	
DIVERTICULUM		INTESTINES.....273,279,500,606,693	
MECKEL'S.....	78	INTRASPINAL LESION.....	148
OMPHALOMESENTERIC DUCT.....	78	IRIS.....	196,399
EAR, EXTERNAL		KIDNEY	
PARTIAL.....	258,334,633	DONOR.....	109,444
TOTAL.....	258,334,349	PARTIAL.....	100,235,278
ELBOW JOINT.....584		RECIPIENT.....	109,235,278,444
EMBOLISM		WITH URETERS.....	28,100,235,278,370
PULMONARY ARTERY.....	21,24,29,288,294	KNEECAP.....	132,289,483,486,518
EMBOLI-THROMBUS		LABYRINTH.....	480,546
AORTOILLIAC ARTERY.....	29,127,371	LACRIMAL GLAND	
AXILLARY ARTERY.....	29,39,371	PARTIAL.....	410
BRACHIAL ARTERY.....	29,39,371	TOTAL.....	410
CAROTID ARTERY.....	29,248	LACRIMAL SAC.....585	
CELIAC ARTERY.....	127	LARYNX	
FEMORAL ARTERY.....	29,127,371	PARTIAL.....	237,457
FEMOROPOPLITEAL VEIN.....	127	TOTAL.....	237,457
ILIAC ARTERY.....	127	WITH PHARYNX.....	237,457
INNOMINATE ARTERY.....	29,39,248,371	LESION	
MESENTERIC ARTERY.....	127	ANKLE.....	484,562
PERONEAL ARTERY.....	29	ANUS.....	78,272
POPLITEAL ARTERY.....	29	ARM, LOWER.....	234,562
RADIAL ARTERY.....	371	AUDITORY CANAL, EXTERNAL.....	237,349,532,562,604,665
RENAL ARTERY.....	127	BRAIN.....	31,139,307
SUBCLAVIAN ARTERY.....	29,39,248,371	BRAINSTEM.....	31,52,139
TIBIAL ARTERY.....	29	BREAST.....	228,356,604
ULNAR ARTERY.....	371	BRONCHIAL.....	219,275
EMPHYEMA		CAROTID BODY.....	277,432,693
LUNG.....	275,294,346	COLON.....	23,78,229,279,296,606
PLEURAL.....	275,294,346	CONJUNCTIVA.....	567,617
ENDOMETRIOMA		CORNEA.....	416,510
ABDOMEN.....	27,78,195	EAR, MIDDLE.....	36,665
RETROPERITONEUM.....	27,78,195	EPIDIDYMIS.....	642
EPIGLOTTIS.....	457	ESOPHAGUS.....	99,500,505,606
EPIKERATOPLASTY.....	407	EYE.....	196
ESOPHAGUS.....	99,500,505	EYELID.....	424,566,567
DIVERTICULUM.....	209	FEMUR.....	588
PARTIAL.....	99,500,505	FINGER.....	484,537,572,588,681
TOTAL.....	99,500,505	FOOT.....	484,573,581,681
WITH GASTRECTOMY.....	99,279,500,505	GUMS.....	237,536,604
ETHMOIDECTOMY		HAND.....	484,537,572,588,681
ENDOSCOPIC.....	488,492,665	INTESTINES, SMALL.....	6,23,78,127,229,279,296,606
EXTERNAL FIXATION SYSTEM.....	113,114,132,133,134,299, 469,470,471,484,486,519,572	INTRANASAL.....	237,350,492,558,630,665
FACIAL BONES.....35,234		INTRASPINAL.....	139,217,280
FALLOPIAN TUBES		LARYNX.....	32,346,457
OVARY.....	7,57,292,437,438,482,575,622	LEG, LOWER.....	484,562
OVIDUCT.....	7,57,292,437,438,482,575,622,636	MESENTERY.....	78,236
FEMUR.....	211,562	MOUTH.....	224,225,237,353,382,556,564,604
FIBULA.....	211,375,483,484,572,588	NASOPHARYNX.....	237,693
FISTULA		NECK.....	140,227,349,562,582
ANUS.....	78,545	NERVE.....	227,280,498,537,562,572,586,588
FOOT		NOSE.....	237,492,558,665
FASCIA.....	484,573,581	ORBIT.....	139,410,420
FUNGUS BALL		PALATE.....	237,604,693
MAXILLARY SINUS.....	492	PANCREAS.....	78,260
GALLBLADDER.....	78,158,176,368,491,501,502,664,693	PENIS.....	272,544
GANGLION CYST		PHARYNX.....	135,604
WRIST.....	234,562,681	RECTUM.....	78
GUM		SCLERA.....	399,411
ALVEOLUS.....	536	SKULL.....	139,280,693
GINGIVA.....	237	SPINAL CORD.....	143,280,327
HEART		STOMACH.....	197
DONOR.....	157	TESTIS.....	8,230,709
HEART-LUNG		THORAX.....	140,227,349,562,582
DONOR.....	157,442,443	TOE.....	484,573
HEMANGIOMA.....	196,228,272,315,334,349,452, 562,604,637,643,674,679,695,702	TONGUE.....	224,225,237,650,693
HEMORRHOIDS.....		TUMOR.....	457
CLOT.....	542,680	URETHRA.....	540
COMPLEX.....	542,680	UTERUS.....	55,126,300,437,470,482,575,622
SIMPLE.....	542,680	UVULA.....	237,604
WITH FISSURECTOMY.....	542,680	WRIST TENDON.....	234,562
HIP BONE.....	211,562	LIGATION	
HUMERUS.....	35,211,234,517,562	ESOPHAGEAL VARICES.....	197,505
HYDROCELE		OVIDUCTS.....	55,94,126,300
SPERMATIC CORD.....	642	LIP.....	237,384
TUNICA VAGINALIS.....	642	FRENUM.....	237,382,676
HYGROMA		LUNG.....	275
CYSTIC.....	532,713	DONOR.....	442,443
NECK/ARMPIT.....	532,713	LOBE.....	91,275,294,336,346,488
HYMEN.....	474	WEDGE RESECTION.....	5,91,275,294,711
ILIUM.....	211,562	WITH CHEST RESECTION.....	227,275,294
INFECTED GRAFT		LUNG-HEART	
ABDOMEN.....	148,299	DONOR.....	442,443
EXTREMITY.....	148,299	LYMPH NODES	
NECK.....	148,299	RADICAL.....	123,140,194,195,228,237, 276,278,329,349,500,693,713
THORAX.....	148,299	STAGING.....	140,194,278,349
INTERPHALANGEAL JOINT		MANDIBLE.....	35,234
TOE.....	484,573	EXOSTOSIS.....	562
INTERVERTEBRAL DISK		MASTOID	
DECOMPRESSION.....	113,143,217,327	RADICAL.....	36,480,546,665
HERNIATED.....	113,143,327	SIMPLE.....	36,480,546,665
		TOTAL.....	36,480,546,665

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MAXILLA	
EXOSTOSIS.....	562,588
MENINGIOMA	
BRAIN.....	139,280,693
METACARPAL.....	211
METATARSAL.....	211,375,484,562,573
CONDYLE.....	484,573
MOUTH	
FRENUM.....	237,382,676
MUCOUS MEMBRANE	
SPHENOID SINUS.....	536
NAIL.....	186,355,380,583,648
NAILFOLD.....	648
NERVE	
FOOT.....	336
LEG, UPPER.....	336
SYMPATHETIC.....	280,362,371
NEUROFIBROMA.....	299
NEUROLEMMOMA.....	280,299,498,537,572,586,588
NEUROMA.....	227,280,498,537,562,572,586,588
NOSE.....	258,630,665
OLECRANON.....	211
OMENTUM.....	236
OVARY	
PARTIAL.....	7,229,232,437,438,482,497,622
TOTAL.....	7,229,232,437,438,482,497,622
PALATE.....	237,350,382,383,693
PANCREAS	
AMPULLA OF VATER.....	260
DUCT.....	260
PARTIAL.....	33,78,260,501
PERIPANCREATIC TISSUE.....	260
TOTAL.....	223,444
PARATHYROID GLAND.....	449
PAROTID GLAND	
PARTIAL.....	237,353,556
TOTAL.....	237,353,556
PATELLA.....	132,289,483,486,518
PENIS	
PARTIAL.....	231
PREPUCE.....	551,605
TOTAL.....	231,258
PERICARDIUM.....	5,14,112,172,216
PETROUS TEMPORAL.....	36,480,665
PHALANX	
FINGER.....	211
TOE.....	211,484,562,573
PHARYNX.....	350,382,383
PARTIAL.....	135
RESECTION.....	135
WITH LARYNX.....	237,457
PILONIDAL CYST.....	357
PITUITARY GLAND.....	31,139,282,283,432,693
PLEURA.....	5,172,275,346,488
POLYP	
MAXILLARY SINUS.....	492
NOSE.....	558,630
SINUS.....	488,492,630,665
URETHRA.....	540
PRESSURE ULCER	
(See DEBRIDEMENT; SKIN GRAFT AND FLAP)	
COCCYX.....	354
ISCHIUM.....	354
OTHER SITE.....	354,571
SACRUM.....	354
TROCHANTER.....	354
PROSTATE	
PARTIAL.....	278,440,691,709
PERINEAL.....	278,440,691,709
RADICAL.....	278
RETROPUBIC.....	278
SUPRAPUBIC.....	278,440
TRANSURETHRAL.....	278,361,440
PUBIS.....	211,562
RADIUS.....	35,133,211,234,375,469
PARTIAL.....	211
STYLOID PROCESS.....	35,132,211,234,486,562,584
RECTUM	
PARTIAL.....	78,273
PROLAPSE.....	78
STRICTURE.....	78
TOTAL.....	78,273,296,574
TOTAL, WITH COLON.....	78
RIB.....	234,275,326,336,562,661
SCAPULA.....	211,234,517,562
SCLERA.....	399
SCROTUM.....	231
SEMINAL VESICLES.....	709
SESAMOID BONE	
FOOT.....	484,519,573
SINUS	
ETHMOIDECTOMY.....	234,237,492,630,665
MAXILLECTOMY.....	234,237,492

<u>TREATMENT</u>	<u>LINE(S)</u>
EXCISION (CONT'D)	
SKENE'S GLAND.....	526
SKIN	
NOSE, FOR RHINOPHYMA.....	665
SKIN LESION	
BENIGN.....	196,228,272,315,334,349,452, 562,604,637,643,674,679,695,702
MALIGNANT.....	140,228,231,334,349,693
SKIN, EXCESS.....	679
SKULL.....	139,217,280
SPLEEN.....	13,27,43,123,176,329,505
STAPES.....	458
STERNUM.....	140,149,209,211,234,346
STOMACH	
PARTIAL.....	78,197,273,279
TOTAL.....	78,197,273,279
SUBLINGUAL GLAND.....	99,220,487,606
SUBMANDIBULAR GLAND.....	237,353,556
SWEAT GLAND	
AXILLARY.....	554,604,670
INGUINAL.....	554,604,670
PERIANAL.....	554,604,670
PERINEAL.....	554,604,670
UMBILICAL.....	554,604,670
SYNOVIUM	
ANKLE.....	375,484,584
CARPOMETACARPAL JOINT.....	484,537,572,588
ELBOW.....	375,584
HIP JOINT.....	35,234,562
INTERPHALANGEAL JOINT, FINGER.....	484,537,572,588
INTERTARSAL JOINT.....	484,573
KNEE JOINT.....	518
METACARPOPHALANGEAL JOINT.....	484,537,572,588
METATARSOPHALANGEAL JOINT.....	484,573
SHOULDER.....	35,211,517
TARSOMETATARSAL JOINT.....	484,573
WRIST.....	35,132,211,234,360,375,486,562,584
TALUS.....	211,336,484,573
TARSAL.....	211,375,484,562,573
TEMPORAL, BONE.....	36,480,665
TEMPORAL, PETROUS	
APEX.....	36,480,665
TENDON	
FINGER.....	149,241,380,484,508,537,572,588
HAND.....	149,241,380,508
PALM.....	484,537,572,588
TENDON SHEATH	
FINGER.....	484,537,572,588
FOOT.....	484,573
PALM.....	484,537,572,588
WRIST.....	234,375,562
TESTIS	
RADICAL.....	8,194,230,278
SIMPLE.....	8,194,230,497
THROMBUS	
AORTA, ABDOMINAL.....	21,24,29
AXILLARY ARTERY.....	136
AXILLARY VEIN.....	39
BRACHIAL ARTERY.....	136
CAROTID ARTERY.....	21,24,248
CELIAC ARTERY.....	21,24
FEMORAL ARTERY.....	29,371
FEMOROPLOLITEAL VEIN.....	127
ILOFEMORAL ARTERY.....	29,136
ILIAC ARTERY.....	24,29,371
ILIAC VEIN.....	39,127
INNOMINATE ARTERY.....	21,24
MESENTERIC ARTERY.....	21,24
POPLITEAL ARTERY.....	29,371
RENAL ARTERY.....	21,24
SUBCLAVIAN ARTERY.....	21,24,248
SUBCLAVIAN VEIN.....	39
TIBIAL ARTERY.....	29,371
VENA CAVA.....	39,127
VERTEBRAL ARTERY.....	21,24,248
THYMUS GLAND.....	499
THYROID GLAND	
GLAND FOR MALIGNANCY.....	193,599
PARTIAL.....	141,167,193,322,432,453,599
SECONDARY.....	193
TOTAL.....	141,167,193,322,432,453
TIBIA.....	211,484
TONGUE	
COMPLETE.....	224,225,237
FRENUM.....	224,225,237,676
PARTIAL.....	224,225,237,693
WITH MOUTH RESECTION.....	224,225,237
WITH RADICAL NECK DISSECTION.....	224,225,237
TONSILS.....	111,135,237,246,350,461,641
LINGUAL.....	135,641
RADICAL.....	135,237,693
TAGS.....	135,641
WITH ADENOIDS.....	111,135,246,350,461,641

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<u>TREATMENT</u>	<u>LINE(S)</u>
EXCISION (CONT'D)	
TRACHEAL	
STENOSIS.....	15,299
TRICUSPID VALVE.....	152,264,311,324
TUMOR	
ABDOMEN.....	27,78,195
ABDOMINAL WALL.....	275
ACETABULUM.....	140,211,227,562
ANKLE.....	140,227,349,484,582
ARM, LOWER.....	140,227,349,582
ARM, UPPER.....	140,227,349,562,582
BACK/FLANK.....	140,227,349,562,582
BILE DUCT.....	158,491,501,502
BLADDER.....	231,235,278,293,440
BRAIN.....	31,139,280,282,693
BRONCHIAL.....	111,219,275
CALCANEUS.....	484,562
CARPAL.....	562
CHEST WALL.....	275,346
CLAVICLE.....	234,562
EAR, MIDDLE.....	665
ELBOW.....	140,227,349,562,582
FACIAL BONES.....	234,562
FEMUR.....	35,234,562
FIBULA.....	484,562
FINGER.....	140,227,349,562,582
FOOT.....	140,227,349,484,562,582,674
GUMS.....	237,536,604
HAND.....	140,227,349,562,582
HEART.....	227,346
HIP.....	140,227,349,562,582
HIP BONE.....	35,140,211,227,234,562
HUMERUS.....	35,211,234,562
ILIUM.....	35,234,562
INNOMINATE.....	140,211,227,562
INTESTINES.....	273,279,500,606,693
ISCHIUM.....	140,211,227,562
KNEE AREA.....	140,227,234,349,562,582
LACRIMAL GLAND.....	410
LARYNX.....	237,273,457,696
LEG, LOWER.....	140,227,349,484,582
LEG, UPPER.....	140,227,349,562,582
MANDIBLE.....	234,562
METACARPAL.....	234,562
METATARSAL.....	562
NECK.....	140,227,349
OLECRANON.....	562
PAROTID GLAND.....	237,353,556
PELVIS.....	140,227,349,562,582
PERICARDIUM.....	5,14,112,172,216
PHALANX, FINGERS.....	562
PHALANX, TOES.....	562
PITUITARY GLAND.....	31,139,282,283,432,693
PRESACRAL.....	78
PUBIS.....	35,234,562
RADIUS.....	562
RECTUM.....	269,273,606
RETROPERITONEUM.....	27,78,195
SACROCCYGEAL.....	78
SCAPULA.....	234,562
SHOULDER.....	140,227,349,562,582
SKULL.....	139,280,693
SPINAL CORD.....	280
STERNUM.....	149,209,346
STOMACH.....	197
TALUS.....	484,562
TARSAL.....	562
TEMPORAL BONE.....	234
TESTIS.....	8,140,194,227,230,278,349
THYROID.....	193,432,453
TIBIA.....	484,562
TRACHIAL.....	275
ULNA.....	562
URETER.....	235,278
URETHRA.....	235,278
UTERUS.....	437,482,496
VAGINA.....	526,527,622,708
VERTEBRAE, CERVICAL.....	113
VERTEBRAE, LUMBAR.....	113
VERTEBRAE, THORACIC.....	113
WRIST.....	140,227,349,582
TURBINATE.....	111,350,492,558,630,665
TYMPANIC NERVE.....	206
ULCER	
STOMACH.....	197
ULNA.....	211
PARTIAL.....	35,132,211,234,486,562,584
UMBILICUS.....	78,624
URETER.....	235,278,460
URETEROCELE.....	100
URETHRA	
DIVERTICULUM.....	541
PROLAPSE.....	541
TOTAL.....	100,235,278

<u>TREATMENT</u>	<u>LINE(S)</u>
EXCISION (CONT'D)	
UTERUS	
LAPAROSCOPIC.....	126,271,437,470,482,496,521,569,575
PARTIAL.....	126,195,229,232,233,470,482
RADICAL.....	195,232,233,276,278
TOTAL.....	126,195,232,233,271,276,292, 437,470,482,496,521,569,575
VAGINAL.....	126,195,229,232,271,437, 470,482,496,521,569,575
UVULA.....	350,382,383
VAGINA	
CLOSURE.....	521
PARTIAL.....	232,521
SEPTUM.....	474,708
TOTAL.....	232
WITH HYSTERECTOMY.....	195,232,521
VARICOCELE	
SPERMATIC CORD.....	6,624,705
VAS DEFERENS.....	140,227,349,562,582
VERTEBRA, CERVICAL.....	113
FOR TUMOR.....	113
VERTEBRA, LUMBAR.....	113
FOR TUMOR.....	113
VERTEBRA, THORACIC.....	113
FOR TUMOR.....	113
VERTEBRAL BODY.....	113,143,211,217,234,327,562
DECOMPRESSION.....	113,143,211,217,234,327,562
LESION.....	143,280,327
VITREOUS	
TOTAL.....	404,417,422,423
WITH RETINAL SURGERY.....	417,422
VULVA	
COMPLETE.....	232
PARTIAL.....	226,232
RADICAL.....	232
EXCISION-PLICATION	
BULLAE	
LUNG.....	91,711
EXCLUSION	
DUODENUM.....	78
EXENTERATION	
EYE.....	196
PELVIS.....	195,232
EXFOLIATION, CHEMICAL.....	554,679,683
EXOSTECTOMY.....	484,573
EXPLORATION	
ABDOMEN.....	48,380
STAGING.....	229,231,232,235,278
ADRENAL GLAND.....	193,277,283,502
ANKLE.....	37,132,484,486,531
ANUS	
ENDOSCOPIC.....	78
ARM, LOWER.....	531
ARTERY	
CAROTID.....	371
FEMORAL.....	371
POPLITEAL.....	29,371
BILE DUCT	
ATRESIA.....	78,158,491
ENDOSCOPIC.....	78
BLOOD VESSELS	
ABDOMEN.....	21,24,39,348
CHEST.....	21,24,39,136,348
EXTREMITY.....	45,214,371
NECK.....	29,39,136
BRAIN	
INFRATENTORIAL.....	217,282
SUPRATENTORIAL.....	31,217
VIA BURR HOLE.....	217
BREAST.....	356
BRONCHUS	
ENDOSCOPIC.....	219
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ENDOSCOPIC.....	78
COLON, SIGMOID	
ENDOSCOPIC.....	78
CYST	
LUNG.....	91,711
DUODENUM.....	23,78
EAR, INNER	
ENDOLYMPHATIC SAC.....	477,549
EAR, MIDDLE.....	480,546
ELBOW JOINT.....	37,484,531,572
ENDOSCOPIC.....	292,520
FINGER JOINT.....	37,531
FOOT JOINT.....	531
GALLBLADDER.....	368,491
HAND JOINT.....	37,531
HEART.....	10
HEPATIC DUCT.....	491
HIP.....	114,531
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INTERTARSAL JOINT.....	531

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NECK		INJECTION	
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