PRIORITIZATION OF HEALTH SERVICES

A Report to the Governor and the 75th Oregon Legislative Assembly

Oregon Health Services Commission
Office for Oregon Health Policy and Research
Department of Human Services
2009

Oregon HEALTH PLAN

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ACKNOWLEDGEMENTS

On the 20th anniversary of the Health Services Commission, the staff would like to thank all of those who contributed to the world's first prioritized list of health services, including the provider experts that have provided input into the process, the organizations and volunteers who assisted with the four sets of community meetings held over the years, and the health care facilities and other businesses that have hosted commission meetings at little or no cost. Of course a special thank you goes out to the following 36 individuals who have served as Commission members. Without their willingness to dedicate the necessary time to this effort and put aside any biases, our achievements in expanding health care coverage to Oregon's low-income uninsured would not have been possible.

Bill Gregory, *Chair 1989-92*
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Alan Bates, *Chair 1996-2000*
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Dan Williams
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In Memoriam

John Alsever (1940-2000)
Harvey Klevit (1931-2005)

Executive Summary

The Health Services Commission (HSC) continued to fulfill its legislative mandates in regards to its maintenance and review of the Prioritized List of Health Services during the 2007-09 biennium.

The Commission's most recent biennial review of the Prioritized List of Health Services, concluded in May 2008, resulted in fewer changes than any previous review conducted since the list's implementation in 1994. There were two major reasons for this outcome:

1) As reported during the 2007 legislative session, the biennial review conducted in 2006 involved the development of an entirely new prioritization methodology that required an extensive look at every line on the list, something that hadn't been done for over thirteen years. This made it highly unlikely that the prioritization of a line needed to be revisited two years later; and,
2) Four Commission members served on the Oregon Health Fund Board's Benefits Committee from October 2007 through June 2008. The committee was charged to make recommendations on an essential benefit package as a part of a comprehensive health care reform plan being considered by the 2009 legislature. HSC staff also served as staff to the Benefits Committee.

The Prioritized List for the 2010-11 biennium and its associated indexes do not appear as appendices in this report for three reasons:

1) The 2010-11 list looks nearly identical to the list currently in effect for 2008-09;
2) One of only three notable changes to the Prioritized List resulting from the biennial review involved the splitting out of Autism Spectrum Disorders (ASD) from the broader line on Chronic Organic Mental Disorders Including Dementias. While the Commission approved a decision to split this line in June 2008, they waited until the completion of the report of the Health Resources Commission in November 2008 on the evidence of the effectiveness of treatments for ASD before beginning work on the composition of the new line. This work has yet to be completed; and,
3) A set of interim modifications will be made to the current list effective October 1, 2009. These modifications will incorporate the new ICD-9-CM codes for 2010 as well as add or modify practice guidelines as necessary, correct errors, or make new associations of procedure codes with diagnosis codes where appropriate. As these same modifications will have to be made to the corresponding lines on the 2010-11 list, a list included in this report would be modified before ever going into implementation.

The 2010-11 Prioritized List of Health Services and its associated indexes, therefore, can be found on the Commission's website at http://oregon.gov/DAS/OHPPR/HSC/index.shtml.

The Commission continues to use the process it established at the direction of HB 3624 (2003) to use clinical effectiveness and cost-effectiveness in prioritizing health services. Evidence-based research and cost-effectiveness analyses, where available, are used to confirm a service's current

placement on the list or determine whether and where a new treatment should be added to the list.

As state resources continue to be stretched by competing demands, the Commission is constantly looking for ways to control costs to the Oregon Health Plan so that the largest number of people can be served. Practice guidelines are becoming an increasingly important mechanism in striving towards this goal. Sixteen new guidelines were developed over the past two years and seventeen previously existing guidelines were modified.

In the process of maintaining the Prioritized List over the last two years, the Commission produced six sets of interim modifications that were forwarded to the President of the Senate and Speaker of the House. Over 4,000 individual changes were made as part of the interim maintenance of the list, many of which were necessitated by annual updates to the diagnosis and procedure codes used to define the condition-treatment pairs. An independent actuarial firm determined that none of the interim modifications made from October 2007 through October 2008 would have a fiscal impact requiring presentation to the Oregon Legislative Emergency Board. Starting January 2009, the Department of Human Services Actuarial Services Unit has taken over the responsibilites of the actuarial pricing of the Prioritized List and any interim modifications and determined that the interim modifications made effective in January 2007 and April 2007 also did not involve a significant fiscal impact.

Beginning in the latter half of the 2009-11 biennium the Commission will embark on the long anticipated conversion of the Prioritized List from ICD-9-CM diagnosis codes (of which there are about 18,000) to the new ICD-10-CM nomenclature (with over 65,000 codes), now set for implementation on October 1, 2013. This will be a major undertaking but the Commission and its staff look forward to the greater specificity that it will bring to the prioritization process.

The Health Services Commission continues in its eagerness to play a role in expanding coverage to Oregon's uninsured citizens by identifying ways to use our limited resourses more effectively.

CHAPTER ONE:

PRIORITIZATION OF HEALTH SERVICES FOR 2010-11

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...."*[1] (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 services worker.[2] The Commission relies heavily on the input from its subcommittees and ad hoc task forces.[3] A Commissioner will often chair a subcommittee or task force, with its composition 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 Commission's Prioritized List of Health Services is made up of condition-treatment pairs composed of diagnosis and treatment codes used to define the services being represented. The conditions on the list are represented by the coding nomenclature of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Medical treatments are listed using codes from the American Medical Association's Current Procedural Terminology, Fourth Edition (CPT-4), and the Healthcare Common Procedure Coding System (HCPCS), with the latter also capturing dental procedures.

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, CPT-4, or HCPCS codes; and,
   b. Advancements in Medical Technology that necessitate changes to the list prior to the next biennial review.

The list assumes that all diagnostic services necessary to determine a diagnosis are covered. Ancillary services necessary for the successful treatment of the condition are to be presumed to be a part of the line items. This means that codes for prescription drugs, durable medical

[1] Oregon Revised Statutes (ORS) 414.720(3).
[2] A list of the Commission membership can be found in Appendix A.
[3] Chapter Four outlines the activities of the Commission's subcommittees and task forces.

equipment and supplies, laboratory services, and most imaging services are not included on the Prioritized List but are still reimbursed as long as the condition for which they are being used to treat appears in the funded region (currently lines 1-503 of the April 1, 2009 list) .

A New Prioritization Methodology

In December 2005, the HSC embarked on the development of a new prioritization methodology for the first time since the list was initially implemented in February 1994[4]. First, the HSC developed the framework of what they thought the new list should look like by defining a rank ordered list of nine broad categories of health care (see Figure 1.1). The new methodology places a higher emphasis on preventive services and chronic disease management to ensure a benefit package that provides the services necessary to best keep a population healthy, not wait until an individual gets sick before higher cost services are offered to try to restore good health.

The next phase of the methodology calls for each of the line items on the Prioritized List to be assigned to one of the nine health care categories. Once the line items were assigned to one of the nine health care categories, a list of criteria was developed to sort the line items within the categories (see Figure 1.2). These measures were felt to best capture the impacts on both the individual's health and the population health that the Commission thought were essential in determining the relative importance of a condition-treatment pair. The HSC Medical Director and HSC Director worked with two HSC physician members to established ratings for the criteria for over 100 lines in order to establish a general scale to follow for each of the criteria. The HSC Medical Director (and in most cases HSC Director) then met with individual HSC physician members and other volunteer physicians with OHP experience. After ratings were established for all (then) 710 lines, they were reviewed by the HSC Medical Director and HSC physician members for accuracy and consistency.

A workgroup of the HSC members then met to explore the best method for intermixing CT pairs across health care categories. While the nine health care categories were meant to establish the framework of the new list it was always clear that not every service in Category 1 was more important than every service in Category 2 and so on. In the methodology used to develop the initial Prioritized List implemented in February 1994, approximately 75% of the line items were hand adjusted after an initial computer sort on the treatment's prevention of death and cost of the treatment. The workgroup found that applying a weight to each category that was then multiplied by the total criteria score for each condition-treatment pair achieved an appropriate adjustment in the majority of the cases. The full commission agreed with the conclusions of the workgroup and approved the weights shown in parentheses after the title for each category in Figure 1.1. A total score was then calculated for each line using the following formula to sort all

[4] For a detailed history of the prioritization process, please see Chapter 1 of the Health Services Commission's 2007 Report to the Governor and 74th Oregon Legislative Assembly at the following address: www.oregon.gov/OHPPR/HSC/docs/07HSCBiennialReport.pdf.

FIGURE 1.1
RANK ORDER OF HEALTH CARE CATEGORIES

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

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

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

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

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

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

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

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

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

FIGURE 1.2
POPULATION AND INDIVIDUAL IMPACT MEASURES

Impact on Healthy Life Years - To what degree will the condition impact the health of the individual if left untreated, considering the median age of onset (i.e., does the condition affect mainly children, where the impacts could potentially be experienced over a person's entire lifespan)? *Range of 0 (no impact) to 10 (high impact).*

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

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

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

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

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

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

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

line items within each of the health care categories, with the lowest net cost used to break any ties:

$$\text{Category Weight} \times \left\{ \begin{array}{l} \text{Impact on Healthy Life Years} \\ + \text{Impact on Suffering} \\ + \text{Population Effects} \\ + \text{Vulnerable of Population Affected} \\ + \text{Tertiary Prevention (categories 6 \& 7 only)} \end{array} \right\} \times \text{Effectiveness} \times \text{Need for Service}$$

Hand adjustments were applied where the application of this methodology did not result in a ranking that reflected the importance of the service, which was the case in fewer than 5% of the line items.

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

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

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

Biennial Review of the Prioritized List

The Commission conducted its ninth biennial review of the Prioritized List of Health Services in the spring of 2008. Having developed a new prioritization methodology and conducted a reprioritization of the entire list for the first time in fourteen years in 2006, there was little need in embarking on an ambitious undertaking just two years later. Also reducing the need for an intensive biennial review was the fact that the interim modifications to the Prioritized List have taken on a larger importance as the list matures, to the point that they are now including nearly all of the changes that involve individual codes (as opposed to the creation, deletion, merging or splitting of entire line items). The creation and modification of practice guidelines are now also

being handled exclusively as part of the interim modification process (see Chapter Two for a discussion of all new and modified guidelines during the last two years). Finally, it was with great pride that four Health Services Commission members and its staff played key roles in the work of the Oregon Health Fund Board's Benefits Committee[5] in defining an essential benefit package for consideration as part of the health reform plan envisioned for the state.

For all of the reasons just given, the list being submitted for use during the the 2010 and 2011 calendar years looks very similar to that included in the Commission's June 2007 biennial report[6]. Figures 1.3 through 1.5 show the three major changes in the composition of line items as a result of this biennial review process.

Effective October 1, 2007, the lines titled 'Comfort Care' and 'Medical Conditions Where Treatment of the Condition Will Not Result in a 5% 5-Year Survival' were deleted from the Prioritized List and replaced with a statement of intent to clarify what end-of-life care services the Commission intended for coverage. In deleting the latter line (line 674 on the 2006-07 list and what would have been line 613 on the 2008-09 list) it was discovered that some ICD-9-CM codes did not appear elsewhere on the list. Since this resulting omission was unintentional, some codes for some advanced cancers were reinstated in a new version of former line 674 that appears as line 612 of the 2010-11 list. The comfort care line continued to appear in strikethrough text to indicate its deletion on the 2008-09 Prioritized List in order to avoid confusion by changing the funding level from the legislatively-approved line 503 for the biennium. Figure 1.3 indicates that the comfort care line is now being permanently removed from the list as the line renumbering is performed to reflect all of this year's biennial changes.

Figure 1.4 shows the merging of two lines involving calculus of the urinary system. The clinical differentiation of kidney stones from stones in the ureter, bladder and urethra is sometimes difficult, with the stones moving from one area of the urinary system to the next. While the urgency of treating urinary stones can differ as the potential for obstruction increases with the movement of a stone into narrower passages, the treatment options are generally the same and there is not a good reason for keeping these conditions on separate lines.

The last significant change to the Prioritized List as the result of the biennial review involves the splitting of the 'Chronic Organic Mental Disorders' line as indicated in Figure 1.5. Some years ago, the codes for certain types of conditions falling within the category of autism spectrum disorders (ASD) were placed in the COMD line, knowing that it wasn't a perfect fit, but was the best option available at the time. During the 2007 legislative session, SB 389 was enacted, which called for an evidence-based review of the effectiveness of treatments for ASD by the Health Resources Commission (HRC). In anticipation of the HRC report, the Health Services Commission split out ASD into its own line so that the specific treatments found to be

[5] The Oregon Health Fund Board's report to the 75th Oregon Legislative Assembly can be found at www.oregon.gov/OHPPR/HFB/docs/Final_Report_12_2008.pdf and the recommendations of its Benefits Committee at www.oregon.gov/OHPPR/HFB/docs/BenefitCommitteeFinal.pdf.

[6] The Health Services Commission's report to the 74th Oregon Legislative Assembly can be found at www.oregon.gov/OHPPR/HSC/docs/07HSCBiennialReport.pdf.

FIGURE 1.3
DELETED LINE
1/1/08 POSITION AND LINE DESCRIPTION LISTED

Line: 71 TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS / COMFORT CARE

FIGURE 1.4
NEWLY MERGED LINE PREVIOUSLY FOUND ON SEPARATE LINES

10-11 Line	10-11 Line Description	08-09 Lines	08-09 Line Description
376	URINARY SYSTEM CALCULUS	376	URINARY TRACT CALCULUS
		418	CALCULUS OF BLADDER OR KIDNEY

FIGURE 1.5
NEWLY SPLIT LINES PREVIOUSLY FOUND ON A SINGLE LINE

10-11 Line	10-11 Line Description	08-09 Lines	08-09 Line Description
209	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS	210	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
210	AUTISM SPECTRUM DISORDERS		

appropriate for pairing with ASD can be indicated. The HRC report was completed in October 2008[7] and the Mental Health Care and Chemical Dependency (MHCD) Subcommittee reviewed the HRC report and will be making recommendations for the content of the new ASD line for January 1, 2010 implementation. The MHCD Subcommittee's recommendations and the subsequent action by the Health Services Commission can be followed on the Commission's website at www.oregon.gov/OHPPR/HSC/.

As this biennial review, completed in June 2008, resulted in a net decrease of one line, the new list is 679 lines long compared to the length of the list for the 2007-09 biennium of 680 lines. All of the changes in line structure occurred in the funded region of the list, therefore new line 502 best equates to the benefit package represented in lines 1-503 (the funded portion) of the 2008-09 list. The revised Prioritized List of Health Services was then forwarded to the independent actuarial firm of PricewaterhouseCoopers for pricing determinations. The actuarial

[7] The Health Resources Commission report *Evidence for Effectiveness of Treatments for Autism Spectrum Disorders In Children and Adolescents* is at www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/ASD.pdf.

analysis of the expected per capita costs of providing various levels of services for the different Medicaid eligibility groups appears in their September 2008 report titled, "Oregon Health Plan Medicaid Demonstration: Analysis of Calendar Years 2010-11 – Average Costs[8]." Starting next biennium, the new Actuarial Services Unit within the Department of Human Services will be pricing the Prioritized List and developing capitation rates for contracting purposes.

Upon the approval of this Health Services Commission report, the 75th Oregon Legislative Assembly will set a funding level for the Prioritized List of Health Services for calendar years 2010-11 appearing in Appendix B. This will establish the basis for the OHP Plus and OHP Standard benefit packages for the Medicaid Demonstration, whereby further exclusions may be applied. As the 2010-11 Prioritized List is so similar to that in place for 2008-09, and as there will be another set of interim modifications approved prior to its implementation on January 1, 2010, an abbreviated version of the list appears in Appendix B with line numbers and line descriptions, but no codes. Once the interim modifications of October 1, 2009 have been approved, along with the coding definitions for the new Autism Spectrum Disorders line, the complete January 1, 2010 Prioritized List of Health Services will be posted on the Commission's website, again at www.oregon.gov/OHPPR/HSC/.

Interim Modifications to the Prioritized List

In addition to the work on the biennial review of the Prioritized List, the Commission continues to maintain the list as necessary during the interim periods. They were aware from the outset that this unique process for determining health benefit coverage would need further refinement as feedback was received after implementation and to account for changes in the medical codesets on which the list was built. The Commission asked for the authority to make adjustments to the list during the interim period that was granted in 1991 in the following statute:

> *"The commission may alter the list during the interim only under the following conditions:*
>
> *a) technical changes due to errors and omission; or,*
>
> *b) changes due to advancements in medical technology or new data regarding health outcomes.*
>
> *If a service is deleted or added and no new funding is required, the Commission shall report to the Speaker of the House of Representatives and the President of the Senate. However, if a service to be added requires increased funding to avoid discontinuing another service, the Commission must report to the Emergency Board for funding."*[9]
> (emphasis added)

The Commission accepts recommendations for interim modifications from staff, other state agencies, participating health care plans, health care providers, OHP clients and other interested entities. The requests are initially forwarded for consideration to the Health Outcomes Subcommittee for physical health services, the Subcommittee on Mental Health Care and

[8] Available at http://www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/main.html.
[9] ORS 414.720(5)a, (5)b and (6)

Chemical Dependency Subcommittee or the newly created Dental Services Subcommittee, as appropriate. A Subcommittee will often require at least two meetings to first hear the request and then have staff collect the necessary information in order to make a decision. If the recommendation is for approval of the modification to the list, that issue is then considered at the next Health Outcomes Subcommittee meeting (if it was initially taken to one of the other two subcommittees) before getting passed along to the full Commission meeting[10]. A requesting party can assume that it will likely take 3-4 months, and possibly longer, depending on the completeness of the information initially provided and the timing of the receipt of the request in comparison to the next scheduled Commission meeting. It should also be noted that the Commission's decisions are based on what is best for the entire OHP population, not on any one individual case.

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

> *"Shall consider both the clinical effectiveness and cost-effectiveness of health services in determining their relative importance using peer-reviewed medical literature as defined in ORS 743.695."*[11]

The Commission incorporated both clinical effectiveness and cost-effectiveness into an algorithm describing the Health Services Commission's process for following the direction given by HB 3624, resulting in that shown in Figure 1.6. Finally, Figure 1.7 describes in which instances the prioritization methodology involving line rankings is employed and when the change can be done during the interim period between biennial reviews of the Prioritized List, using evidence-based research when available.

Technical Changes

As the Prioritized List attempts to match some 16,000+ ICD-9-CM diagnosis codes with 8,000+ 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. 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

[10] Health Services Commission meetings are usually scheduled immediately after Health Outcomes Subcommittee meetings on the same day.
[11] ORS 414.720 (4b).

FIGURE 1.6

PROCESS FOR INCORPORATING OR REVISING EVIDENCE-BASED HEALTH TECHNOLOGY ASSESSMENT AND COST-EFFECTIVENESS INTO THE PRIORITIZED LIST

- The HSC will examine pooled data from one of the recognized sources/websites (see "Sources Of Information For Evidence-Based Health Technology Assessment" on the following page)
- Exceptions may be made for rare diseases
- The HSC will consider new sources/websites as they are identified
- Evidence regarding the effectiveness of a treatment will be used according to the following algorithm:

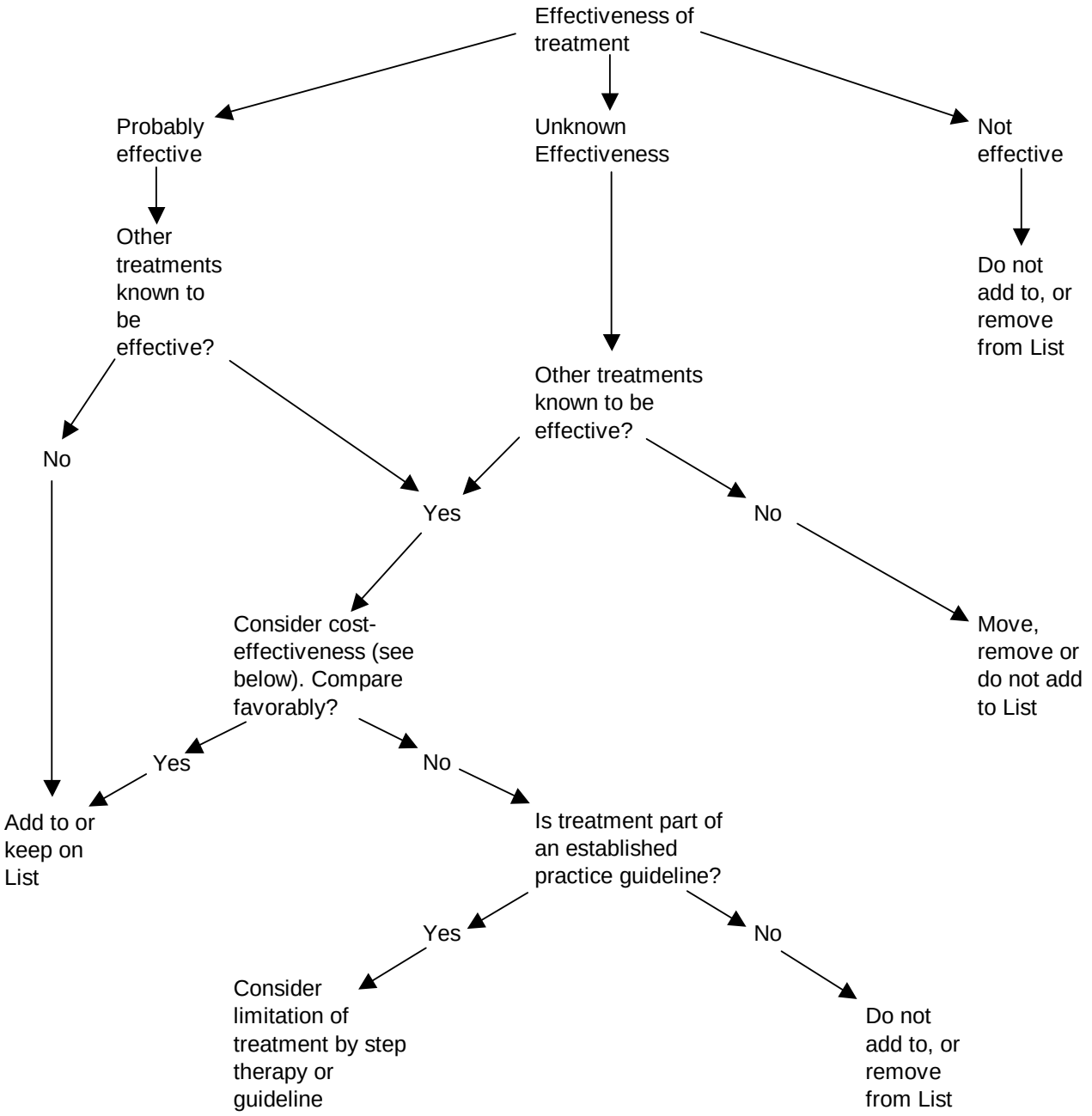


FIGURE 1.6 (CONT'D)

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

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

Sources Of Information For Evidence-Based Health Technology Assessment

Sources of evidence must have the following characteristics:

- The research must be current (either completed in, or updated within, the last three years)
- The investigator cannot have a vested interest in the outcome of the research
- The investigator must use accepted methods of research based on the outcomes of *multiple studies*
- The research must be peer-reviewed and published in the scientific literature

Below is a list of the sources that have been identified to date. Clinical judgment will still need to be used by the Commission to determine the strength of evidence appearing on any of these sites.

First Priority

a. BMJ Clinical Evidence http://www.clinicalevidence.com
b. Evidence-Based Practice Centers (EPC) www.ahcpr.gov/clinic/epc
c. Cochrane Collaboration www.cochrane.org/cochrane/revabstr/mainindex.htm
d. University of York nhscrd.york.ac.uk
e. Agency for Healthcare Research and Quality (AHRQ) www.ahcpr.gov
f. Health Technology Assessment Programme – United Kingdom http://www.hta.nhsweb.nhs.uk/ProjectData
g. National Institute for Clinical Excellence (NICE) – United Kingdom www.nice.org.uk/Cat.asp?pn=professional&cn=toplevel&ln=en
h. Canadian Coordinating Office for Health Technology Assessment (CCOHTA) www.ccohta.ca
i. Blue Cross Blue Shield Technology Evaluation Center (TEC) www.bcbs.com/tec/index.html

Other Sites Which May Be Considered

j. Bandolier www.jr2.ox.ac.uk/bandolier
k. ECRI www.ecri.org
l. National Guideline Clearinghouse www.guideline.gov
m. Institute for Clinical Systems Improvement http://www.icsi.org
n. CMS Medicare Coverage Advisory Committee (MCAC) cms.hhs.gov/ncdr/mcacindex.asp

FIGURE 1.7
OVERVIEW OF THE HEALTH SERVICES COMMISSION'S PRIORITIZATION PROCESS

Placement of a New ICD-9-CM Code

In most cases a new ICD-9-CM code will simply be a higher specificity for an existing code and will be placed on the list where its third or fourth-digit parent code already exists. In cases where the ICD-9-CM code represents a new disease or where the code of higher specificity does not belong on the line where the existing code is placed, the code is placed on the most appropriate line according to the methodology shown in Figures 1.1 and 1.2. This will be done as an interim modification effective October 1.

Placement of a New CPT-4 Code

Use the criteria described in Figure 1.6 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If evidence does not support placement at this level of priority, use the process described in Figures 1.1 and 1.2 to determine where the pairing should be placed. This will be done as an interim modification effective April 1.

Placement of a Previously Non-paired CPT-4 Code

Use the criteria described in Figure 1.6 to determine whether the use of the procedure is experimental and, if not, whether evidence warrants its placement on the line in which the diagnosis code for which pairing is desired exists. If evidence does not support placement at this level of priority, use the process described in Figures 1.1 and 1.2 to determine where the pairing should be placed. This will be done as an interim modification unless a significant fiscal impact results.

Deletion of an Existing CPT-4 Code

Use the criteria described in Figure 1.6 to determine whether the use of the procedure is experimental or if evidence dictates that the code should be removed from a line or the list in general. This can be done as either an interim modification or, if public or provider input is desired, as a biennial review change.

Movement of an Existing Line Item

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

Movement of an Existing ICD-9-CM/CPT-4 Code Pairing

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

Creation of a New Guideline

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

Revision of an Existing Guideline

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

diagnoses, these codes usually do not appear on the list. Instead, the Division of Medical Assistance Programs (DMAP) maintains electronic files to account for these codes and their fee-for-service reimbursement. Other appropriate pairings of condition and treatment codes may have been left off inadvertently. As these pairings are identified through DMAP's claims processing system, providers, or managed care plans, the necessary changes are made to the list as interim modifications.

Technical changes are typically made to the list only twice during a calendar year. Implementation of these technical changes coincide with the release of new ICD-9-CM, CPT and HCPCS codes. Technical changes that include the new ICD-9-CM codes always become effective on October 1st of each year. Changes involving new CPT and HCPCS codes are made as early as possible in the new year, but the timing of their release combined with the volume of new codes for review have not allowed the Commission to make their decisions in time to allow for the successful implementation of these changes at the first of the year. In order to assist DMAP and the managed care plans in being HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant, the HSC places information on their probable action involving new procedure codes in mid-December, prior to their effective date. Detailed documentation on all interim modifications to the Prioritized List of Health Services dating back at least three years can be found on the Commission's website at the following address: www.oregon.gov/OHPPR/HSC.

On January 15, 2009, the Centers for Medicare and Medicaid Services (CMS) announced that the implementation of ICD-10-CM will take place on October 1, 2013. The Health Services Commission will begin work on the conversion of the Prioritized List of Health Services from ICD-9-CM to ICD-10-CM codes in the summer of 2010. This will necessitate a complete revision of every line item of the Prioritized List, which is anticipated to take 2-3 years to complete.

Advancements in Medical Technology

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

If an added service is projected by the actuary for the Department of Human Services to have a significant fiscal impact on the OHP Medicaid Demonstration, 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 such a significant fiscal impact.

During the 2007-09 biennium the Commission reviewed a number of issues that fall under the medical advancements category, as presented in Figure 1.8.

FIGURE 1.8
MEDICAL ADVANCEMENTS REVIEWED

Technology Name/Description	Commission Action
Bariatric surgery for obesity	Added to Line 33, Type II Diabetes, with guideline
Medication therapy for obesity	Not added to list
Capsule endoscopy for diagnosis of small bowel disease	Added to Line 194, Ulcers/GI Hemorrhage, and Line 293, Regional Enteritis/Idiopathic Protocolitis/ Ulceration of Intestine, with guideline
CDT (specialized physical therapy) for lymphedema	Added to Line 296, Lymphedema, with guideline
Computer assisted surgical navigational procedures for operative procedure planning	Not added to list
Laparoscopic surgical approaches to various surgical conditions	Surgical lines updated and multiple laparoscopic procedures added
Open osteochondral autographs for knee and ankle arthritis	Not added to list
Radiotherapy and cryotherapy techniques for destruction of renal tumors	Not added to list
Gastric neurostimulator for delayed emptying of the stomach	Not added to list
Ocular photoscreening for diseases of the eye	Not added to list
Cystatin C for measurement of kidney function	Not added to list
Fecal calprotectin levels for diagnosis of inflammatory bowel disease	Not added to list
Mononuclear cell antigen tests	Not added to list
Adenovirus testing	Added to covered diagnostic tests
Cardiac MRI for diagnosis of heart disease and conditions	Added to congenital heart lines
Transthoracic echocardiograms with contrast	Added to congenital heart disease lines, additional codes added to covered diagnostic tests with guideline
Intravascular Doppler studies and intracardiac ECHOs for diagnosis of heart conditions	Not added to list
Prophylactic mastectomy for women at high risk for breast cancer	Added to Line 4, Preventive Care Over Age 10, and Line 198, Breast Cancer, with guideline
Balloon dilation of intracranial vasospasm	Not added to list

FIGURE 1.8 (CONT'D)
MEDICAL ADVANCEMENTS REVIEWED

Technology Name/Description	Commission Action
Saturation prostate biopsy for diagnosis of prostate cancer	Added to covered diagnostic tests
Myeloperoxidase for diagnosis of myocardial infarction	Not added to list
Des-gamma-carboxy-prothrombin (DCP) for identification of patients at high risk for the development of hepatocellular carcinoma (HCC).	Not added to list
Transcutaneous bilirubin testing	Added to covered diagnostic tests
Transcutaneous methemoglobin and carboxyhemoglobin testing	Not added to list
Tongue base suspension and radioablation surgeries for obstructive sleep apnea	Not added to list
Stereotactic tumor radioablation	Added to the list for intracranial and spinal lesions only
Actigraphy for diagnosis of sleep disorders	Not added to list

HSC Policy Regarding Medications, DME, and Other Ancillary Services

Multiple questions have come to the HSC in the past two years which directly address coverage of particular medications. Oregon has a process in place to evaluate medications and other types of treatments through the reviews of the Health Resources Commission (HRC) and the Division of Medical Assistance Program's (DMAP's) Drug Utilization Review (DUR) Board. As discussed in the previous section, the HSC considers prescription drugs to be ancillary treatments. Therefore they have only reviewed a drug in the context of whether its effectiveness of treating a condition will affect the ranking of that condition on the list. HSC staff has worked with HRC and DMAP staff to clarify the HSC's role and authority on the coverage of specific medications and similar ancillary services. As part of these discussions, the HSC developed the following policy, currently under legal review by the state Department of Justice:

> **The Health Services Commission (HSC) has authority over the Prioritized List, including placement of conditions and treatments on the list. The HSC is expected to include cost-benefit assessments for treatments considered for inclusion on the list, balancing the needs of the OHP population as a whole and the expenditures of limited resources. The HSC can create, in an open and public manner, guidelines which recommend restrictions or limitations on the coverage of medications, durable medical equipment (DME), or other ancillary services, as they relate to conditions and treatments on the Prioritized List. Such guidelines are expected to be implemented to the best ability of DMAP and prepaid managed care health services organizations, as allowed by federal and state rules and regulations. These guidelines**

set a minimum coverage level for DMAP and the prepaid managed care health services organizations. Decisions of the HSC regarding medications, DME, or other ancillary services which are not placed into guidelines are considered advisory only.

CHAPTER TWO:

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."* [12]

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 since 2002 are "indications for a definitive procedure" derived from comparing pertinent guidelines from specialty societies and the National Guideline Clearinghouse[13].

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

During the past biennium, the Commission added several guidelines and modified others to assure the most effective use of Oregon Health Plan funds. Sixteen new guidelines were developed, including criteria for heart-kidney transplants, lymphedema treatment, pharmacy medication management and two new statements of the Commission's intent regarding palliative/comfort care and the use of nerve blocks. The Commission made modifications to seventeen previously established guidelines such as those on bariatric surgery, PET scans, rehabilitation therapies, ventricular assist devices and the treatment of chronic otitis media. In addition, the comfort care guideline was deleted and replaced by a new statement of intent. In the case where an existing guideline has been revised, all new text is underlined and deleted text is indicated with strikethrough.

Breast Reconstruction

Lines 4, 198

The following new guideline was created to expand the coverage of breast reconstruction and replaced the coding specification that only previously only applied to reconstruction after mastectomy for breast cancer.

---

[12] ORS 414.720 (4)

[13] www.guideline.gov

Breast reconstruction is only covered after mastectomy as a treatment for breast cancer or as prophylactic treatment for the prevention of breast cancer in a woman who qualifies under Guideline Note 3, and must be completed within 5 years of initial mastectomy.

Cervical Dysplasia

Line 31

The Commission reviewed information from specialty literature for the management of cervical dysplasia and adopted recommendations cited from an expert journal into a new guideline.

Work up and treatment of cervical dysplasia should follow the American Society for Cervical Colposcopy and Pathology guidelines as published in the American Journal of Obstetrics & Gynecology, October 2007.

Chronic Otitis Media

Line 492

Concerned with potential antibiotic misuse and overuse, the Commission discussed which types of ear infections would benefit from medication therapy and when surgical intervention should be recommended. After feedback from regional experts, the following modifications were made to the guideline on chronic otitis media:

Antibiotic and other medication therapy are not indicated for children with bilateral chronic nonsuppurative otitis media. ~~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.~~ Children with bilateral chronic nonsuppurative otitis media present for 3 months or longer or with language delay, learning problems, or significant hearing loss at any time should have hearing testing. Children with bilateral chronic nonsuppurative otitis media who are not at risk should be reexamined at 3- to 6-month intervals until the effusion is no longer present, significant hearing loss is identified, or structural abnormalities of the eardrum or middle ear are suspected.

For the child who has had bilateral chronic nonsuppurative otitis media ~~effusion for a total of 3 months~~ and who has a bilateral hearing deficiency diagnosed by formal audiometry testing ~~(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 documented bilateral hearing deficit.

Adenoidectomy is an appropriate surgical treatment for bilateral chronic nonsuppurative otitis media ~~serous otitis media with persistent effusion~~ in children over 3 ~~4~~ years with their second set of tubes. First time tubes are not an indication for an adenoidectomy.

Comfort Care

Line Deleted

The Commission removed the Comfort Care line from the Prioritized List of Health Services and added a Statement of Intent[14] to make clear the Commission's intentions.

> ~~Comfort care includes the provision of services or items that gives comfort and/or relieve symptoms to patients with a terminal illness.~~
>
> ~~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:~~
>
> ~~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 specific symptom relief~~
> ~~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)~~

Complicated Hernias

Line 175

The Commission heard from a surgical member that intervention for incarcerated hernias with or without obstruction is the current standard of care and amended the existing guideline.

> **Complicated hernias are included on this line if they are incarcerated ~~and~~ or have symptoms of obstruction and/or strangulation.**

Diagnostic Services Not Appearing on the Prioritized List

One of the earliest decisions made in developing the Prioritized List is that it would only apply to treatments after a definitive diagnosis is established; that diagnostic services necessary to determine the diagnosis would always be covered. In the nineteen years since that decision was made, diagnostic tests have become more advanced, more expensive, and are utilized more frequently, in part due to the practice of defensive medicine. Beginning with PET scans during the 2003-05 biennium, the Commission has continued to develop guidelines for diagnostic services to help ensure appropriate utilization and control costs. Whereas CPT and HCPCS codes for PET scans were added to specific line items on the list, codes for non-prenatal genetic testing will remain off the list.

Non-Prenatal Genetic Testing

Diagnostic Service

[14] See also Statement of Intent for Comfort/Palliative Care on page 38.

The Commission discussed and amended their genetic testing guidance for individuals with and without a personal history of breast and/or ovarian cancer based on the latest information available.

I. Coverage of genetic testing in a non-prenatal setting shall be determined the algorithm shown in Figure 2.1 unless otherwise specified below.

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

A. Services are provided according to the Comprehensive Cancer Network Guidelines.

1. NCCN Clinical Practice Guidelines in Oncology. Colorectal Cancer Screening. V.1.2006 (1/3/06). *www.nccn.org*

2. ~~NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). www.nccn.org~~ BRCA1/BRCA2 testing services for women without a personal history of breast and/or ovarian cancer should be provided to high-risk women as defined by the U.S. Preventive Services Task Force definition given in the Prevention Tables (see "Interventions for High-Risk Populations" in the tables for ages 10 and above).

3. BRCA1/BRCA2 testing services for women with a personal history of breast and/or ovarian cancer and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V.1.2006 (12/14/05). *www.nccn.org*

B. Genetic counseling should precede genetic testing for hereditary cancer. Very rarely, it may be appropriate for a genetic test to be performed prior to genetic counseling for a patient with cancer. If this is done, genetic counseling should be provided as soon as practical.

1. Pre and post-test genetic counseling by the following providers should be covered.

i. Medical Geneticist (M.D.) – Board Certified or Active Candidate Status from the American Board of Medial Genetics

ii. Clinical Geneticist (Ph.D.) - Board Certified or Active Candidate Status from the American Board of Medial Genetics.

iii. Genetic Counselor - Board Certified or Active Candidate Status from the American Board of Genetic Counseling, or Board Certified by the American Board of Medical Genetics.

iv. Advance Practice Nurse in Genetics – Credential from the Genetic Nursing Credentialing Commission.

C. If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 or 2 has been identified in a family, a single site mutation analysis for that mutation is covered, while a full sequence BRCA 1 and 2 analyses is not.

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

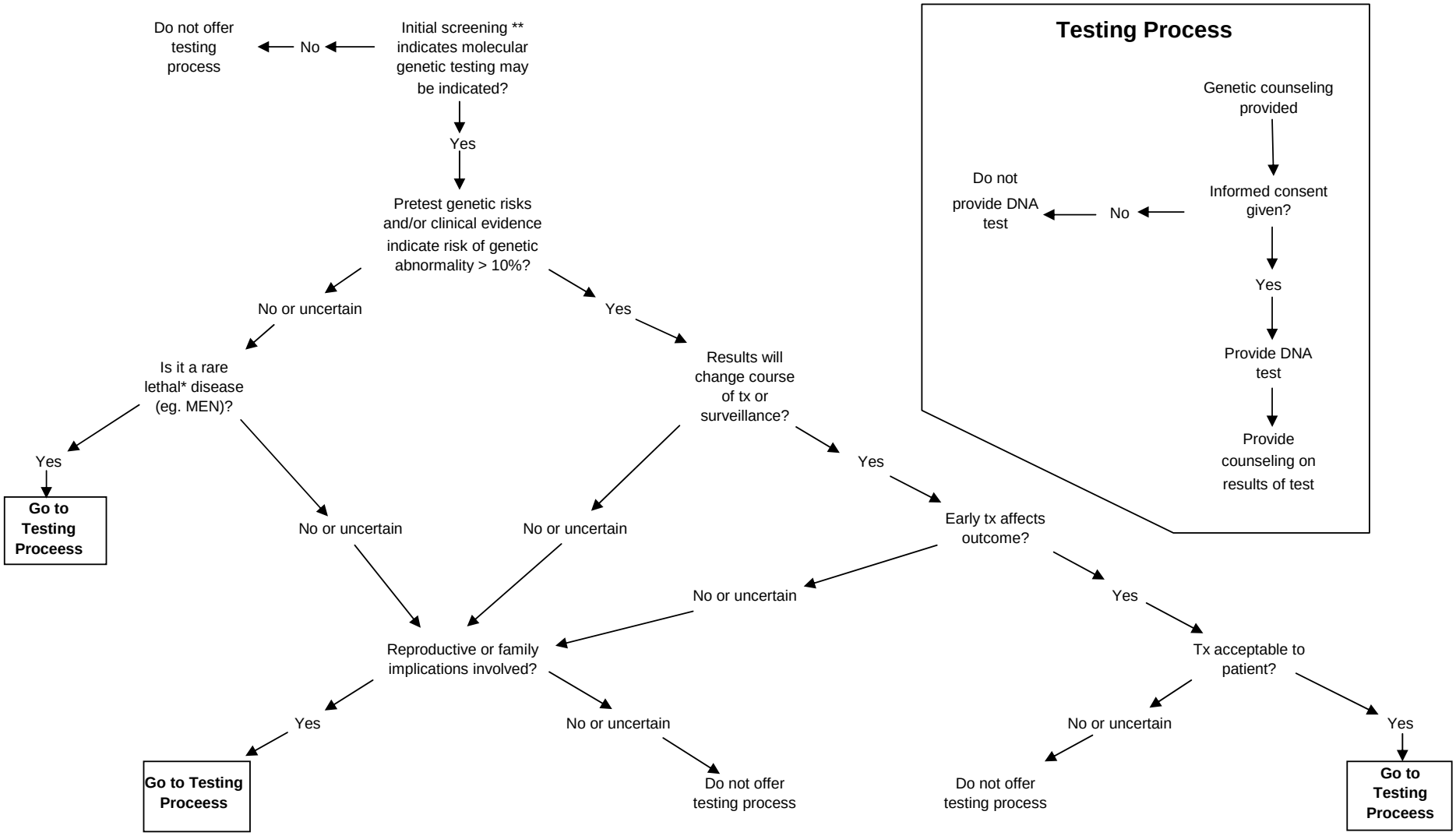
III. Related to genetic testing for infants and children with developmental delay:

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

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

C. Coverage for genetic testing for other conditions should continue to be made on a case-by-case basis according to the algorithm in Figure 2.1.

FIGURE 2.1
NON-PRENATAL GENETIC TESTING ALGORITHM



* Greater than a 1% chance of death within five years due to the condition, in the absense of treatment
** Examples of initial screening: physical exam, medical history, family history, laboratory studies, imaging studies

Echocardiograms With Contrast for Cardiac Conditions Other Than Cardiac Anomalies

Diagnostic Service

The Commission heard testimony about the uses and indications of this diagnostic test. In the interest of cost-containment, the members restricted its use to the initial testing through a new guideline so as not to allow for multiple tests of the same type.

> **Need for contrast with an echocardiogram (C8923, C8924, C8927, and C8928) should be assessed and, if indicated, implemented at the time of the original ECHO and not as a separate procedure.**

Electronic Analysis of Intrathecal Pumps

Lines 397, 551, 623

The Commission reviewed a Washington State study which demonstrated a lack of evidence to support the use of intrathecal pumps for chronic non-cancer pain patients and elected to remove coverage for new insertions of such pumps. The following new guideline was introduced only to manage care for patients who had a pump in place prior to this policy change.

> **Electronic analysis of intrathecal pump, with or without programming (CPT codes 62367-62368), is included on these lines only for pumps implanted prior to April 1, 2009.**

Enzyme Replacement Therapy

Line 671

The Commission reviewed the treatment of Hunter's syndrome with enzyme replacement therapy and found it to have a minimal effect on the patient's health at a cost of hundreds of thousands of dollars a year. As the codes for such therapies have not historically appeared on the Prioritized List, the following new guideline makes clear their intention on the prioritization of this treatment on Line 671.

> **Enzyme replacement therapy for Hunter's syndrome is included on this line.**

Fetoscopic Surgery

Line 1

As procedure coding for certain fetal surgeries can be ambiguous, the following language was added to the guideline on fetoscopic surgery to make the Commission's intent more clear:

> **Fetal surgery is only covered for the following conditions: repair of urinary tract obstructions via placement of a urethral shunt, repair of congenital cystic adenomatoid malformation, repair of extralobal pulmonary sequestration, repair of sacrococcygeal teratoma, and therapy for twin-twin transfusion syndrome.**

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt. Fetal surgery for cystic adenomatoid malformation of the lung, extralobal pulmonary sequestration and sacrococcygeal teratoma must show evidence of developing hydrops fetalis.

Certification of laboratory required (76813-76814).

Health and Behavior Assessment/Intervention

Lines 1, 6, 8, 10-18, 20-22, 25-26, 28-29, 33-37, 39-42, 46-47, 50, 52-53, 55-56, 61, 63, 65-66, 68, 70, 74, 76, 79-80, 82, 84-85, 87, 92, 94, 96, 98, 100-103, 106, 109-112, 114, 116, 120, 123-125, 129, 135-136, 138-139, 141-142, 145, 147-148, 150-152, 159-160, 165-170, 174, 180, 182-184, 186, 191-192, 194, 196-198, 200, 202-203, 206, 208-211, 219, 221-222, 225, 228-230, 233-234, 236-238, 244, 246, 249-250, 252-256, 265-268, 271-279, 284, 286-287, 289, 291-292, 301, 303, 305, 309-313, 319, 325, 330, 332, 336-340, 350, 352, 354-355, 359, 365, 369-370, 373-374, 384, 391, 397, 404, 407, 416-417, 419-420, 427, 429-430, 433, 436, 438, 440, 442, 453, 456, 460, 463-465, 470, 481, 483, 497

At the request of the Mental Health Care and Chemical Dependency Subcommittee, codes for health and behavior assessment interventions were added to many of the physical health lines. These services are not aimed at the individual with psychiatric conditions that are new or unrelated (comorbid) to other physical health conditions, but rather those individuals with chronic health conditions for whom psychosocial treatments would be useful in the management of that illness in dealing with their adjustment issues. This would involve a complementary part of the overall care of the patient that could be provided by a behavioral care specialist integrated into a primary care setting. The services could involve psychoeducation, support, and motivational services that could also be provided in a group setting. The new guidelines adopted reference existing Medicare guidelines on the use of these services:

Health and behavior assessment and interventions (CPT codes 96150-96154) are included on these lines when provided subject to the Centers for Medicare and Medicaid (CMS) guidelines dated 2/1/06 located at:

http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=13492&lcd_version=48&basket=lcd%3A13492%3A48%3AHEALTH+AND+BEHAVIOR+ASSESSMENT%2FINTERVENTION%3ACarrier%3ANHIC%7C%7C+Corp%2E+%2831142%29%3A

Heart-Kidney Transplants

Line 279

The Commission found that combined heart-kidney transplants showed good evidence for coverage, with the following stipulations appearing in a new guideline:

Patients under consideration for heart/kidney transplant must qualify for each individual type of transplant under current DMAP administrative rules and transplant center criteria with the exception of any exclusions due to heart and/or kidney disease.

Hip Resurfacing

Line 381

The Commission reviewed evidence that supported coverage of hip resurfacing and felt it necessary to specify the list of contraindications in a new guideline.

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

Patients who are candidates for hip resurfacing must not be:

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

Hydrocele Repair
Line 175

Concerns about the non-coverage of repairs for certain hydroceles was brought to the attention of the Commission by several medical providers and health plans. A previous review had led to the conclusion that repair was unnecessary; however, new expert testimony demonstrated this condition can be very similar to a hernia in some children and should be covered according to the following new guideline:

Excision of hydrocele is only covered for children with hydroceles which persist after 18 months of age.

Hysteroscopic Bilateral Fallopian Tube Occlusion
Line 7

The Commission clarified its intent regarding where and when this procedure for birth control should occur to ensure cost containment in a new guideline.

Placement of permanent implants in the fallopian tubes to induce bilateral occlusion (CPT code 58565) is covered only if the procedure is done in the office setting, not in the ambulatory surgical center or hospital setting.

Hysterosalpingography (58340, 74740) is covered only for the follow-up testing after placement of permanent implants in the fallopian tubes to induce bilateral occlusion.

Intestinal Malabsorption
Line 241

An OHP health plan medical director brought forward a concern that the treatment for mild and avoidable food allergies could be billed as a covered service. The Commission reviewed the non-specific code in question and agreed to limit its use in the following new guideline:

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

Lymphedema
Lines 440, 588

In 2007, the Commission heard expert testimony advocating for the coverage of treatment of lyphedema in some cases, specifying that physical therapists must have special training to perform the necessary therapy. The Commission adopted a new guideline and further amended the language in 2009 to read as follows:

> **Lymphedema treatments are included on these lines when medically appropriate. These services are to be provided by a licensed practitioner who is certified by of the accepted lymphedema training certifying organizations or a graduate of one of the National Lymphedema Network accepted training courses within the past two years. The only accepted certifying organization at this time is LANA (Lymphology Association of North America; http://www.clt-lana.org). Treatments for lymphedema are not subject to the visit number restrictions found in Guideline Note 6, Rehabilitative Therapies.**

Obesity

During the biennial review of the Prioritized List conducted in 2006, the HSC recognized the undeniable epidemic that obesity has become in both our state and the nation and gave the treatment of obesity a much higher priority as a result. In doing so, the Commission sited the level B recommendation given by the U.S. Preventive Services Task Force for the screening and treatment of obesity as a major factor and the fact that from a population health perspective, even a marginal benefit to the average person will reap large societal rewards.

Non-Surgical Management of Obesity
Line 8

At the publication of the HSC's 2007 biennial report, a guideline for the non-surgical management of obesity had not yet been completed. Based on the Health Resources Commission's MedTAP report on this topic and guidance from the U.S. Preventive Services Task Force, the following new guideline has been added to Line 8, OBESITY, to represent the Commission's intent for the coverage of the medical treatment of obesity.

> **Medical treatment of obesity includes intensive counseling on nutrition and exercise, provided by health care professionals. Intensive counseling is defined as face to face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling visits (once**

every 1-2 weeks) are covered for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period. Pharmacological treatments are not intended to be included as a treatment on this line. See also Guideline Note 61.

Bariatric Surgery for Obesity With Comorbid Type II Diabetes & BMI ≥ 35

Line 33

During this review period, the Commission refined the guideline on the use of bariatric surgery to better clarify their intent.

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

1. Age ≥ 18

2. BMI ≥ 35 with co-morbid type II diabetes

3. Undergo a six month evaluation period, starting with the date the patient is first evaluated by a licensed bariatric surgeon in section 4C below. During this evaluation period, the patient will have periodic visits with staff of the qualified bariatric surgery program and the licensed bariatric surgeon to verify that the patient meets the Bariatric Center of Excellence program criteria for bariatric surgery. If the patient is found to no longer be an appropriate candidate for surgery for any reason listed in these criteria during the six-month observation period, a new six-month observation period will be required to precede surgery once surgical candidacy has been re-established.

~~3~~4. Participate in the following four evaluations and meet criteria as described.

A. Psychosocial evaluation: (Conducted by a licensed mental health professional)

- **i. Evaluation to assess compliance with post-operative requirements.**
- **ii. No current abuse of or dependence on alcohol. Must remain free of abuse of or dependence on alcohol during a six-month observation period immediately preceding surgery. No current use of nicotine or illicit drugs and must remain abstinent from their use during the six-month observation period. Testing will, at a minimum, be conducted within one month of the surgery to confirm abstinence from nicotine and illicit drugs.**
- **iii. No mental or behavioral disorder that may interfere with postoperative outcomes[1].**
- **iv. Patient with previous psychiatric illness must be stable for at least 6 months.**

B. Medical evaluation: (Conducted by OHP primary care provider)

- **i. Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.**
- **ii. ~~Maximize~~ Optimize medical control of diabetes, hypertension, or other co-morbid conditions.**

iii. Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.

C. Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program[2])

i. Patient found to be an appropriate candidate for surgery at initial evaluation and throughout a six-month observation period while continuously enrolled on OHP.

ii. Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure[3] and understands the many potential complications of the surgery (including death) and the realistic expectations of post-surgical outcomes.

~~iii. If the patient is found to no longer be an appropriate candidate for surgery for any reason listed in these criteria during the six-month observation period, a new six-month observation period will be required to precede surgery once surgical candidacy has been re-established.~~ [4]

D. Dietician evaluation: (Conducted by licensed dietician)

i. Evaluation of adequacy of prior dietary efforts to lose weight. <u>If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.</u>

ii. Counseling in dietary lifestyle changes

4<u>5</u>. Participate in additional evaluations: ~~(Conducted after completion of medically supervised weight reduction program)~~

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

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

[2] All surgical services including evaluation are to be performed at a center of excellence for bariatric surgery as recognized by Medicare.

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

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

Medical and Surgical Management of Obesity Not Meeting Criteria Specified in Other Obesity-Related Guidelines

Line 607

The Commission added this guideline to Line 607, addressing treatment of obesity not mentioned elsewhere:

Non-surgical management of obesity is included on this line for those services that do not meet the criteria found in Guideline Note 5. Bariatric surgery for the treatment of morbid obesity is included on this line for those individuals who do not meet the criteria found in Guideline Note 8.

PET Scans

Lines 125, 166, 167, 170, 182, 207, 208, 209, 221, 222, 243, 276, 278, 291, 331, 337

The Commission altered the guidelines for PET scans to clarify the intent on their use for staging and restaging and to enumerate their use for head and neck cancers. Based on expert input, the guideline was revised to read as follows:

PET Scans are indicated only for diagnosis and staging of the following cancers:

- **Solitary pulmonary nodules and non-small cell lung cancer**
- **Lymphoma**
- **Melanoma**
- **Colon**
- ~~**Testicular**~~

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

PET scan of head and neck cancer is only covered for 1) initial staging when initial MRI or CT is equivocal, 2) evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor, and 3) evaluation of suspected recurrence of head and neck cancer when CT or MRI does not demonstrate a clear cut recurrence.

For diagnosis, PET is covered only when it will avoid an invasive diagnostic procedure, or will assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

For staging, PET is covered in the following situations:

- **The stage of the cancer remains in doubt after standard diagnostic work up**

OR

- **PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient**

AND

- **Clinical management of the patient will differ depending on the stage of the cancer identified**

Restaging is covered only for cancers for which staging is covered, and for testicular cancer. For restaging, PET is covered after completion of treatment for the purpose of detecting residual disease, for detecting suspected recurrence or to determine the extent of a known recurrence. PET is not covered to monitor tumor response during the planned course of therapy. PET scans are NOT indicated for routine follow-up of cancer treatment or routine surveillance in asymptomatic patients.

PET scans are also indicated for preoperative evaluation of the brain in patients who have intractable seizures and are candidates for focal surgery. PET scans are NOT indicated ~~for routine follow-up of cancer treatment, or~~ for cardiac evaluation.

Pharmacist Medication Management

Included on all lines with office visit codes

The Commission worked with a team of pharmacists to create the following new guideline, which applies to all lines with office visit codes:

Pharmacy medication management services must:

1. **Be provided by a pharmacist who has a current and unrestricted license to practice as a pharmacist in Oregon.**
2. **Be provided based on referral from a physician or licensed provider or health plan.**
3. **Have documentation provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting and must: include patient history, provider assessment and treatment plan, and follow-up instructions; be adequate so that the information provided supports the assessment and plan; and, be retained in the patient's medical record and be retrievable.**

Prevention Guidelines

Lines 3,4

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 the prevention guidelines associated with the list. See Appendix C for the changes made to the Prevention Tables over the last two years.

Preventive Dental Care

Line 104

A Dental Services Workgroup was created to review and comment on changes to the preventive dental care guideline being considered by the Commission. The following revisions were eventually adopted:

Dental cleaning and fluoride treatments are limited to once per ~~calendar year~~ 12 months for adults and twice per 12 months for children up to age 19 ~~(D0120, D0150,~~ D1110, D1120, D1203, D1204, D1206). ~~Additional provision of prophylaxis for persons with disabilities who cannot perform adequate daily oral health care, severe periodontal disease and/or rampant caries, or with disabilities who cannot perform adequate daily oral health care by report.~~ More frequent dental cleanings and/or fluoride treatments may be required for certain higher risk populations.

~~**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 (D9920).**~~

Prophylactic Treatment for Prevention of Breast Cancer in High-Risk Women

Lines 4, 197

The Commission created the following guideline (to replace the former guideline previously only appearing on Line 4) in accordance with the non-pregnancy genetic testing guidance for women with or without a personal history of breast and/or ovarian cancer.

Bilateral prophylactic breast removal is included on ~~this line in the case of high risk for breast cancer defined as being BRCA positive~~ Line 4 for women without a personal history of invasive breast cancer who are at high risk for breast cancer. Prior to surgery, women without a personal history of breast cancer must have a genetics consultation. High risk is defined as one of the following (A-D):

A. A BRCA1/BRCA2 mutation;

B. A strong family history of breast cancer, defined as one of the following (i-vii):

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

C. A history of LCIS with a family history of breast cancer; or,

D. A history of treatment with thoracic radiation between ages 10 and 30.

Contralateral prophylactic mastectomy is included on Line 4 and Line 198 for women with a personal history of breast cancer and any of the high-risk categories listed above. In addition, contralateral prophylactic mastectomy of the unaffected breast is indicated for women with invasive lobular carcinoma.

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

Selective estrogen receptor modulators (SERMs) are appropriate for use in woman at high risk for breast cancer.

Rehabilitative Therapies

Lines 12, 50, 51, 52 ,63, 73, 74, 75, 77, 79, 84 ,88, 89, 93, 94, ~~96,~~ 97, 98, 99, 100, 108, 109, 115, 116, 122, 129, 139, 141, 142, 143, 145, 146, 158, 159, 161, 165, 179, 180, 184, 185, 189, 190, 192, 194, 195, 201, 202, 208, 217, 227, 237, 239, 270, 271, 273, 274, 279, 287, 288, 292, 296, 301, 303, 306, 307, 308, 317, 334, 340, 347, 348, 362, 366,368, 372, 373, 375, 379, 381, 382, 384, 397, 403, 404, 428, 434, 436, 440, 448, 460, 480, 497, 508, 539, 551, 569, 587, 610, 627

The Commission modified the guideline covering physical therapy to clarify rehabilitation coding specification. The guideline was modified to read as follows:

> **Physical, occupational and speech therapy, and cardiac and vascular rehabilitation, are covered for diagnoses paired with the respective CPT codes, depending on medical necessity, for up to 3 months immediately following stabilization from an acute event. Thereafter, the following number of combined physical and occupational therapy visits are allowed per year, depending on medical necessity:**
>
> **• Age < 8: 24**
> **• Age 8-12: 12**
> **• Age > 12: 2**
>
> **Following 3 months of acute therapy, the following number of speech therapy visits are allowed per year, depending on medical necessity (with the exception of swallowing disorders, for which limits do not apply):**
>
> **• Age < 8: 24**
> **• Age 8-12: 12**
> **• Age > 12: 2**
>
> **An additional 6 visits of speech, and/or an additional 6 visits of physical or occupational therapy are allowed, regardless of age, whenever there is a change in status, such as surgery, botox injection, rapid growth, an acute exacerbation or for evaluation/training for an assistive communication device.**
>
> **No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit.**
>
> **<u>If the admission/encounter is for rehabilitation, a V code from category V57 should be listed as the principle/first diagnosis. The underlying diagnosis for which rehab is needed should be listed as an additional diagnosis and this diagnosis must appear in the funded region of the Prioritized List for the admission/encounter to be covered.</u>**

Sleep Apnea

Line 211

The Commission modified the sleep apnea guideline to only apply to adults.

> **Surgery for sleep apnea <u>for adults</u> is only covered after documented failure of both CPAP and an oral appliance.**

Second Solid Organ Transplants

Lines 91, 169, 253, 254, 255, 256, 279, 332, 574

The question of second solid organ transplants was brought to the Commission by the DMAP Transplant Unit. The guideline was revised so as not to be misinterpreted.

> **Second solid organ transplants <u>of the same type of organ</u> are not covered except for acute graft failure that occurs during the original hospitalization for transplantation.**

Telephone and Email Consultations

Included on all lines with office visit codes

The Commission reviewed guidelines and best practices from private health plans covering telephone and email consultations and adopted the following new guideline:

Telephone and email consultations must meet the following criteria:

1. **Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.**
2. **E-visits must be provided by a physician or licensed provider within their scope of practice.**
3. **Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.**
4. **Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.**
5. **Telephone and email consultations must meet HIPAA standards for privacy.**
6. **There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.**

Examples of reimbursable telephone and email consultations include but are not limited to:

- **A. Extended counseling when person-to-person contact would involve an unwise delay.**
- **B. Treatment of relapses that require significant investment of provider time and judgment.**
- **C. Counseling and education for patients with complex chronic conditions.**

Examples of non-reimbursable telephone and email consultations include but are not limited to:

- **A. Prescription renewal.**
- **B. Scheduling a test.**
- **C. Scheduling an appointment.**
- **D. Reporting normal test results.**
- **E. Requesting a referral.**
- **F. Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.**
- **G. Brief discussion to confirm stability of chronic problem and continuity of present management.**

Tonsillectomy

Lines 49, 83, 210, 392, 564

The Commission opted to amend the tonsillectomy guideline after an evidence review and expert testimony.

Tonsillectomy is an appropriate treatment in a case with:

1) ~~Three~~ Five documented attacks of strep tonsillitis in a year or 3 documented attacks of strep tonsillitis in each of two consecutive years where an attack is considered a positive culture/screen and where ~~10 days of continuous~~ an appropriate course of antibiotic therapy has been completed;
2) ~~Second occurrence of p~~Peritonsillar abscess requiring surgical drainage~~, or if first abscess, has to be drained under general anesthesia~~;
3) ~~Airway obstruction with presence of right ventricular hypertrophy or cor pulmonale~~ Moderate or severe obstructive sleep apnea (OSA) in children 18 and younger or mild OSA in children with daytime symptoms and/or other indications for surgery. For children 3 and younger or for children with significant comorbidities, OSA must be diagnosed by nocturnal polysomnography. For children older than 3 who are otherwise healthy, OSA must be diagnosed by either nocturnal polysomnography, use of a validated questionnaire (such as the Pediatric Sleep Questionnaire or OSA 18), or consultation with a Sleep Medicine specialist; ~~and/~~or,
4). ~~4+ tonsils, which result in obstruction of breathing, swallowing and/or speech~~ Unilateral tonsillar hypertrophy in adults or unilateral tonsillar hypertrophy in children with other symptoms suggestive of malignancy.

Urinary Incontinence

Line 469

Based on an inquiry from DMAP's Hearings Division, this guideline was modified to encompass all urinary incontinence rather than be gender specific.

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)**

Ventricular Assist Devices

Lines *90,109,279,366*

The Commission further clarified their guideline on the use of ventricular assist devices as follows after hearing expert testimony:

Ventricular assist devices are covered only in the following circumstances:

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

Ventricular assist devices are ~~only covered as a bridge to transplant,~~ not covered ~~as~~ for destination therapy.

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

Vertebroplasty

Lines 158, 497

The Commission reviewed vertebroplasty as a treatment for malignant conditions without fracture, specifically with bone cancer patients, at the request of DMAP. It was felt that use of vertebroplasty to prevent neurologic damage from a future fracture is way outside of current literature and the Commission crafted a new guideline to make clear their intentions.

Vertebroplasty is included on these lines under the following criteria:

1) **Must be performed within the first 6 weeks after fracture**
   a. **Acute nature of fracture must be documented by MRI, Xray or other modality**
2) **None of the following may be present:**
   a. **Coagulation disorder**
   b. **Underlying vertebral infection**
   c. **Severe cardiopulmonary disease**
   d. **Extensive vertebral destruction (>50% of height)**
   e. **Neurological symptoms related to spinal compression**
   f. **Lack of surgical back up for emergency decompression**
3) **Must document**
   a. **Disabling pain caused by non healing vertebral fracture**
   b. **Vertebral height is not more than 50% collapsed**
   c. **Procedure is not performed on a prophylactic basis**
   d. **Risks of open surgical approach are greater than risks of percutaneous approach**
   e. **Analgesic therapy fails to control pain or the risks of analgesic therapy outweigh the benefits**

Wireless Capsule Endoscopy

Lines 35, 61

The Commission reviewed the diagnostic tool of wireless capsule endoscopy at the request of the DMAP Medical Director. A literature review showed evidence for the use of this technology in certain circumstances and the following new guideline was created:

1) Wireless capsule endoscopy is included on these lines for diagnosis of:
- **a. Obscure GI bleeding suspected to be of small bowel origin with iron deficiency anemia or documented GI blood loss**
- **b. Suspected Crohn's disease with prior negative work up**

2) Wireless capsule endoscopy is not covered for:
- **a. Colorectal cancer screening**
- **b. Confirmation of lesions of pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)**

3) Wireless capsule endoscopy is covered only when the following conditions have been met:
- **a. Prior studies must have been performed and been non-diagnostic**
  - **i. GI bleeding: upper and lower endoscopy**
  - **ii. Suspected Crohn's disease: upper and lower endoscopy, small bowel follow through**
- **b. Radiological evidence of lack of stricture**
- **c. Only covered once during any episode of illness**
- **d. FDA approved devices must be used**
- **e. Patency capsule should not be used prior to procedure**

Statements of Intent

Comfort/Palliative Care

The following new statement of intent was developed by the Commission to replace the comfort care line/guideline on the Prioritized List (see also pages 8 and 22). The HSC has created a Palliative Care Task Force (see page 44) comprised of end-of-life care professionals who have met several times to review this statement of intent and who will forward their recommendations to the Commission in the summer of 2009.

It is the intent of the Commission that comfort/palliative care treatments for patients with an illness with <5% expected 5-year survival be a covered service. Comfort/palliative care includes the provision of services or items that give comfort to and/or relieve symptoms for such patients. There is no intent to limit comfort/palliative care services according to the expected length of life (e.g., six months) for such patients, except as specified by Oregon Administrative Rules.

It is the intent of the Commission to not cover diagnostic or curative care for the primary illness or care focused on active treatment of the primary illness which are intended to prolong life or alter disease progression for patients with <5% expected 5-year survival.

Examples of comfort/palliative care include:

1) Medication for symptom control and/or pain relief.
2) In-home, day care services, and hospice services as defined by DMAP.
3) Medical equipment (such as wheelchairs or walkers) determined to be medically appropriate for completion of basic activities of daily living.
4) Medical supplies (such as bandages and catheters) determined to be medically appropriate for management of symptomatic complications or as required for symptom control.

5) Services 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 evaluation and counseling, and prescription medications.

Examples of services which are not covered include:
1) Chemotherapy or surgical interventions with the primary intent to prolong life or alter disease progression.
2) Medical equipment or supplies which will not benefit the patient for a reasonable length of time.

Nerve Blocks

The Commission studied the indications for the use of nerve blocks and issued this new statement of intent:

> **The Health Services Commission intends that single injection and continuous nerve blocks should be covered services if they are required for successful completion of perioperative pain control for, or post-operative recovery from, a covered operative procedure when the diagnosis requiring the operative procedure is also covered. Additionally, nerve blocks are covered services for patients hospitalized with trauma, cancer, or intractable pain conditions, if the underlying condition is a covered diagnosis.**

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

Staff of the Division of Medical Assistance Programs (DMAP), working with the Commission and its staff, have developed a list of codes representing excluded services. Eventually, with the recent implementation of the new Medicaid Management Information System (MMIS) in December 2009, it is envisioned that OHP providers and contracted health plans will have web-based access to the same claims processing information used by DMAP so that service coverage will be as uniform as possible under all OHP delivery systems.

CHAPTER THREE:

SUBCOMMITTEES AND TASK FORCES

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 to focus on specific issues.

Health Outcomes Subcommittee

The Health Outcomes Subcommittee (HOSC), chaired from 2006-08 by Somnath Saha, MD, MPH, and by Lisa Dodson, MD, since May 2008, is composed of the five physician members of the Commission.[15] 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.

In essence, the HOSC has reviewed virtually every change to the list ever made. 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 HOSC 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.

Mental Health Care and Chemical Dependency Subcommittee

The Mental Health Care and Chemical Dependency (MHCD) Subcommittee[16] has provided the Commission with invaluable information and recommendations related to the prioritization of MHCD services since its creation in 1989.

In addition to making recommendations for interim modifications incorporating annual coding changes, the Subcommittee also reviews non-pairing issues involving MHCD services. During the last biennium, the MHCD Subcommittee developed a set of recommendations to the HSC for the appropriate placement of V-codes related to MHCD conditions on the Prioritized List, as well as the appropriate placement of services on the lines concerning chronic organic mental disorders and autism spectrum disorders after their recommendation of the splitting of those conditions onto two lines was adopted. The Subcommittee also reviewed such topics as psychological assessment and testing in a school-based setting, counseling for tobacco dependence, the creation of a new autism spectrum disorder guideline, and a review of the early childhood mental health disorder guidelines.

Dental Services Subcommittee

A Dental Services Workgroup was formed after the Health Services Commission wanted additional expert input to advise them on changes to the preventive dental services guideline. The first meeting of the Workgroup was held in November 2008. Its status changed to a

[15] See Appendix A for a list of the physician members on the Health Services Commission that make up the HOSC.
[16] See Appendix A for the membership list of the MHCD Subcommittee.

permanent subcommittee in December 2008 when the HSC determined that the ongoing expertise of this group would be helpful in advising them on all dental issues in the future. The Dental Services Subcommittee[17] consists of members of the oral health provider community, OHP Dental Care Organizations, and other oral health care advocates. The Subcommittee is currently charged with: 1) reviewing new HCPCS dental codes on an annual basis and making recommendations on their incorporation into the Prioritized List; and, 2) reviewing the prioritization of services on the current dental lines and their associated guidelines. In addition, the Subcommittee may offer recommendations for ICD-10-CM conversion for the dental lines on the Prioritized List in the coming years.

Palliative Care Task Force

The Palliative Care Task Force[18] was created after the Health Services Commission determined the need to revisit the Comfort Care/Palliative Care Statement of Intent (SOI). This SOI was created in 2007, replacing the funded line on the Prioritized List that included comfort care/palliative care services (and its associated guideline) and the nonfunded line that included treatments aimed at disease modification or cure for diagnoses with less than a 5% expected 5-year survival. The SOI was crafted to expressly state the intent of the Commission to provide coverage for comfort care services regardless of estimated life expectancy while maintaining the non-coverage of curative services for diagnoses with a very poor prognosis.

In order to provide a comprehensive, multi-disciplinary examination of the issues surrounding palliative and end-of-life care, the HSC created the Palliative Care Task Force, staffed by the HSC Medical Director and consisting of clincial experts in palliative care, hospice, oncology, and gerontology, as well as consumer advocates. The Task Force has drafted three separate statements of intent, including one regarding palliative care, another regarding "inappropriate care" (non-beneficial services provided near the end of life that the Commission has not historically intended to be covered under the Oregon Health Plan), and the third on the provision of services under Oregon's Death with Dignity Act. These draft SOIs are currently out for comment to the OHP Medical Directors, as well as providers and interested parties around the state, and will be forwarded to the HSC this summer.

[17] See Appendix A for the membership list of the Dental Services Subcommittee.
[18] Eric Walsh, MD, Chair; Paul Bascom, MD; Christopher Kirk, MD; Kevin Olson, MD, HSC member; Ellen Lowe; Suzanne Fournier; Dan Reese MSW; Gregory Thomas, MD; and, Nora Tobin, MD.

CHAPTER FOUR:
RECOMMENDATIONS

The Health Services Commission is pleased to offer these recommendations to the Governor and 75th Oregon Legislative Assembly:

1. Adopt the Prioritized List of Health Services for calendar years 2010-11 appearing in Appendix B;

2. Adopt the practice guidelines that have been incorporated into the aforementioned Prioritized List;

3. Use the Prioritized List to delineate services that are not as effective as others to determine the benefit packages under the Oregon Health Plan; and,

4. Continue to look at mechanisms for increasing enrollment in OHP Standard to previous levels while striving for universal coverage through broad health care reform.

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

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

DENTAL SERVICES SUBCOMMITTEE

COMMISSION STAFF

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

Somnath Saha, MD, MPH, Chair, resides in Portland. He received his Bachelor of Science degree at Stanford University. He attended medical school and trained in internal medicine at the University of California, San Francisco. Dr. Saha completed fellowship training in the Robert Wood Johnson Clinical Scholars Program at the University of Washington in Seattle, where he also obtained a Master's degree in Public Health. He currently practices as a general internist at the Portland VA Medical Center and is an Associate Professor of Medicine and Public Health & Preventive Medicine at Oregon Health & Science University. He is an active member of the Oregon Evidence-based Practice Center, where he has conducted critical reviews of studies on the clinical and cost-effectiveness of diagnostic and therapeutic technologies. He also has an interest in disparities in health care delivery. His second term expires in 2012.

Lisa Dodson, MD, of Portland, is a board-certified family physician. In addition to being the Director of the Oregon Area Health Education Centers at Oregon Health and Science University, she provides locum tenens physician service to rural communities. Her academic interests include maternity care, chronic pain management and training physicians for rural practice. Prior to returning to OHSU in 1999 she practiced for seven years in the frontier community of John Day, Oregon. She previously served two terms on the Oregon Board of Medical Examiners. Dr. Dodson attended medical school at SUNY Stony Brook, family medicine residency at OHSU and faculty development fellowship at University of Washington. Her first term expires in 2010.

K. Dean Gubler, DO, MPH, FACS, of Portland, is a Fellow of the American College of Surgeons, board-certified in both general surgery and surgical critical care. He is Medical Director of Surgical Critical Care and Associate Medical Director of Trauma Services at Legacy Emanuel Hospital in Portland. He is a retired Captain, Flight Surgeon and Senior Medical Officer in the United States Navy. He was certified in 1998 in preventive medicine by the American Board of Preventive Medicine and received his Masters of Public Health from the University of Washington in epidemiology. Dr Gubler has clinical academic appointments at Oregon Health Sciences University, Portland, OR, Western University of Health Sciences, Pomona, CA and Touro University of Osteopathic Medicine, Vallejo, CA. He has more than 30 peer-reviewed publications and is the recipient of multiple national and international awards for advancing the quality of care for patients. His first term expires 2012.

Daniel Mangum, DO, 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 second term expired in 2007, however he served beyond his term expiration until January 2008, serving as the chair after April 2005*.

Carla McKelvey, MD, of Coos Bay, is a board-certified pediatrician. She is in private practice at North Bend Medical Center in Coos Bay. She is currently the Vice-President of the Oregon Medical Association. Previously she served as Medical Director for Doctors of the Oregon Coast South which manages the Oregon Health Plan for Coos County. Dr. McKelvey attended medical school at the University of Texas Health Science Center in San Antonio and also completed her pediatric residency there. Her first term expires in 2012.

Kevin Olson, MD, of Portland, is the Chief Medical Officer at Northwest Cancer Specialists in Tualatin. Dr. Olson received his Bachelor of Science degree at Notre Dame University and his medical degree at Oregon Health Sciences University (OHSU). He completed an internal medicine residency and fellowships in hematology/oncology and bone marrow transplantation at OHSU. He has served as the Legacy System Cancer Committee Chairman and as a member of the Oregon Health Plan Transplant Committee among his many professional activities. He is also a board member of his high school alma mater, Jesuit High School. Dr. Olson has been recognized for his efforts over the years by numerous awards including American Cancer Society Fellowship in 1986, the OHSU Daniel Whitney Memorial Fellowship Award in 1993 and a Leukemia Society of America Fellowship in 1994. His first term expires in 2009.

Bryan Sohl, MD, 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 feneral obstetrics and gynecology in Medford for eight 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 is the Director of Maternal-Fetal Medicine at Rogue Valley Medical Center. He is on faculty at OHSU in both obstetrics and gynecology and family practice. He is involved in resident teaching in Klamath Falls. His professional interests include the management of complicated pregnancies and obstetrical ultrasound. *Dr. Sohl resigned his position in May 2007.*

PUBLIC HEALTH NURSE

Leda Garside, RN, BSN, of Lake Oswego, is a bilingual, bicultural Latina registered nurse, and is the Clinical Nurse Manager for the ¡Salud! Program, an outreach program of the Tuality Healthcare Foundation in Hillsboro. Ms. Garside completed her nursing degree at the University of Alaska in Anchorage in 1983. Her 25-year nursing career includes acute care, occupational health services and, in the last 10 years, community and public health. Ms. Garside is very active in many community outreach committees, coalitions and boards. Her career interests are: cultural competencies in health care, health promotion and prevention and facilitating access to health care to all Oregonians. She strongly believes that many things can be accomplished when there is collaboration, cooperation and commitment to better serve the needs of the community, in particular the underserved and at-risk populations. Ms. Garside is a member of the National Association of Hispanic Nurses, Oregon Public Health Association, Sigma Theta Tau International Honor Society of Nursing, and the Oregon Latino Health Coalition. Her first term expires in 2009.

SOCIAL WORKER

Rodney McDowell, MSW, LCSW, from The Dalles, is a mental health clinical services manager and served on the Health Services Commission for nine months during the reporting period. *Due to circumstances beyond his control, Mr. McDowell resigned from his appointment in March 2008.*

CONSUMER ADVOCATES

Bruce Abernethy, of Bend, is the Grant Writer for the Bend-La Pine School District and has just finished an 8-year term on the Bend City Council (including a two-year stint as Mayor). He did his undergraduate work at Swarthmore College, earning a Bachelor of Arts with Honors in economics/political science. He has a Master in Public Policy from Harvard University at the John F. Kennedy School of Government. Since moving to Bend in 1992, he has served on various boards and worked for local non-profits, including the Bend-La Pine School Board, Bend Park and Recreation District Board, Bend's Community Center and the Homeless Leadership Council. In 2004, he helped found the Meth Action Coalition and he is currently serving as Co-Chair of the Substance Abuse Prevention Coalition and as Co-Chair of the Deschutes County 10-Year Plan to End Homelessness. His first term expires in 2010.

Bob Joondeph, J.D., lives in Portland. He is an attorney and the Executive Director of Disability Rights Oregon, a nonprofit Protection and Advocacy program that provides legal assistance to Oregonians with disabilities. Bob has worked at Disability Rights Oregon since 1986. He came to Oregon in 1976 as a VISTA volunteer attorney, working in the Klamath County Legal Aid office. He has served on the Oregon Council on Developmental Disabilities, the Oregon Rehabilitation Committee, the Oregon Mental Health Planning and Management Advisory Council and the Oregon Health Fund Board Benefits Committee. He also works as a consultant for the Substance Abuse and Mental Health Services Administration. He received his undergraduate degree from Brown University and his law degree from Case Western Reserve University School of Law. His first term expires in 2012.

Susan McGough is hospital administrator providing interim administrative services and hospital consulting services. Ms. McGough began her healthcare career in medical technology. In 1993, she completed her Master's degree in Health Administration after 15 years in hospital laboratory management. She has served as assistant administrator or administrator for the past 10 years for community-based hospitals systems. Ms. McGough is also a Fellow with the American College of Healthcare Executives. *Ms. McGough resigned her position in October 2007.*

Kathryn Weit, of Eugene, is a policy analyst with the Oregon Council on Developmental Disabilities. Ms. Weit has worked on behalf of people with disabilities and their families for over twenty-five years, including advocating in the Oregon Legislature since 1987. She has served on numerous Boards of Directors, committees, commissions and workgroups with the Department of Human Services, Department of Education, the Oregon Legislature, and private nonprofit organizations. Ms. Weit is a former teacher who worked in inner city and low-income high schools in Boston, Northern Virginia, and Portland. She is the parent of a 30 year-old son with developmental disabilities. Ms. Weit received her undergraduate degree from the University of Wisconsin and her Master's degree from Boston University. Her first term expires in 2009.

Dan Williams, of Eugene, is a retired 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 as director on the Liberty Bank board and the Bi-Mart Corporation. Local community services include board membership for the Volunteers in Medicine Clinic and Oregon Forest Resource Institute. *His second term expired in 2007, however he served beyond his term expiration until May 2008.*

Mental Health Care and Chemical Dependency Subcommittee Members

Seth Bernstein, PhD
Gary W. Cobb
Donalda Dodson, RN, MPH, Chair
Rodney McDowell, MSW *(resigned March 2008)*
David Pollack, MD
Carole Romm, RN, MPA
Michael Reaves, MD
Kathleen Savicki, LCSW
Ann Uhler

Dental Services Subcommittee Members

Lisa Dodson, MD, Chair, HSC Member
Gary Allen, DMD
Gordon Empey, DMD, MPH
Jacob K. Felix, MD, FAAP
Beryl Fletcher
Cedric Hayden, DDS
Lynn Ironside
Kristi Jacobo
Deborah Loy
Michael Plunkett, DDS, MPH
Mike Shirtcliff, DMD

Commission Staff

DIRECTOR

Darren Coffman, MS, 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. (503-373-1616)

MEDICAL DIRECTOR

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

RESEARCH ANALYST

Brandon Repp, MS, is currently a Research Analyst for the Office of Oregon Health Policy and Research. Mr. Repp has an extensive background in data collection and analysis, as well as experience in the commercial insurance market working with health care utilization and enrollment information. (503-373-2193)

PROGRAM/ADMINISTRATIVE SPECIALIST

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

APPENDIX B:

PRIORITIZED HEALTH SERVICES

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

LINE DESCRIPTIONS FOR THE 2010-11
PRIORITIZED LIST OF HEALTH SERVICES

FREQUENTLY ASKED QUESTIONS:

A USER'S GUIDE TO THE PRIORITIZED LIST

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

1) **Does the line descriptor contain every diagnosis?** Each line has a description of both a condition and treatment. For some lines there is only one condition, but for others there may be many. The line descriptor contains the most frequent condition or a cluster of conditions represented by the ICD-9-CM codes. For example, cystic fibrosis occurs by itself on line 26, but the codes on line 216, described broadly as Zoonotic Bacterial Diseases, include plague, tularemia, anthrax, brucellosis, cat-scratch disease and other specific diseases.

2) **What do the line numbers represent?** The line numbers represent the rank order of the condition-treatment pairs assigned by the Health Services Commission. Therefore the services on line item 1 are most important to provide and line item 679 the least important in terms of the benefit to be gained by the population being served.

3) **How is the funding line established?** The 75th 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 January 1, 2010.

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

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

6) **What about preventive services?** The Oregon Health Plan encourages prevention and early intervention. Preventive services for adults (line 4) and children (line 3) are ranked high and described in detail in the prevention tables appearing in Appendix C of this report. In addition, preventive dental services are included on line 105. With only a few exceptions, primarily in the areas of mental health and chemical dependency where the Commission added services, the prevention tables represent those services determined by the U.S. Preventive Services Task Force to improve important health outcomes, with their benefits outweighing harms (Recommendations A and B).

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

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

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

10) **What are practice guidelines?** Guidelines are used to further delineate conditions where the coding system does not adequately distinguish between sub-groups that are treated differently or to indicate the most effective use of a particular treatment. See Chapter Two for further detail on new guidelines developed and existing guidelines that were modified over the last two years. The Prioritized List to be implemented on or after January 1, 2010 will be finalized this fall after incorporating all of the interim modifications that will go into effect on October 1, 2009. At that time, a full listing of the practice guidelines for 2010-11 will be posted to the Commission's website (shown below), where the current practice guidelines can be found.

11) **Where are the indexes?** Condition and treatment indexes to the list by common medical terms will also be posted to the Commission's website (shown below) once the January 1, 2010 list is finalized this fall. These terms will be cross-referenced with the corresponding ranking of that condition or treatment on the Prioritized List. Indexes to the current list (dated April 1, 2009) appear on the website now, and the revised ones will look very similar.

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

    http://www.oregon.gov/OHPPR/HSC

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

    http://www.oregon.gov/DHS/healthplan

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

http://ohpr.oregon.gov

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

LINE DESCRIPTIONS FOR THE 2010-11 PRIORITIZED LIST OF HEALTH SERVICES

Condition: PREGNANCY
Treatment: MATERNITY CARE
Line: 1

Condition: BIRTH OF INFANT
Treatment: NEWBORN CARE
Line: 2

Condition: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE
Treatment: MEDICAL THERAPY
Line: 3

Condition: PREVENTIVE SERVICES, OVER AGE OF 10
Treatment: MEDICAL THERAPY
Line: 4

Condition: ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 5

Condition: TOBACCO DEPENDENCE
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
Line: 6

Condition: REPRODUCTIVE SERVICES
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
Line: 7

Condition: OBESITY
Treatment: INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS
Line: 8

Condition: MAJOR DEPRESSION, RECURRENT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 9

Condition: TYPE I DIABETES MELLITUS
Treatment: MEDICAL THERAPY
Line: 10

Condition: ASTHMA
Treatment: MEDICAL THERAPY
Line: 11

Condition: HYPERTENSION AND HYPERTENSIVE DISEASE
Treatment: MEDICAL THERAPY
Line: 12

Condition: GALACTOSEMIA
Treatment: MEDICAL THERAPY
Line: 13

Condition: OTHER RESPIRATORY CONDITIONS OF FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 14

Condition: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS
Treatment: MEDICAL THERAPY
Line: 15

Condition: CONGENITAL HYPOTHYROIDISM
Treatment: MEDICAL THERAPY
Line: 16

Condition: PHENYLKETONURIA (PKU)
Treatment: MEDICAL THERAPY
Line: 17

Condition: CONGENITAL INFECTIOUS DISEASES
Treatment: MEDICAL THERAPY
Line: 18

Condition: CONGENITAL SYPHILIS
Treatment: MEDICAL THERAPY
Line: 19

Condition: VERY LOW BIRTH WEIGHT (UNDER 1500 GRAMS)
Treatment: MEDICAL THERAPY
Line: 20

Condition: NEONATAL MYASTHENIA GRAVIS
Treatment: MEDICAL THERAPY
Line: 21

Condition: HYDROCEPHALUS AND BENIGN INTRACRANIAL HYPERTENSION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 22

Condition: SYNDROME OF "INFANT OF A DIABETIC MOTHER" AND NEONATAL HYPOGLYCEMIA
Treatment: MEDICAL THERAPY
Line: 23

Condition: OMPHALITIS OF THE NEWBORN AND NEONATAL INFECTIVE MASTITIS
Treatment: MEDICAL THERAPY
Line: 24

Condition: LOW BIRTH WEIGHT (1500-2500 GRAMS)
Treatment: MEDICAL THERAPY
Line: 25

Condition: CYSTIC FIBROSIS
Treatment: MEDICAL THERAPY
Line: 26

Condition: SCHIZOPHRENIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 27

Condition: CONVULSIONS AND OTHER CEREBRAL IRRITABILITY IN NEWBORN
Treatment: MEDICAL THERAPY
Line: 28

Condition: CEREBRAL DEPRESSION, COMA, AND OTHER ABNORMAL CEREBRAL SIGNS OF NEWBORN
Treatment: MEDICAL THERAPY
Line: 29

Condition: VESICOURETERAL REFLUX
Treatment: MEDICAL THERAPY, REIMPLANTATION
Line: 30

Condition: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 31

Condition: BIPOLAR DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 32

Condition: TYPE II DIABETES MELLITUS
Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI ≥ 35
Line: 33

Condition: DRUG WITHDRAWAL SYNDROME IN NEWBORN
Treatment: MEDICAL THERAPY
Line: 34

Condition: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF INTESTINE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 35

Condition: EPILEPSY AND FEBRILE CONVULSIONS
Treatment: MEDICAL THERAPY
Line: 36

Condition: SEVERE BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY
Line: 37

Condition: NEONATAL THYROTOXICOSIS
Treatment: MEDICAL THERAPY
Line: 38

Condition: HEMATOLOGICAL DISORDERS OF FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 39

Condition: SPINA BIFIDA
Treatment: SURGICAL TREATMENT
Line: 40

Condition: TERMINATION OF PREGNANCY (Note: This line item is not priced as part of the list.)
Treatment: INDUCED ABORTION
Line: 41

Condition: ACQUIRED HYPOTHYROIDISM, DYSHORMONOGENIC GOITER
Treatment: MEDICAL THERAPY
Line: 42

Condition: ECTOPIC PREGNANCY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 43

Condition: PRIMARY, AND SECONDARY SYPHILIS
Treatment: MEDICAL THERAPY
Line: 44

Condition: DISORDERS RELATING TO LONG GESTATION AND HIGH BIRTHWEIGHT
Treatment: MEDICAL THERAPY
Line: 45

Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS
Treatment: MEDICAL THERAPY
Line: 46

Condition: HYPOCALCEMIA, HYPOMAGNESEMIA AND OTHER ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 47

Condition: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 48

Condition: CLEFT PALATE WITH AIRWAY OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT, ORTHODONTICS
Line: 49

Condition: COARCTATION OF THE AORTA
Treatment: SURGICAL TREATMENT
Line: 50

Condition: CORONARY ARTERY ANOMALY
Treatment: REIMPLANTATION OF CORONARY ARTERY
Line: 51

Condition: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES
Treatment: MEDICAL THERAPY, INJECTIONS
Line: 52

Condition: CHRONIC RESPIRATORY DISEASE ARISING IN THE NEONATAL PERIOD
Treatment: MEDICAL THERAPY
Line: 53

Condition: CONGENITAL HYDRONEPHROSIS
Treatment: NEPHRECTOMY/REPAIR
Line: 54

Condition: TUBERCULOSIS
Treatment: MEDICAL THERAPY
Line: 55

Condition: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES
Treatment: MEDICAL THERAPY
Line: 56

Condition: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 57

Condition: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
Line: 58

Condition: DENTAL CONDITIONS (EG. INFECTIONS)
Treatment: URGENT AND EMERGENT DENTAL SERVICES
Line: 59

Condition: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 60

Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 61

Condition: FLAIL CHEST
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 62

Condition: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 63

Condition: BRONCHIECTASIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 64

Condition: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 65

Condition: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
Treatment: MEDICAL THERAPY
Line: 66

Condition: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 67

Condition: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 68

Condition: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY
Line: 69

Condition: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 70

Condition: CANCRUM ORIS
Treatment: MEDICAL THERAPY
Line: 71

Condition: DISSEMINATED INFECTIONS WITH LOCALIZED SITES
Treatment: MEDICAL THERAPY
Line: 72

Condition: VENTRICULAR SEPTAL DEFECT
Treatment: CLOSURE
Line: 73

Condition: ACUTE BACTERIAL MENINGITIS
Treatment: MEDICAL THERAPY
Line: 74

Condition: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 75

Condition: CONGENITAL PULMONARY VALVE STENOSIS
Treatment: PULMONARY VALVE REPAIR
Line: 76

Condition: 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: 77

Condition: AGRANULOCYTOSIS
Treatment: BONE MARROW TRANSPLANTATION
Line: 78

Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 79

Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC
Treatment: MEDICAL THERAPY
Line: 80

Condition: DERMATOMYOSITIS, POLYMYOSITIS
Treatment: MEDICAL THERAPY
Line: 81

Condition: ADDISON'S DISEASE
Treatment: MEDICAL THERAPY
Line: 82

Condition: DEEP ABSCESSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 83

Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA
Treatment: LIGATION
Line: 84

Condition: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES
Treatment: LIGATION
Line: 85

Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP
Treatment: MEDICAL THERAPY
Line: 86

Condition: INJURY TO INTERNAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 87

Condition: FRACTURE OF HIP, CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 88

Condition: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 89

Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN
Treatment: REPAIR
Line: 90

Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT
Line: 91

Condition: DISORDERS OF PANCREATIC ENDOCRINE SECRETION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 92

Condition: ENDOCARDIAL CUSHION DEFECTS
Treatment: REPAIR
Line: 93

Condition: CONGENITAL PULMONARY VALVE ATRESIA
Treatment: SHUNT/REPAIR
Line: 94

Condition: CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment: RECONSTRUCTION
Line: 95

Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 96

Condition: TRANSPOSITION OF GREAT VESSELS
Treatment: REPAIR
Line: 97

Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY
Treatment: MITRAL VALVE REPAIR/REPLACEMENT
Line: 98

Condition: GUILLAIN-BARRE SYNDROME
Treatment: MEDICAL THERAPY
Line: 99

Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS,
COMPOUND/DEPRESSED FRACTURES OF SKULL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 100

Condition: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 101

Condition: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
Treatment: BONE MARROW TRANSPLANT
Line: 102

Condition: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
Line: 103

Condition: PREVENTIVE DENTAL SERVICES
Treatment: CLEANING AND FLUORIDE
Line: 104

Condition: HEREDITARY IMMUNE DEFICIENCIES
Treatment: BONE MARROW TRANSPLANT
Line: 105

Condition: DIABETIC AND OTHER RETINOPATHY
Treatment: LASER SURGERY
Line: 106

Condition: BORDERLINE PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 107

Condition: HEART FAILURE
Treatment: MEDICAL THERAPY
Line: 108

Condition: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 109

Condition: END STAGE RENAL DISEASE
Treatment: RENAL TRANSPLANT
Line: 110

Condition: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 111

Condition: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE
Treatment: MEDICAL THERAPY
Line: 112

Condition: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
Treatment: MEDICAL THERAPY
Line: 113

Condition: BOTULISM
Treatment: MEDICAL THERAPY
Line: 114

Condition: TETRALOGY OF FALLOT (TOF)
Treatment: TOTAL REPAIR TETRALOGY
Line: 115

Condition: CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE
Treatment: SURGICAL VALVE REPLACEMENT/VALVULOPLASTY
Line: 116

Condition: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS OBLITERANS
Treatment: MEDICAL THERAPY
Line: 117

Condition: FRACTURE OF RIBS AND STERNUM, OPEN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 118

Condition: SUBACUTE MENINGITIS (EG. TUBERCULOSIS, CRYPTOCOCCOSIS)
Treatment: MEDICAL THERAPY
Line: 119

Condition: PNEUMOCYSTIS CARINII PNEUMONIA
Treatment: MEDICAL THERAPY
Line: 120

Condition: COAGULATION DEFECTS
Treatment: MEDICAL THERAPY
Line: 121

Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART
Treatment: MEDICAL THERAPY
Line: 122

Condition: CANCER OF TESTIS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 123

Condition: CANCER OF EYE AND ORBIT, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
Line: 124

Condition: HODGKIN'S DISEASE
Treatment: BONE MARROW TRANSPLANT
Line: 125

Condition: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS AND ESOPHAGUS
Treatment: REMOVAL OF FOREIGN BODY
Line: 126

Condition: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES
Treatment: MEDICAL THERAPY
Line: 127

Condition: PERNICIOUS AND SIDEROBLASTIC ANEMIA
Treatment: MEDICAL THERAPY
Line: 128

Condition: ATRIAL SEPTAL DEFECT, SECUNDUM
Treatment: REPAIR SEPTAL DEFECT
Line: 129

Condition: AMEBIASIS
Treatment: MEDICAL THERAPY
Line: 130

Condition: OTHER SPECIFIED APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 131

Condition: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE
Treatment: MEDICAL THERAPY
Line: 132

Condition: ATTENTION DEFICIT DISORDERS WITH HYPERACTIVITY OR UNDIFFERENTIATED
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 133

Condition: PYODERMA; MODERATE/SEVERE PSORIASIS
Treatment: MEDICAL THERAPY
Line: 134

Condition: MALARIA AND RELAPSING FEVER
Treatment: MEDICAL THERAPY
Line: 135

Condition: THYROTOXICOSIS WITH OR WITHOUT GOITER, ENDOCRINE EXOPHTHALMOS; CHRONIC THYROIDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT, INCLUDING RADIATION THERAPY
Line: 136

Condition: BENIGN NEOPLASM OF THE BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
Line: 137

Condition: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 138

Condition: COMMON TRUNCUS
Treatment: TOTAL REPAIR/REPLANT ARTERY
Line: 139

Condition: WEGENER'S GRANULOMATOSIS
Treatment: MEDICAL THERAPY AND RADIATION THERAPY
Line: 140

Condition: TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
Treatment: COMPLETE REPAIR
Line: 141

Condition: CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 142

Condition: OPEN FRACTURE/DISLOCATION OF EXTREMITIES
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 143

Condition: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 144

Condition: INTERRUPTED AORTIC ARCH
Treatment: TRANSVERSE ARCH GRAFT
Line: 145

Condition: TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 146

Condition: OPPORTUNISTIC INFECTIONS IN IMMUNOCOMPROMISED HOSTS; CANDIDIASIS OF STOMA; PERSONS RECEIVING CONTINUOUS ANTIBIOTIC THERAPY
Treatment: MEDICAL THERAPY
Line: 147

Condition: EBSTEIN'S ANOMALY
Treatment: REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT
Line: 148

Condition: GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 149

Condition: MYASTHENIA GRAVIS
Treatment: MEDICAL THERAPY, THYMECTOMY
Line: 150

Condition: SYSTEMIC LUPUS ERYTHEMATOSUS, OTHER DIFFUSE DISEASES OF CONNECTIVE TISSUE
Treatment: MEDICAL THERAPY
Line: 151

Condition: CONDITIONS INVOLVING THE TEMPERATURE REGULATION OF NEWBORNS
Treatment: MEDICAL THERAPY
Line: 152

Condition: PNEUMOTHORAX AND HEMOTHORAX
Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY
Line: 153

Condition: HYPOTHERMIA
Treatment: MEDICAL THERAPY, EXTRACORPOREAL CIRCULATION
Line: 154

Condition: ANEMIA OF PREMATURITY OR TRANSIENT NEONATAL NEUTROPENIA
Treatment: MEDICAL THERAPY
Line: 155

Condition: ENTERIC INFECTIONS AND OTHER BACTERIAL FOOD POISONING
Treatment: MEDICAL THERAPY
Line: 156

Condition: ACQUIRED HEMOLYTIC ANEMIAS
Treatment: MEDICAL THERAPY
Line: 157

Condition: 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
Line: 158

Condition: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 159

Condition: DISORDERS OF MINERAL METABOLISM, OTHER THAN CALCIUM
Treatment: MEDICAL THERAPY
Line: 160

Condition: PYOGENIC ARTHRITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 161

Condition: BENIGN NEOPLASM OF PITUITARY GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
Line: 162

Condition: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT
Line: 163

Condition: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND OPHTHALMOLOGICAL COMPLICATIONS
Treatment: MEDICAL THERAPY
Line: 164

Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 165

Condition: HODGKIN'S DISEASE
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 166

Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 167

Condition: CHRONIC GRANULOMATOUS DISEASE
Treatment: MEDICAL THERAPY
Line: 168

Condition: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT
Line: 169

Condition: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT
Line: 170

Condition: LEUKOPLAKIA AND CARCINOMA IN SITU OF ORAL MUCOSA, INCLUDING TONGUE
Treatment: INCISION/EXCISION, MEDICAL THERAPY
Line: 171

Condition: PREVENTIVE FOOT CARE IN HIGH-RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
Line: 172

Condition: ANAL, RECTAL AND COLONIC POLYPS
Treatment: EXCISION OF POLYP
Line: 173

Condition: GONOCOCCAL AND CHLAMYDIAL INFECTIONS OF THE EYE
Treatment: MEDICAL THERAPY
Line: 174

Condition: COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE 18; PERSISTENT HYDROCELE
Treatment: REPAIR
Line: 175

Condition: NON-DIABETIC HYPOGLYCEMIC COMA
Treatment: MEDICAL THERAPY
Line: 176

Condition: RUPTURED SPLEEN
Treatment: REPAIR/SPLENECTOMY/INCISION
Line: 177

Condition: ACUTE MASTOIDITIS
Treatment: MASTOIDECTOMY, MEDICAL THERAPY
Line: 178

Condition: HYPERTENSIVE HEART AND RENAL DISEASE
Treatment: MEDICAL THERAPY
Line: 179

Condition: POSTTRAUMATIC STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 180

Condition: ACUTE NON-LYMPHOCYTIC LEUKEMIAS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 181

Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
Treatment: SINGLE FOCAL SURGERY
Line: 182

Condition: POLYARTERITIS NODOSA AND ALLIED CONDITIONS
Treatment: MEDICAL THERAPY
Line: 183

Condition: COMMON VENTRICLE
Treatment: TOTAL REPAIR
Line: 184

Condition: INTRACEREBRAL HEMORRHAGE
Treatment: MEDICAL THERAPY
Line: 185

Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 186

Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING STRIKE, HEATSTROKE)
Treatment: MEDICAL THERAPY, BURN TREATMENT
Line: 187

Condition: SEPTICEMIA
Treatment: MEDICAL THERAPY
Line: 188

Condition: FRACTURE OF PELVIS, OPEN AND CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 189

Condition: ACUTE OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 190

Condition: DIVERTICULITIS OF COLON
Treatment: COLON RESECTION, MEDICAL THERAPY
Line: 191

Condition: MULTIPLE VALVULAR DISEASE
Treatment: SURGICAL TREATMENT
Line: 192

Condition: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION
Treatment: MEDICAL THERAPY/ADRENALECTOMY
Line: 193

Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS
Treatment: REPAIR
Line: 194

Condition: CHRONIC ISCHEMIC HEART DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 195

Condition: NEOPLASMS OF ISLETS OF LANGERHANS
Treatment: EXCISION OF TUMOR
Line: 196

Condition: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION
Line: 197

Condition: MULTIPLE MYELOMA
Treatment: BONE MARROW TRANSPLANT
Line: 198

Condition: HEREDITARY ANEMIAS, HEMOGLOBINOPATHIES, AND DISORDERS OF THE SPLEEN
Treatment: MEDICAL THERAPY
Line: 199

Condition: ACUTE PANCREATITIS
Treatment: MEDICAL THERAPY
Line: 200

Condition: SUBARACHNOID AND INTRACEREBRAL HEMORRHAGE/HEMATOMA; COMPRESSION OF BRAIN
Treatment: BURR HOLES, CRANIECTOMY/CRANIOTOMY
Line: 201

Condition: BURN, PARTIAL THICKNESS WITHOUT VITAL SITE, 10-30% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 202

Condition: TETANUS NEONATORUM
Treatment: MEDICAL THERAPY
Line: 203

Condition: CONGENITAL CYSTIC LUNG - MILD AND MODERATE
Treatment: LUNG RESECTION, MEDICAL THERAPY
Line: 204

Condition: CHRONIC HEPATITIS; VIRAL HEPATITIS
Treatment: MEDICAL THERAPY
Line: 205

Condition: CONSTITUTIONAL APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 206

Condition: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 207

Condition: CANCER OF BONES, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 208

Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
Line: 209

Condition: AUTISM SPECTRUM DISORDERS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
Line: 210

Condition: SLEEP APNEA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 211

Condition: ERYSIPELAS
Treatment: MEDICAL THERAPY
Line: 212

Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 213

Condition: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA, BRONCHOPNEUMONIA
Treatment: MEDICAL THERAPY
Line: 214

Condition: SUPERFICIAL ABSCESSES AND CELLULITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 215

Condition: ZOONOTIC BACTERIAL DISEASES
Treatment: MEDICAL THERAPY
Line: 216

Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 217

Condition: CHOANAL ATRESIA
Treatment: REPAIR OF CHOANAL ATRESIA
Line: 218

Condition: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 219

Condition: RUPTURE OF LIVER
Treatment: SUTURE/REPAIR
Line: 220

Condition: CANCER OF THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 221

Condition: NON-HODGKIN'S LYMPHOMAS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 222

Condition: PATHOLOGICAL GAMBLING (Note: This line is not priced as part of the list as funding comes from non-OHP sources.)
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 223

Condition: BULLOUS DERMATOSES OF THE SKIN
Treatment: MEDICAL THERAPY
Line: 224

Condition: ESOPHAGEAL VARICES
Treatment: MEDICAL THERAPY/SHUNT/SCLEROTHERAPY
Line: 225

Condition: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM
Treatment: MEDICAL THERAPY
Line: 226

Condition: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 227

Condition: CANDIDIASIS OF LUNG, DISSEMINATED CANDIDIASIS, CANDIDAL ENDOCARDITIS AND MENINGITIS
Treatment: MEDICAL THERAPY
Line: 228

Condition: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 229

Condition: CANCER OF STOMACH, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 230

Condition: PORTAL VEIN THROMBOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 231

Condition: TESTICULAR CANCER
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 232

Condition: PULMONARY FIBROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 233

Condition: OCCUPATIONAL LUNG DISEASES
Treatment: MEDICAL THERAPY
Line: 234

Condition: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX
Treatment: MEDICAL THERAPY
Line: 235

Condition: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE
Treatment: MEDICAL THERAPY, DIALYSIS
Line: 236

Condition: DISEASES AND DISORDERS OF AORTIC VALVE
Treatment: AORTIC VALVE REPLACEMENT, VALVULOPLASTY, MEDICAL THERAPY
Line: 237

Condition: DISORDERS OF PARATHYROID GLAND; BENIGN NEOPLASM OF PARATHYROID GLAND; DISORDERS OF CALCIUM METABOLISM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 238

Condition: ACUTE INFLAMMATION OF THE HEART DUE TO RHEUMATIC FEVER
Treatment: MEDICAL THERAPY
Line: 239

Condition: RUPTURED VISCUS
Treatment: REPAIR
Line: 240

Condition: INTESTINAL MALABSORPTION
Treatment: MEDICAL THERAPY
Line: 241

Condition: FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES
Treatment: SURGICAL TREATMENT
Line: 242

Condition: MALIGNANT MELANOMA OF SKIN, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 243

Condition: LEPTOSPIROSIS
Treatment: MEDICAL THERAPY
Line: 244

Condition: URINARY FISTULA
Treatment: SURGICAL TREATMENT
Line: 245

Condition: UNSPECIFIED DISEASES DUE TO MYCOBACTERIA, ACTINOMYCOTIC INFECTIONS, AND TOXOPLASMOSIS
Treatment: MEDICAL THERAPY
Line: 246

Condition: HYPOPLASTIC LEFT HEART SYNDROME
Treatment: REPAIR
Line: 247

Condition: ADULT RESPIRATORY DISTRESS SYNDROME; ACUTE RESPIRATORY FAILURE; RESPIRATORY CONDITIONS DUE TO PHYSICAL AND CHEMICAL AGENTS
Treatment: MEDICAL THERAPY
Line: 248

Condition: ACUTE LYMPHOCYTIC LEUKEMIAS (ADULT) AND MULTIPLE MYELOMA
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 249

Condition: PERIPHERAL VASCULAR DISEASE, LIMB THREATENING INFECTIONS, AND VASCULAR COMPLICATIONS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 250

Condition: TETANUS
Treatment: MEDICAL THERAPY
Line: 251

Condition: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 252

Condition: SHORT BOWEL SYNDROME - AGE 5 OR UNDER
Treatment: INTESTINE AND INTESTINE/LIVER TRANSPLANT
Line: 253

Condition: DEFICIENCIES OF CIRCULATING ENZYMES (ALPHA 1-ANTITRYPSIN DEFICIENCY); CYSTIC FIBROSIS; EMPHYSEMA
Treatment: HEART-LUNG AND LUNG TRANSPLANT
Line: 254

Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (EG. MAPLE SYRUP URINE DISEASE, TYROSINEMIA)
Treatment: LIVER TRANSPLANT
Line: 255

Condition: RESPIRATORY FAILURE DUE TO PRIMARY PULMONARY HYPERTENSION, PRIMARY PULMONARY FIBROSIS, LYMPHANGIOLEIOMYOMATOSIS, EISENMENGER’S DISEASE
Treatment: HEART-LUNG AND LUNG TRANSPLANTS
Line: 256

Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU
Treatment: DESTRUCT/EXCISION/MEDICAL THERAPY
Line: 257

Condition: PRIMARY ANGLE-CLOSURE GLAUCOMA
Treatment: IRIDECTOMY, LASER SURGERY
Line: 258

Condition: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA
Treatment: CONJUNCTIVAL FLAP; MEDICAL THERAPY
Line: 259

Condition: TORSION OF OVARY
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
Line: 260

Condition: TORSION OF TESTIS
Treatment: ORCHIECTOMY, REPAIR
Line: 261

Condition: LIFE-THREATENING EPISTAXIS
Treatment: SEPTOPLASTY/REPAIR/CONTROL HEMORRHAGE
Line: 262

Condition: RETAINED INTRAOCULAR FOREIGN BODY, MAGNETIC AND NONMAGNETIC
Treatment: FOREIGN BODY REMOVAL
Line: 263

Condition: GLYCOGENOSIS
Treatment: MEDICAL THERAPY
Line: 264

Condition: METABOLIC BONE DISEASE
Treatment: MEDICAL THERAPY
Line: 265

Condition: PARKINSON’S DISEASE
Treatment: MEDICAL THERAPY
Line: 266

Condition: CHRONIC PANCREATITIS
Treatment: MEDICAL THERAPY
Line: 267

Condition: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
Treatment: MEDICAL THERAPY
Line: 268

Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION)
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 269

Condition: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC AORTA
Treatment: SURGICAL TREATMENT
Line: 270

Condition: CHRONIC OSTEOMYELITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 271

Condition: MULTIPLE ENDOCRINE NEOPLASIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 272

Condition: DEFORMITIES OF HEAD
Treatment: CRANIOTOMY/CRANIECTOMY
Line: 273

Condition: DISEASES OF MITRAL AND TRICUSPID VALVES
Treatment: VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY
Line: 274

Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 275

Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL; CARCINOID SYNDROME
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 276

Condition: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 277

Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 278

Condition: CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, TRANSPOSITION OF GREAT VESSELS, HYPOPLASTIC LEFT HEART SYNDROME
Treatment: CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT
Line: 279

Condition: CHRONIC NON-LYMPHOCYTIC LEUKEMIA
Treatment: BONE MARROW TRANSPLANT
Line: 280

Condition: TRACHOMA
Treatment: MEDICAL THERAPY
Line: 281

Condition: ACUTE, SUBACUTE, CHRONIC AND OTHER TYPES OF IRIDOCYCLITIS
Treatment: MEDICAL THERAPY
Line: 282

Condition: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES
Treatment: MEDICAL THERAPY
Line: 283

Condition: DIABETES INSIPIDUS
Treatment: MEDICAL THERAPY
Line: 284

Condition: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
Treatment: ENUCLEATION
Line: 285

Condition: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 286

Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 287

Condition: ACUTE POLIOMYELITIS
Treatment: MEDICAL THERAPY
Line: 288

Condition: LEPROSY, YAWS, PINTA
Treatment: MEDICAL THERAPY
Line: 289

Condition: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY
Line: 290

Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 291

Condition: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY
Treatment: REPAIR
Line: 292

Condition: RUPTURE OF BLADDER, NONTRAUMATIC
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 293

Condition: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 294

Condition: HYDROPS FETALIS
Treatment: MEDICAL THERAPY
Line: 295

Condition: DEFORMITY/CLOSED DISLOCATION OF JOINT
Treatment: SURGICAL TREATMENT
Line: 296

Condition: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER
Treatment: COCHLEAR IMPLANT
Line: 297

Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS
Treatment: RETINAL REPAIR, VITRECTOMY
Line: 298

Condition: ARTHROPOD-BORNE VIRAL DISEASES
Treatment: MEDICAL THERAPY
Line: 299

Condition: HYPOPLASIA AND DYSPLASIA OF LUNG
Treatment: MEDICAL THERAPY
Line: 300

Condition: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS
Treatment: MEDICAL THERAPY
Line: 301

Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment: THROMBECTOMY/LIGATION
Line: 302

Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 303

Condition: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 304

Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE
Treatment: MEDICAL THERAPY
Line: 305

Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment: SURGICAL TREATMENT
Line: 306

Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 307

Condition: RUPTURE OF PAPILLARY MUSCLE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 308

Condition: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
Line: 309

Condition: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 310

Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 311

Condition: CONSTITUTIONAL APLASTIC ANEMIA
Treatment: MEDICAL THERAPY
Line: 312

Condition: OSTEOPETROSIS
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 313

Condition: CRUSH INJURIES OF DIGITS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 314

Condition: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 315

Condition: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE
Treatment: MEDICAL THERAPY
Line: 316

Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)
Line: 317

Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 318

Condition: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 319

Condition: CATARACT, EXCLUDING CONGENITAL
Treatment: EXTRACTION OF CATARACT
Line: 320

Condition: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE
Line: 321

Condition: FISTULA INVOLVING FEMALE GENITAL TRACT
Treatment: CLOSURE OF FISTULA
Line: 322

Condition: VITREOUS DISORDERS
Treatment: VITRECTOMY
Line: 323

Condition: CLEFT PALATE AND/OR CLEFT LIP
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
Line: 324

Condition: GOUT AND CRYSTAL ARTHROPATHIES
Treatment: MEDICAL THERAPY
Line: 325

Condition: PERTUSSIS AND DIPTHERIA
Treatment: MEDICAL THERAPY
Line: 326

Condition: THROMBOCYTOPENIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 327

Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU)
Treatment: MEDICAL THERAPY
Line: 328

Condition: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
Line: 329

Condition: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 330

Condition: PARALYTIC ILEUS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 331

Condition: CIRRHOSIS OF LIVER OR BILIARY TRACT; BUDD-CHIARI SYNDROME; HEPATIC VEIN THROMBOSIS; INTRAHEPATIC VASCULAR MALFORMATIONS; CAROLI'S DISEASE
Treatment: LIVER TRANSPLANT, LIVER-KIDNEY TRANSPLANT
Line: 332

Condition: CHRONIC INFLAMMATORY DISORDER OF ORBIT
Treatment: MEDICAL THERAPY
Line: 333

Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA
Treatment: SURGICAL TREATMENT
Line: 334

Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
Line: 335

Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM
Treatment: MEDICAL THERAPY
Line: 336

Condition: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 337

Condition: CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 338

Condition: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 339

Condition: STROKE
Treatment: MEDICAL THERAPY
Line: 340

Condition: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA
Treatment: MEDICAL THERAPY
Line: 341

Condition: PURULENT ENDOPHTHALMITIS
Treatment: VITRECTOMY
Line: 342

Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY
Line: 343

Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT
Line: 344

Condition: SIALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 345

Condition: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS
Treatment: MEDICAL THERAPY
Line: 346

Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE
Treatment: SURGICAL TREATMENT
Line: 347

Condition: ARTERIAL ANEURYSM OF NECK
Treatment: REPAIR
Line: 348

Condition: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 349

Condition: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 350

Condition: VESICULAR FISTULA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 351

Condition: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER MYCOSES
Treatment: MEDICAL THERAPY
Line: 352

Condition: DISSEMINATED INTRAVASCULAR COAGULATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 353

Condition: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 354

Condition: SYSTEMIC SCLEROSIS
Treatment: MEDICAL THERAPY
Line: 355

Condition: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
Line: 356

Condition: DENTAL CONDITIONS (EG. DENTAL CARIES, FRACTURED TOOTH)
Treatment: BASIC RESTORATIVE
Line: 357

Condition: BENIGN CEREBRAL CYSTS
Treatment: DRAINAGE
Line: 358

Condition: ALCOHOLIC FATTY LIVER OR ALCOHOLIC HEPATITIS, CIRRHOSIS OF LIVER
Treatment: MEDICAL THERAPY
Line: 359

Condition: SCLERITIS
Treatment: MEDICAL THERAPY
Line: 360

Condition: RUBEOSIS IRIDIS
Treatment: LASER SURGERY
Line: 361

Condition: DISEASES OF ENDOCARDIUM
Treatment: MEDICAL THERAPY
Line: 362

Condition: WOUND OF EYE GLOBE
Treatment: SURGICAL REPAIR
Line: 363

Condition: ACUTE NECROSIS OF LIVER
Treatment: MEDICAL THERAPY
Line: 364

Condition: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 365

Condition: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 366

Condition: HEREDITARY HEMORRHAGIC TELANGIECTASIA
Treatment: EXCISION
Line: 367

Condition: RHEUMATIC FEVER
Treatment: MEDICAL THERAPY
Line: 368

Condition: HEREDITARY FRUCTOSE INTOLERANCE, INTESTINAL DISACCHARIDASE AND OTHER DEFICIENCIES
Treatment: MEDICAL THERAPY
Line: 369

Condition: ACROMEGALY AND GIGANTISM, OTHER AND UNSPECIFIED ANTERIOR PITUITARY HYPERFUNCTION, BENIGN NEOPLASM OF THYROID GLAND AND OTHER ENDOCRINE GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY
Line: 370

Condition: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
Line: 371

Condition: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL THERAPY
Line: 372

Condition: CARDIAC ARRHYTHMIAS
Treatment: MEDICAL THERAPY, PACEMAKER
Line: 373

Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY
Line: 374

Condition: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 375

Condition: URINARY SYSTEM CALCULUS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 376

Condition: CONGENITAL ABSENCE OF VAGINA
Treatment: ARTIFICIAL VAGINA
Line: 377

Condition: PENETRATING WOUND OF ORBIT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 378

Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)
Treatment: OPEN OR CLOSED REDUCTION
Line: 379

Condition: HEARING LOSS – AGE 5 OR UNDER
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
Line: 380

Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE
Treatment: ARTHROPLASTY/RECONSTRUCTION
Line: 381

Condition: ANEURYSM OF PULMONARY ARTERY
Treatment: SURGICAL TREATMENT
Line: 382

Condition: BODY INFESTATIONS (EG. LICE, SCABIES)
Treatment: MEDICAL THERAPY
Line: 383

Condition: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES
Treatment: MEDICAL THERAPY
Line: 384

Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS
Treatment: MEDICAL THERAPY
Line: 385

Condition: CYST AND PSEUDOCYST OF PANCREAS
Treatment: DRAINAGE OF PANCREATIC CYST
Line: 386

Condition: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 387

Condition: ACUTE SINUSITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 388

Condition: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT
Line: 389

Condition: ENTROPION
Treatment: REPAIR
Line: 390

Condition: SPONTANEOUS ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 391

Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL; UNILATERAL HYPERTROPHY OF TONSIL
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY
Line: 392

Condition: GIARDIASIS, INTESTINAL HELMINTHIASIS
Treatment: MEDICAL THERAPY
Line: 393

Condition: AMBLYOPIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 394

Condition: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT
Line: 395

Condition: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN
Line: 396

Condition: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 397

Condition: ENCEPHALOCELE
Treatment: SURGICAL TREATMENT
Line: 398

Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
Line: 399

Condition: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM
Treatment: SURGICAL TREATMENT
Line: 400

Condition: RETINAL TEAR
Treatment: LASER PROPHYLAXIS
Line: 401

Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 402

Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE, GRADE II AND III
Treatment: REPAIR
Line: 403

Condition: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)
Line: 404

Condition: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS
Treatment: MEDICAL THERAPY
Line: 405

Condition: ESOPHAGEAL STRICTURE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 406

Condition: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 407

Condition: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS
Treatment: SURGICAL TREATMENT
Line: 408

Condition: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 409

Condition: SUPERFICIAL INJURIES WITH INFECTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 410

Condition: PITUITARY DWARFISM
Treatment: MEDICAL THERAPY
Line: 411

Condition: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 412

Condition: ACUTE OTITIS MEDIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 413

Condition: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 414

Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY
Line: 415

Condition: ACHALASIA, NON-NEONATAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 416

Condition: ENDOMETRIOSIS AND ADENOMYOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 417

Condition: ESOPHAGITIS
Treatment: MEDICAL THERAPY
Line: 418

Condition: ANOGENITAL VIRAL WARTS
Treatment: MEDICAL THERAPY
Line: 419

Condition: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 420

Condition: LYMPHADENITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 421

Condition: UTERINE LEIOMYOMA
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY
Line: 422

Condition: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: INTRAOCULAR LENS
Line: 423

Condition: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING
Treatment: RECONSTRUCT OF EAR CANAL
Line: 424

Condition: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 425

Condition: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY
Line: 426

Condition: DELIRIUM DUE TO MEDICAL CAUSES
Treatment: MEDICAL THERAPY
Line: 427

Condition: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 428

Condition: MIGRAINE HEADACHES
Treatment: MEDICAL THERAPY
Line: 429

Condition: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 430

Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 431

Condition: SICCA SYNDROME; POLYMYALGIA RHEUMATICA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 432

Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY
Line: 433

Condition: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 434

Condition: MENIERE'S DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 435

Condition: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 3 THROUGH 6
Treatment: REPAIR/RECONSTRUCTION, MEDICAL THERAPY
Line: 436

Condition: INCONTINENCE OF FECES
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 437

Condition: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 438

Condition: SARCOIDOSIS
Treatment: MEDICAL THERAPY
Line: 439

Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 440

Condition: MENSTRUAL BLEEDING DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 441

Condition: ADRENOGENITAL DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 442

Condition: NON-MALIGNANT OTITIS EXTERNA
Treatment: MEDICAL THERAPY
Line: 443

Condition: VAGINITIS, TRICHOMONIASIS
Treatment: MEDICAL THERAPY
Line: 444

Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS; CONGENITAL ANOMALIES OF EYE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 445

Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; STREAK OVARIES
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 446

Condition: URETHRAL FISTULA
Treatment: EXCISION, MEDICAL THERAPY
Line: 447

Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II AND III
Treatment: REPAIR, MEDICAL THERAPY
Line: 448

Condition: OPEN WOUND OF EAR DRUM
Treatment: TYMPANOPLASTY
Line: 449

Condition: CHRONIC DEPRESSION (DYSTHYMIA)
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 450

Condition: HYPOSPADIAS AND EPISPADIAS
Treatment: REPAIR
Line: 451

Condition: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 452

Condition: DYSTROPHY OF VULVA
Treatment: MEDICAL THERAPY
Line: 453

Condition: RECURRENT EROSION OF THE CORNEA
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION
Line: 454

Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
Line: 455

Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 456

Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL
Line: 457

Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION
Treatment: LASER SURGERY
Line: 458

Condition: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
Line: 459

Condition: MALUNION AND NONUNION OF FRACTURE
Treatment: SURGICAL TREATMENT
Line: 460

Condition: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 461

Condition: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS
Line: 462

Condition: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 463

Condition: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 464

Condition: DEGENERATION OF MACULA AND POSTERIOR POLE
Treatment: VITRECTOMY, LASER SURGERY
Line: 465

Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 466

Condition: DISORDERS OF REFRACTION AND ACCOMMODATION
Treatment: MEDICAL THERAPY
Line: 467

Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT
Treatment: SURGICAL TREATMENT
Line: 468

Condition: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 469

Condition: DISORDERS OF PLASMA PROTEIN METABOLISM
Treatment: MEDICAL THERAPY
Line: 470

Condition: FACTITIOUS DISORDERS
Treatment: CONSULTATION
Line: 471

Condition: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION
Treatment: MEDICAL THERAPY
Line: 472

Condition: DENTAL CONDITIONS (EG. TOOTH LOSS)
Treatment: SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE
Line: 473

Condition: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 474

Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS
Treatment: MEDICAL THERAPY
Line: 475

Condition: CENTRAL PTERYGIUM
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY
Line: 476

Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX
Treatment: EXCISION, MEDICAL THERAPY
Line: 477

Condition: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 478

Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 479

Condition: OSTEOARTHRITIS AND ALLIED DISORDERS
Treatment: MEDICAL THERAPY, INJECTIONS
Line: 480

Condition: ATELECTASIS (COLLAPSE OF LUNG)
Treatment: MEDICAL THERAPY
Line: 481

Condition: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE
Treatment: COCHLEAR IMPLANT
Line: 482

Condition: BRACHIAL PLEXUS LESIONS
Treatment: MEDICAL THERAPY
Line: 483

Condition: UTERINE PROLAPSE; CYSTOCELE
Treatment: SURGICAL REPAIR
Line: 484

Condition: OVARIAN DYSFUNCTION, GONADAL DYSGENISIS, MENOPAUSAL MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY
Line: 485

Condition: FUNCTIONAL ENCOPRESIS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 486

Condition: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR
Line: 487

Condition: CHRONIC SINUSITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 488

Condition: KERATOCONJUNCTIVITS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 489

Condition: SELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 490

Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, INCISION
Line: 491

Condition: CHRONIC OTITIS MEDIA
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY
Line: 492

Condition: RECTAL PROLAPSE
Treatment: PARTIAL COLECTOMY
Line: 493

Condition: OTOSCLEROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 494

Condition: FOREIGN BODY IN EAR AND NOSE
Treatment: REMOVAL OF FOREIGN BODY
Line: 495

Condition: CHRONIC ANAL FISSURE; ANAL FISTULA
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY
Line: 496

Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 497

Condition: DENTAL CONDITIONS (EG. SEVERE TOOTH DECAY)
Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, AND REMOVABLE PROSTHODONTICS
Line: 498

Condition: CONDUCT DISORDER, AGE 18 OR UNDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 499

Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 500

Condition: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 501

Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 502

Equivalent to Funding Level of 1/1/08

Condition: LICHEN PLANUS
Treatment: MEDICAL THERAPY
Line: 503

Condition: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)
Treatment: PERIODONTICS AND COMPLEX PROSTHETICS
Line: 504

Condition: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST
Line: 505

Condition: ENOPHTHALMOS
Treatment: ORBITAL IMPLANT
Line: 506

Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment: TARSORRHAPHY
Line: 507

Condition: PERIPHERAL ENTHESOPATHIES
Treatment: MEDICAL THERAPY
Line: 508

Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 509

Condition: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 510

Condition: FRACTURES OF RIBS AND STERNUM, CLOSED
Treatment: MEDICAL THERAPY
Line: 511

Condition: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY
Line: 512

Condition: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 513

Condition: HEPATORENAL SYNDROME
Treatment: MEDICAL THERAPY
Line: 514

Condition: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID
Treatment: ECTROPION REPAIR
Line: 515

Condition: PHIMOSIS
Treatment: SURGICAL TREATMENT
Line: 516

Condition: CERUMEN IMPACTION
Treatment: REMOVAL OF EAR WAX
Line: 517

Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 518

Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS
Treatment: MEDICAL THERAPY
Line: 519

Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY
Treatment: MEDICAL THERAPY
Line: 520

Condition: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS
Treatment: MEDICAL THERAPY
Line: 521

Condition: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
Line: 522

Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 523

Condition: CIRCUMSCRIBED SCLERODERMA
Treatment: MEDICAL THERAPY
Line: 524

Condition: PERIPHERAL NERVE DISORDERS
Treatment: MEDICAL THERAPY
Line: 525

Condition: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 526

Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 527

Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 528

Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 529

Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 530

Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
Treatment: MEDICAL THERAPY
Line: 531

Condition: DISORDERS OF SWEAT GLANDS
Treatment: MEDICAL THERAPY
Line: 532

Condition: SEXUAL DYSFUNCTION
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
Line: 533

Condition: PARALYSIS OF VOCAL CORDS OR LARYNX
Treatment: INCISION/EXCISION/ENDOSCOPY
Line: 534

Condition: DELUSIONAL DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 535

Condition: CYSTIC ACNE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 536

Condition: UNCOMPLICATED HERNIA
Treatment: REPAIR
Line: 537

Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION
Line: 538

Condition: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
Line: 539

Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY
Line: 540

Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 541

Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS
Treatment: MEDICAL THERAPY
Line: 542

Condition: PELVIC PAIN SYNDROME, DYSPAREUNIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 543

Condition: ATOPIC DERMATITIS
Treatment: MEDICAL THERAPY
Line: 544

Condition: CONTACT DERMATITIS AND OTHER ECZEMA
Treatment: MEDICAL THERAPY
Line: 545

Condition: HYPOTENSION
Treatment: MEDICAL THERAPY
Line: 546

Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS
Treatment: MEDICAL THERAPY
Line: 547

Condition: PERIPHERAL NERVE DISORDERS
Treatment: SURGICAL TREATMENT
Line: 548

Condition: ICHTHYOSIS
Treatment: MEDICAL THERAPY
Line: 549

Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS
Treatment: MEDICAL THERAPY, EXCISION
Line: 550

Condition: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 551

Condition: RAYNAUD'S SYNDROME
Treatment: MEDICAL THERAPY
Line: 552

Condition: TENSION AND OTHER NON-MIGRAINE HEADACHE SYNDROMES
Treatment: MEDICAL THERAPY
Line: 553

Condition: MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED
Treatment: MEDICAL THERAPY
Line: 554

Condition: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
Line: 555

Condition: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
Treatment: REMOVAL OF GRANULOMA
Line: 556

Condition: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION
Line: 557

Condition: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
Line: 558

Condition: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 559

Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES
Treatment: VENOUS INJECTION, VASCULAR SURGERY
Line: 560

Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY
Line: 561

Condition: TMJ DISORDER
Treatment: TMJ SPLINTS
Line: 562

Condition: XEROSIS
Treatment: MEDICAL THERAPY
Line: 563

Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS
Treatment: TONSILLECTOMY AND ADENOIDECTOMY
Line: 564

Condition: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 565

Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR
Treatment: DRAINAGE
Line: 566

Condition: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN
Treatment: MEDICAL THERAPY
Line: 567

Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE
Treatment: MEDICAL THERAPY
Line: 568

Condition: CHONDROMALACIA
Treatment: MEDICAL THERAPY
Line: 569

Condition: MACROMASTIA
Treatment: BREAST REDUCTION
Line: 570

Condition: DYSMENORRHEA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 571

Condition: OPEN WOUND OF EAR DRUM
Treatment: MEDICAL THERAPY
Line: 572

Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS
Treatment: MEDICAL THERAPY
Line: 573

Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS
Treatment: LIVER TRANSPLANT
Line: 574

Condition: POSTCONCUSSION SYNDROME
Treatment: MEDICAL THERAPY
Line: 575

Condition: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION
Line: 576

Condition: RUMINATION DISORDER OF INFANCY
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 577

Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 578

Condition: CONDUCTIVE HEARING LOSS
Treatment: AUDIANT BONE CONDUCTORS
Line: 579

Condition: ACUTE ANAL FISSURE
Treatment: FISSURECTOMY, MEDICAL THERAPY
Line: 580

Condition: PLEURISY
Treatment: MEDICAL THERAPY
Line: 581

Condition: CENTRAL SEROUS RETINOPATHY
Treatment: LASER SURGERY
Line: 582

Condition: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
Line: 583

Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY
Treatment: MEDICAL THERAPY
Line: 584

Condition: BLEPHARITIS
Treatment: MEDICAL THERAPY
Line: 585

Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION
Treatment: MEDICAL THERAPY
Line: 586

Condition: OTHER COMPLICATIONS OF A PROCEDURE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 587

Condition: LYMPHEDEMA
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL
Line: 588

Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS
Treatment: MEDICAL THERAPY
Line: 589

Condition: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS
Line: 590

Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 591

Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES
Treatment: MEDICAL THERAPY, ORTHOTIC
Line: 592

Condition: ERYTHEMA MULTIFORME MINOR
Treatment: MEDICAL THERAPY
Line: 593

Condition: INFECTIOUS MONONUCLEOSIS
Treatment: MEDICAL THERAPY
Line: 594

Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment: SURGICAL TREATMENT
Line: 595

Condition: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
Line: 596

Condition: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 597

Condition: SPASTIC DYSPHONIA
Treatment: MEDICAL THERAPY
Line: 598

Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED
Treatment: MEDICAL THERAPY
Line: 599

Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 600

Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS
Treatment: MEDICAL THERAPY
Line: 601

Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 602

Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS
Line: 603

Condition: OLD LACERATION OF CERVIX AND VAGINA
Treatment: MEDICAL THERAPY
Line: 604

Condition: VULVAL VARICES
Treatment: VASCULAR SURGERY
Line: 605

Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES
Treatment: MEDICAL THERAPY
Line: 606

Condition: OBESITY
Treatment: NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; BARIATRIC SURGERY FOR OBESITY WITHOUT COMORBID TYPE II DIABETES & BMI ≥ 35
Line: 607

Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL
Treatment: MEDICAL THERAPY
Line: 608

Condition: CORNS AND CALLUSES
Treatment: MEDICAL THERAPY
Line: 609

Condition: SYNOVITIS AND TENOSYNOVITIS
Treatment: MEDICAL THERAPY
Line: 610

Condition: PROLAPSED URETHRAL MUCOSA
Treatment: SURGICAL TREATMENT
Line: 611

Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 612

Condition: GANGLION
Treatment: EXCISION
Line: 613

Condition: EPISCLERITIS
Treatment: MEDICAL THERAPY
Line: 614

Condition: DIAPER RASH
Treatment: MEDICAL THERAPY
Line: 615

Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE
Line: 616

Condition: CYSTS OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE
Line: 617

Condition: CONGENITAL DEFORMITIES OF KNEE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 618

Condition: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT
Line: 619

Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES
Treatment: MEDICAL THERAPY
Line: 620

Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION
Line: 621

Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY
Line: 622

Condition: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY
Line: 623

Condition: MINOR BURNS
Treatment: MEDICAL THERAPY
Line: 624

Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
Line: 625

Condition: ORAL APHTHAE
Treatment: MEDICAL THERAPY
Line: 626

Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR
Treatment: MEDICAL THERAPY
Line: 627

Condition: ASYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY
Line: 628

Condition: DENTAL CONDITIONS (EG. ORTHODONTICS)
Treatment: COSMETIC DENTAL SERVICES
Line: 629

Condition: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT
Line: 630

Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS
Treatment: MEDICAL THERAPY
Line: 631

Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY
Line: 632

Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY
Line: 633

Condition: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
Line: 634

Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS
Treatment: MEDICAL THERAPY
Line: 635

Condition: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE
Line: 636

Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 637

Condition: HYPERTELORISM OF ORBIT
Treatment: ORBITOTOMY
Line: 638

Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION
Treatment: REPAIR SOFT TISSUES
Line: 639

Condition: SEBACEOUS CYST
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 640

Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 641

Condition: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION
Line: 642

Condition: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
Treatment: DACRYOCYSTORHINOSTOMY
Line: 643

Condition: CONJUNCTIVAL CYST
Treatment: EXCISION OF CONJUNCTIVAL CYST
Line: 644

Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES
Treatment: MEDICAL THERAPY
Line: 645

Condition: DISEASE OF CAPILLARIES
Treatment: EXCISION
Line: 646

Condition: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA
Treatment: MEDICAL THERAPY
Line: 647

Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID
Treatment: SURGICAL TREATMENT
Line: 648

Condition: PICA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 649

Condition: ACUTE VIRAL CONJUNCTIVITIS
Treatment: MEDICAL THERAPY
Line: 650

Condition: MUSCULAR CALCIFICATION AND OSSIFICATION
Treatment: MEDICAL THERAPY
Line: 651

Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
Treatment: MEDICAL THERAPY
Line: 652

Condition: CHRONIC BRONCHITIS
Treatment: MEDICAL THERAPY
Line: 653

Condition: BENIGN POLYPS OF VOCAL CORDS
Treatment: MEDICAL THERAPY, STRIPPING
Line: 654

Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT
Line: 655

Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY
Line: 656

Condition: CYST OF KIDNEY, ACQUIRED
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 657

Condition: GALLSTONES WITHOUT CHOLECYSTITIS
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
Line: 658

Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
Treatment: ELECTIVE DENTAL SERVICES
Line: 659

Condition: GYNECOMASTIA
Treatment: MASTECTOMY
Line: 660

Condition: TMJ DISORDERS
Treatment: TMJ SURGERY
Line: 661

Condition: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY
Line: 662

Condition: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION
Line: 663

Condition: AGENESIS OF LUNG
Treatment: MEDICAL THERAPY
Line: 664

Condition: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS
Line: 665

Condition: BENIGN LESIONS OF TONGUE
Treatment: EXCISION
Line: 666

Condition: UNCOMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY
Line: 667

Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 668

Condition: INTRACRANIAL CONDITIONS WITH NO EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 669

Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 670

Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 671

Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 672

Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 673

Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 674

Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 675

Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 676

Condition: GENITOURINARY CONDITIONSWITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 677

Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 678

Condition: GASTROINTESTINAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Line: 679

APPENDIX C:

CHANGES MADE TO THE 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
Blood pressure
Vision screen (3-4 yr)
Hemoglobinopathy screen (birth)[1]
Phenylalanine level (birth)[2]
T_4 and/or TSH (birth)[3]
Effects of STDs
FAS, FAE, drug affected infants[4]
~~Infant motor, h~~Hearing, developmental, behavioral and/or psychosocial screens[5]
Learning and attention disorders[6]
Signs of child abuse, neglect, family violence

COUNSELING
Injury Prevention
Child safety car seats (age <5 yr)
Lap-shoulder belts (age >5 yr)
Bicycle helmet; avoid bicycling near traffic
Smoke detector, flame retardant sleepwear
Hot water heater temperature <120-130°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)
Limit fat & cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables (age >2 yr)
Regular physical activity*

Substance Use
Effects of passive smoking*
Anti-tobacco message*

Dental Health
Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Advice about baby bottle tooth decay*

Mental Health/Chemical Dependency
Parent education regarding:
- Child development
- Attachment/bonding
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
  - Familial stress or disruption
  - Health problems
  - Temperamental incongruence with parent
  - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

[1]Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. [2]If done during first 24 hr of life, repeat by age 2 wk. [3]Optimally between day 2 and 6, but in all cases before newborn nursery discharge. [4]Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. [5]Screening must be conducted with a standardized, valid, and reliable tool. Recommended developmental, behavioral and/or psychosocial screening tools include and are not limited to: a) Ages and Stages Questionnaire (ASQ); b) Parent Evaluation of Developmental Status, (PEDS) plus/minus PEDS:Developmental Milestones (PEDS:DM); c) ASQ:Social Emotional (ASQ:SE); and d) Modified Checklist for Autism in Toddlers (M-CHAT). [6]Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

*The ability of clinical counseling to influence this behavior is unproven.

Birth to 10 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS	Hepatitis B[5]
Diphtheria-tetanus-pertussis (DTP)[1]	Varicella[6]
Oral poliovirus (OPV)[2]	
Measles-mumps-rubella (MMR)[3]	**CHEMOPROPHYLAXIS**
H. influenzae type b (Hib) conjugate[4]	Ocular prophylaxis (birth)

[1]2, 4, 6, and 12-18 mo; once between ages 4-6 yr (DTaP may be used at 15 mo and older). [2]2, 4, 6-18 mo; once between ages 4-6 yr. [3]12-15 mo and 4-6 yr. [4]2, 4, 6 and 12-15 mo; no dose needed at 6 mo if PRP-OMP vaccine is used for first 2 doses. [5]Birth, 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. [6]12-18 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	PPD (HR3); pneumococcal vaccine (HR5); influenza vaccine (
Increased individual or community lead exposure	Blood lead level (HR7)
Inadequate water fluoridation	Daily fluoride supplement (HR8)
Family h/o skin cancer; nevi; fair skin, eyes, hair	Avoid excess/midday sun, use protective clothing* (HR9)
History of multiple injuries	Screen for child abuse, neurological, mental health conditions
High risk for mental health disorders	Increased well-child visits (HR10)

High-Risk Groups

HR1 = Infants age 6-12 mo who are: living in poverty, black, Native American or Alaska Native, immigrants from developing countries, preterm and low-birthweight infants, infants whose principal dietary intake is unfortified cow's milk.

HR2 = Infants born to high-risk mothers whose HIV status is unknown. Women at high risk include: past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual, or HIV-positive sex partners currently or in past; persons seeking treatment for STDs; blood transfusion during 1978-1985.

HR3 = Persons infected with HIV, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), residents of long-term care facilities.

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.

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).

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.

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.

HR8 = Children living in areas with inadequate water fluoridation (<O.6 ppm).

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.

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
Blood pressure[1]
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)[2]
Papanicolaou (Pap) test[3]
Chlamydia screen[4] (females <25 yr)
Rubella serology or vaccination hx[5] (females >12 yr)
Learning and attention disorders[6]
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use[7]
Eating disorders[8]
Anxiety and mood disorders[9]
Suicide risk factors[10]

COUNSELING

Injury Prevention
Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Substance Use
Avoid tobacco use
Avoid underage drinking and illicit drug use*
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Sexual Behavior
STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Diet and Exercise
Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (females)
Regular physical activity*

Dental Health
Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

Mental Health/Chemical Dependency
Parent education regarding:
- Adolescent development
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
  - Familial stress or disruption
  - Health problems
  - Temperamental incongruence with parent
  - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

[1]Periodic BP for persons aged ≥ 18 yr. [2]High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. [3]Screening to start at age 21 or 3 years after onset of sexual activity (whichever comes first); screening should occur at least every 3 years. ~~If sexually active at present or in the past: q < 3 yr. If sexual history is unreliable, begin Pap test at age 18 yr.~~ [4]If sexually active. [5]Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. [6]Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. [7]Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. [8]Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. [9]In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. [10]Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

*The ability of clinical counseling to influence this behavior is unproven.

Ages 11-24 Years (Cont'd)

Interventions for the General Population (Cont'd)

IMMUNIZATIONS
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)

CHEMOPROPHYLAXIS
Multivitamin with folic acid (females planning/ capable of pregnancy)

[1]If not previously immunized: current visit, 1 and 6 mo later. [2]If no previous second dose of MMR. [3]If susceptible to chickenpox. [4]Serologic 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	PPD (HR3)
Native American/Alaska Native	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 family history for deleterious mutations in BRCA1 or BRCA2 genes	Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR17).

High-Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

HR5 = 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.

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.

HR7 = Persons who continue to inject drugs.

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).

HR9 = Annual vaccination of: residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.

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.

HR11 = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr.

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).

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.

HR14 = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

Ages 11-24 Years (Cont'd)

HR15 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

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.

HR17 = A family history of breast or ovarian cancer that includes a relative with a *known* deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

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
Height and weight
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (men age 35-64, women age 45-64, all age 25-64 if high-risk[1])
Papanicolaou (Pap) test[2]
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy, or colonoscopy (>50 yr)[3]
Mammogram + clinical breast exam[4] (women 40+ yrs)
Rubella serology or vaccination hx[5] (women of childbearing age)
Bone density measurement (women age 60-64 if high-risk)[6]
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Learning and attention disorders[7]
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use[8]
Eating disorders[9]
Anxiety and mood disorders[10]
Suicide risk factors[11]
Somatoform disorders[12]
Environmental stressors[13]

COUNSELING

Substance Use

Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise

Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*

Injury Prevention

Lap/shoulder belts
Bicycle/motorcycle/ATV helmet*
Smoke detector*
Safe storage/removal of firearms*
Smoking near bedding or upholstery

Sexual Behavior

STD prevention: abstinence*; avoid high-risk behavior*; condoms/female barrier with spermicide*
Unintended pregnancy: contraception

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

IMMUNIZATIONS

Tetanus-diphtheria (Td) boosters
Rubella[5] (women of childbearing age)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy)
~~Discuss hormone prophylaxis (peri- and post-menopausal women~~
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

[1] High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. [2]Women who are or have been sexually active and who have a cervix: q < 3 yr. [3] FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. [4]~~The screening decision for women 40-49 should be a mutual decision between a woman and her clinician. If a decision to proceed with mammography is made, screening mammography should be performed every 1-2 years with an annual clinical breast examination. For women of age 50 and older, s~~Screening mammography should be performed every 1-2 years ~~with an annual clinical breast examination~~. [5]Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. [6]High-risk defined as weight <70kg, not on estrogen replacement. [7]Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. [8]Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. [9]Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. [10]In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. [11]Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. [12]Multiple unexplained somatic complaints. [13]Community violence or disaster, immigration, homelessness, family medical problems.

*The ability of clinical counseling to influence this behavior is unproven.

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 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	PPD (HR7)
Native American/Alaska Native	Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9)
Certain chronic medical conditions	PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10)
Blood product recipients	HIV screen (HR3); hepatitis B vaccine (HR5)
Susceptible to varicella, measles, mumps	MMR (HR11); varicella vaccine (HR12)
Institutionalized persons	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)
Previous pregnancy with neural tube defect	Folic acid 4.0 mg (HR14)
High-risk family history for deleterious mutations in BRCA1 or BRCA2 genes	Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR15)

High-Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR2 = Women who exchange sex for money or drugs, or who have had repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active women with multiple risk factors including: history of STD; new or multiple sex partners; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology.

HR5 = 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).

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.

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.

HR8 = Persons who continue to inject drugs.

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).

HR10 = Annual vaccination of residents of chronic care facilities; persons with chronic cardiopulmonary disorders, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression or renal dysfunction.

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).

HR12 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults.

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.

HR14 = Women with previous pregnancy affected by neural tube defect who are planning pregnancy.

HR15 = A family history of breast or ovarian cancer that includes a relative with a *known* deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of 3 or more first- or second-degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second-degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

Age 65 and Older

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death
- **Heart diseases**
- **Malignant neoplasms (lung, colorectal, breast)**
- **Cerebrovascular disease**
- **Chronic obstructive pulmonary disease**
- **Pneumonia and influenza**

Interventions for the General Population

SCREENING
Blood pressure
Height and weight
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy or colonoscopy[1]
Mammogram + clinical breast exam[2]
~~Papanicolaou (Pap) test[3]~~
Bone density measurement (women)
Fasting plasma glucose for patients with hypertension or hyperlipidemia
Vision screening
Assess for hearing impairment
Signs of elder abuse, neglect, family violence
Alcohol, inhalant, illicit drug use[3]
Anxiety and mood disorders[4]
Somatoform disorders[5]
Environmental stressors[6]
Abdominal aortic aneurysm (AAA) (men aged 65 to 75 who have ever smoked)[7]

COUNSELING
Substance Use
Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise
Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
Adequate calcium intake (women)
Regular physical activity*
Assess eating environment

Injury Prevention
Lap/shoulder belts
Motorcycle and bicycle helmets*
Fall prevention*
Safe storage/removal of firearms*
Smoke detector*
Set hot water heater to <120-130°F
CPR training for household members
Smoking near bedding or upholstery

Dental Health
Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*

Sexual Behavior
STD prevention: avoid high-risk sexual behavior*; use condoms

IMMUNIZATIONS
Pneumococcal vaccine
Influenza[8]
Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS
Discuss hormone prophylaxis (peri- and postmenopausal women)
coronary heart disease
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

[1]FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. [2]Screening mammography should be performed every 1-2 years ~~in combination with an annual clinical breast examination~~. [3]~~All 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.~~ [3]Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. [4]In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. [5]Multiple unexplained somatic complaints. [6]Community violence or disaster, immigration, homelessness, family medical problems. [7]One-time ultrasound. [8]Annually.

*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 (See detailed high-risk definitions)
Institutionalized persons	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 and with poor nutrition	Refer to meal and social support resources
High-risk family history for deleterious mutations in BRCA1 or BRCA2 genes	Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR12)

High-Risk Groups

HR1 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

HR2 = 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.

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.

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.

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.

Age 65 and Older (Cont'd)

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).

HR7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability, or light skin, hair, and eye color.

HR8 = 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).

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.

HR10 = Persons who continue to inject drugs.

HR11 = Healthy adults without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible adults

HR12 = A family history of breast or ovarian cancer that includes a relative with a *known* deleterious mutation in BRCA1 or BRCA2 genes; two first-degree relatives with breast cancer, one of whom received the diagnosis at age 50 years or younger; a combination of three or more first- or second degree relatives with breast cancer regardless of age at diagnosis; a combination of both breast and ovarian cancer among first- and second- degree relatives; a first-degree relative with bilateral breast cancer; a combination of two or more first- or second-degree relatives with ovarian cancer regardless of age at diagnosis; a first- or second-degree relative with both breast and ovarian cancer at any age; and a history of breast cancer in a male relative. For women of Ashkenazi Jewish heritage, an increased family history risk includes any first-degree relative (or two second-degree relatives on the same side of the family) with breast or ovarian cancer.

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Pregnant Women**

Interventions Considered and Recommended for the Periodic Health Examination

Interventions for the General Population

SCREENING
First visit
Blood pressure
Hemoglobin/hematocrit
Hepatitis B surface antigen (HBsAg)
RPR/VDRL
Chlamydia screen (<25 yr)
Rubella serology or vaccination history
D(Rh) typing, antibody screen
Offer CVS (<13 wk)[1] or amniocentesis (15-18 wk)[1] (age>35 yr)
Offer hemoglobinopathy screening
Assess for problem or risk drinking
~~Offer~~ HIV screening[~~2~~]

Follow-up visits
Blood pressure
Urine culture (12-16 wk)
Screening for gestational diabetes[2]
Offer amniocentesis (15-18 wk)[1] (age>35 yr)
Offer multiple marker testing[1] (15-18 wk)
Offer serum α-fetoprotein[1] (16-18 wk)

COUNSELING
Tobacco cessation; effects of passive smoking
Alcohol/other drug use
Nutrition, including adequate calcium intake
Encourage breastfeeding
Lap/shoulder belts
Infant safety car seats
STD prevention: avoid high-risk sexual behavior*; use condoms*

CHEMOPROPHYLAXIS
Multivitamin with folic acid[3]

[1]Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. [~~2~~]~~Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations.~~ [2]Also, screen for diabetes in all women with gestational diabetes at the 6-week post-partum visit. [3]Beginning at least 1 mo before conception and continuing through the first trimester.

*The ability of clinical counseling to influence this behavior is unproven.

**See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS (See detailed high-risk definitions)
High-risk sexual behavior	Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), 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)
Previous pregnancy with neural tube defect	Offer amniocentesis[1] (15-18 wk), folic acid 4.0 mg[3] (HR9)
High risk for child abuse	Targeted case management

High-Risk Groups

HR1 = Women with history of STD or new or multiple sex partners. Clinicians should also consider local epidemiology. Chlamydia screen should be repeated in 3rd trimester if at continued risk.

HR2 = Women under age 25 with two or more sex partners in the last year, or whose sex partner has multiple sexual contacts; women who exchange sex for money or drugs; and women with a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology. Gonorrhea screen should be repeated in the 3rd trimester if at continued risk.

HR3 = 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.

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.

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.

HR6 = Women who continue to inject drugs.

HR7 = Unsensitized D-negative women.

HR8 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement.

HR9 = Women with previous pregnancy affected by neural tube defect.