

PRIORITIZATION OF HEALTH SERVICES

**A Report to the Governor and the 76th Oregon
Legislative Assembly**



**Oregon Health Services Commission
Office for Oregon Health Policy and Research
Department of Human Services
2011**

**Oregon
Health
Authority**

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Moving into its third decade the Health Services Commission and its 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. Many of you will be asked to lend you help over the next year as we convert the Prioritized List from ICD-9-CM to ICD-10-CM and we appreciate any assistance you can lend.

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 2009-11 biennium.

The Commission's most recent biennial review of the Prioritized List of Health Services, concluded in May 2010, resulted in relatively few changes. The following significant changes are reflected in the Prioritized List of Health Services being reported in Appendix C:

- 1) A review of the dental lines by the Dental Services Subcommittee resulted in an increase from eight lines to twenty-one. A comprehensive review of the dental lines had not been conducted in ten years and this review resulted in a higher level of granularity so that those services that truly are of less importance would be eliminated from coverage first should reductions need to be made.
- 2) Outpatient services for the treatment of influenza were split out from old line 634, Other Viral Infections Excluding Pneumonia Due To Respiratory Syncytial Virus In Persons Under Age 3, into a new line with a ranking of 424.

The 2012-13 Prioritized List of Health Services appearing in Appendix C is still in draft form. The final version of the list and its associated will be posted on the Commission's website this fall at http://www.oregon.gov/OHA/OHPR/HSC/current_prior.shtml once the October 1, 2011 interim modifications have been incorporated. That list will go into effect January 1, 2012 pending legislative funding and approval of the Centers for Medicare and Medicaid Services of the resulting benefit package.

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. The Commission formalized their process of reviewing the evidence on topics and potentially using that information to make changes to the Prioritized List.

Practice guidelines continue to be an increasingly important mechanism in striving to use the state's limited resources in the most effective manner. Seventeen new guidelines were developed over the past two years and sixteen previously existing guidelines were modified. This includes the development of guidelines in the areas of ancillary and diagnostic services, where cost increases have been outpacing other sectors. The Commission also developed one new statement of intent and revised two others to clarify their intent for the coverage of services not appearing on the Prioritized List.

In the process of maintaining the Prioritized List over the last two years, the Commission produced four sets of interim modifications that were forwarded to the President of the Senate and Speaker of the House. Nearly 5,000 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. None of the interim modifications

made from October 2009 through April 2011 were determined by the Oregon Health Authority's Actuarial Services Unit to have a significant fiscal impact requiring presentation to the Oregon Legislative Emergency Board.

In June 2010 the Commission's Mental Health Care and Chemical Dependency (MHCD) Subcommittee began the work of converting the ~50 MHCD lines from ICD-9-CM codes to ICD-10-CM. They completed that process in February 2011 and have established a process for converting the remaining lines on the list. The Commission and its staff have now begun working with providers from all other specialty areas in converting the lines representing the conditions they treat. This work will be completed as part of the next biennial review and will result in a list to go into effect in conjunction with the implementation date of ICD-10-CM on October 1, 2013.

The Health Services Commission appreciates the opportunity to play a part in extending health care to as many Oregonians as possible and looks forward to the role it may have as the state looks to transform its health care system.

CHAPTER ONE:
PRIORITIZATION OF
HEALTH SERVICES
FOR 2012-13

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 twelve members. There are five physicians, including one Doctor of Osteopathy, four consumer representatives, a public health nurse, a social services worker and, with by the passage of SB 850² during the 2009 legislative session, a dentist.³ The Commission relies heavily on the input from its subcommittees and ad hoc task forces.⁴ 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 (CPT), Fourth Edition, the American Dental Association’s Current Dental Terminology (CDT) and the Healthcare Common Procedure Coding System (HCPCS).

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

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

¹ Oregon Revised Statutes (ORS) 414.720(3).

² SB 850 (2009) can be found in Appendix A.

³ A list of the Commission membership can be found in Appendix B.

⁴ Chapter Four outlines the activities of the Commission’s subcommittees and task forces.

The list assumes that all diagnostic services necessary to determine a diagnosis are covered. Ancillary services necessary for the successful treatment of the condition are to be presumed to be a part of the line items. This means that codes for prescription drugs, durable medical equipment and supplies, laboratory services, and most imaging services are not included on the Prioritized List but are still reimbursed as long as the condition for which they are being used to treat appears in the funded region (currently lines 1-502 of the April 1, 2011 list).

The Prioritization Methodology

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

The prioritization methodology first defines a rank ordered list of nine broad categories of health care to establish a basic framework for the list (see Figure 1.1). Next the methodology calls for each of the line items on the Prioritized List to be assigned to one of these health care categories. Once the line items have been assigned to one of the nine categories, a list of criteria is used to sort the line items within the categories (see Figure 1.2). These measures are felt to best capture the impacts on both the individual's health and the population health that the Commission believes is essential in determining the relative importance of a condition-treatment pair. The HSC Medical Director and HSC Director have worked with individual HSC physician members and other volunteer physicians with OHP experience to establish ratings for each of these measures for all 692 line items on the list. In the case of mental health, chemical dependency and dental services, the ratings were established by the Subcommittees on Mental Health Care and Chemical Dependency and Dental Services.

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

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

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).*

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

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

Schizophrenic Disorders
Category 3 Weight: 75
 Impact on Healthy Life Years: 8
 Impact on Suffering: 4
 Effects on Population: 4
 Vulnerability of Population Affected: 0
Effectiveness: 3
Need for Service: 1
Net Cost: 5
 Total Score: 3600

$$75 \times [(8+4+4+0) \times 3 \times 1] = 3600$$

Grade I Sprains of Joints and Muscles
Category 8 Weight: 5
 Impact on Healthy Life Years: 1
 Impact on Suffering: 1
 Effects on Population: 0
 Vulnerability of Population Affected: 0
Effectiveness: 2
Need for Service: 0.1
Net Cost: 4
 Total Score: 2

$$5 \times [(1+1+0+0) \times 2 \times 0.1] = 2$$

Services near 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 tenth biennial review of the Prioritized List of Health Services in the spring of 2010. Having developed a new prioritization methodology and conducted a reprioritization of the entire list in 2006, there was not the need for a significant number of changes. 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, some Commission members and particularly its staff continue to play key roles in work defining value-based benefit package for consideration as part of the health reform plan envisioned for the state by the Oregon Health Policy Board, filling time that was previously devoted to the maintenance of the Prioritized List.

For these reasons, the list being submitted for use during the 2012 and 2013 calendar years looks quite similar to that included in the Commission’s June 2009 biennial report⁵. Figures 1.3 through 1.6 show the major changes in the composition of line items as a result of this biennial review process.

Figure 1.3 indicates that the postconcussion syndrome line was merged into the line including the treatment of moderate and severe head injury so that the continuum of treatment is included in a single line.

Figure 1.4 shows that treatments for influenza were split out of the line including most viral respiratory infections. A guideline was previously in place to indicate the intent to cover hospitalization for influenza so this change negates the need for that guideline and moves the coverage of Tamiflu and other outpatient services for influenza to a higher line that reflects the ability to prevent death in a significant number of patients, particularly the elderly.

**FIGURE 1.3
NEWLY MERGED LINES PREVIOUSLY FOUND ON SEPARATE LINES**

12-13 Line	12-13 Line Description	10-11 Lines	10-11 Line Description
101	SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS, COMPOUND/DEPRESSED FRACTURES OF SKULL	100	SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS
		575	POSTCONCUSSION SYNDROME

**FIGURE 1.4
NEWLY SPLIT LINE PREVIOUSLY FOUND ON A SINGLE LINE**

12-13 Line	12-13 Line Description	10-11 Lines	10-11 Line Description
424	INFLUENZA	634	OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
644	OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3		

⁵ The Health Services Commission’s report to the 74th Oregon Legislative Assembly can be found at www.oregon.gov/OHA/OHPR/HSC/docs/09HSCBiennialReport.pdf.

One line that was moved to a significantly higher line included laser treatment for central serous retinopathy, as indicated in Figure 1.5. Provider supplied evidence showed that treatment effectiveness was much better than when the ranking was last considered. In addition to this line moving, the treatment of pars planitis was added to this line and taken out of the line including ophthalmologic conditions with no effective treatments available or no treatment necessary. Again, with recent evidence showing treatment effectiveness that warranted a higher placement.

Most of the changes made during this biennial review involve the prioritization of dental services. With ten years having passed since the last rigorous review of the dental lines on the list, the recently formed Dental Services Subcommittee spent over a year reviewing the composition of these lines, forming new lines, and applying the prioritization methodology to recommend the placement of the resulting lines to the full Commission. Figure 1.6 shows the eight dental lines from the 2010-11 Prioritized List that became twenty-one lines on the new list provided in Appendix D of this report.

**FIGURE 1.5
MOVED LINES**

12-13 Line	12-13 Line Description	10-11 Lines	10-11 Line Description
413	CENTRAL SEROUS RETINOPATHY	582	CENTRAL SEROUS RETINOPATHY

**FIGURE 1.6
RECONFIGURED DENTAL LINES**

12-13 Line	12-13 Line Description	10-11 Lines	10-11 Line Description
58	PREVENTIVE DENTAL SERVICES (E.G, CLEANING, FLUORIDE & SEALANTS)	59	URGENT AND EMERGENT DENTAL SERVICES FOR INFECTIONS, ETC
60	EMERGENCY DENTAL SERVICES FOR INFECTION, PAIN & TRAUMA	104	PREVENTIVE DENTAL SERVICES (E.G, CLEANING AND FLUORIDE)
232	BASIC PERIODONTICS FOR PERIODONTAL DISEASE)	357	BASIC RESTORATIVE FOR DENTAL CARIES, FRACTURED TOOTH, ETC
283	URGENT DENTAL SERVICES FOR TIME SENSITIVE EVENTS	473	SPACE MAINTENANCE AND PERIODONTAL MAINTENANCE FOR TOOTH LOSS, ETC
372	BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM RESTORATIONS FOR POSTERIOR TEETH) FOR CARIES, FRACTURED TOOTH, ETC	498	STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE, & REMOVABLE PROSTHODONTICS FOR SEVERE TOOTH DECAY

FIGURE 1.6 (CONT'D)
RECONFIGURED DENTAL LINES

12-13 Line	12-13 Line Description	10-11 Lines	10-11 Line Description
373	ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES) FOR SEVERE CARIES, INFECTION	504	PERIODONTICS AND COMPLEX PROSTHETICS (E.G., BROKEN APPLIANCES)
414	BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY) FOR PULPAL PATHOLOGY OF A PERMANENT ANTERIOR TOOTH	628	COSMETIC DENTAL SERVICES (E.G., ORTHODONTICS)
436	BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY) FOR PULPAL PATHOLOGY OF A PERMANENT BICUSPID/PREMOLAR TOOTH	658	ELECTIVE DENTAL SERVICES (I.E., TREATMENT RESULTS IN MARGINAL IMPROVEMENT)
468	BASIC ENDODONTICS (I.E. ROOT CANAL THERAPY) FOR PULPAL PATHOLOGY OF A PERMANENT MOLAR TOOTH		
477	REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES) FOR MISSING TEETH & PROSTHESIS FAILURE		
480	ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY) FOR PULPAL PATHOLOGY OF A PERMANENT ANTERIOR TOOTH		
494	ADVANCED RESTORATIVE (I.E. BASIC CROWNS) FOR CARIES AND FRACTURED TOOTH		
522	ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING) FOR PERIODONTAL DISEASE		
533	ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY) FOR PULPAL PATHOLOGY OF A PERMANENT BICUSPID/PREMOLAR TOOTH		

FIGURE 1.6 (CONT'D)
RECONFIGURED DENTAL LINES

12-13 Line	12-13 Line Description	10-11 Lines	10-11 Line Description
558	ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY) FOR PULPAL PATHOLOGY OF A PERMANENT MOLAR TOOTH		
621	ADVANCED RESTORATIVE-ELECTIVE (E.G., INLAYS, ONLAYS, GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS) FOR CARIES AND FRACTURED TOOTH		
631	COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES) FOR MISSING TEETH		
647	ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES) FOR MALOCCLUSION		
648	IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS) FOR MISSING TEETH		
675	COSMETIC DENTAL SERVICES (TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS)		
676	ELECTIVE DENTAL SERVICES (I.E., TREATMENT RESULTS IN MARGINAL IMPROVEMENT)		

As this biennial review, completed in May 2010, resulted in a net increase of thirteen lines, the new list is 692 lines long compared to the length of the list for the 2009-11 biennium of 679 lines. Changes in line structure occurred both in the funded and non-funded regions of the list, but the two lines between which the funding line was drawn for the 2010-11 list did not more; therefore new line 511 best equates to the benefit package represented in lines 1-502 (the funded portion) of the 2010-11 list. The revised Prioritized List of Health Services was then forwarded to the Oregon Health Authority's Actuarial Services Unit for pricing determinations. The actuarial analysis of the expected per capita costs of providing various levels of services for the

different Medicaid eligibility groups appears in their September 2010 report titled, “Oregon Health Plan Medicaid Demonstration: Analysis of Calendar Years 2012-13 – Average Costs⁶.”

Upon the approval of this Health Services Commission report, the 76th Oregon Legislative Assembly will set a funding level for the Prioritized List of Health Services for calendar years 2012-13 appearing in Appendix C. This will establish the basis for the OHP Plus and OHP Standard benefit packages for the Medicaid Demonstration, whereby further exclusions may be applied. Only an abbreviated version of the list appears in Appendix C with line numbers and line descriptions, but no codes. The complete draft 2012-13 Prioritized List of Health Services is posted on the Commission’s website, again at www.oregon.gov/OHA/OHPR/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. Foremost, this is a need to account for changes in the medical codesets on which the list was built. The Commission asked for the authority to make adjustments to the list during the interim period that was granted in 1991 in the following statute:

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

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

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.”⁷
(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 Chemical Dependency Subcommittee or the 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. 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 any one individual case.

⁶ Available at http://www.oregon.gov/DHS/healthplan/data_pubs/rates-costs/main.html.

⁷ ORS 414.720(5)a, (5)b and (6)

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 seventeen 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.”⁸

In 2010 the Commission formalized its process as shown in Figure 1.7 for determining when evidence is compelling enough to consider placing a new service on the Prioritized List or reviewing the placement of a service already on the list. Figure 1.8 provides an algorithm describing the Health Services Commission’s process for incorporating both clinical effectiveness and cost-effectiveness when evidence warrants a change to the list. Finally, Figure 1.9 describes in which instances a change will involve revising line rankings according to the prioritization methodology as part of the biennial review process described at the beginning of this chapter as opposed to when the change can be done during the interim period between biennial reviews .

Technical Changes

As the Prioritized List attempts to match some 14,000+ 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 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 coincides with the release of new ICD-9-CM, CPT, CDT 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 (*cont’d on page 17*)

⁸ ORS 414.720 (4b).

FIGURE 1.7 GUIDELINES FOR SUBMITTED MATERIALS TO THE HEALTH SERVICES COMMISSION

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

Situations where topics may be reviewed include:

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

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

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

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

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

Examples of Sources of high-quality evidence

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

FIGURE 1.7 (CONT'D)

- Cochrane Database of Systematic Reviews
<http://www2.cochrane.org/reviews/>
- Evidence-Based Practice Centers (EPC) www.ahcpr.gov/clinic/epc

Examples of Sources of high-quality evidence (cont'd)

- Health Technology Assessment Programme - United Kingdom
<http://www.hta.nhsweb.nhs.uk/ProjectData>
- National Institute for Clinical Excellence (NICE) - United Kingdom
<http://guidance.nice.org.uk/>
- Scottish Intercollegiate Guidelines Network (SIGN)
<http://www.sign.ac.uk/guidelines/index.html>
- University of York <http://www.york.ac.uk/inst/crd/>

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

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

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

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

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

**FIGURE 1.8
PROCESS FOR INCORPORATING INFORMATION ON CLINICAL INFORMATION
AND COST-EFFECTIVENESS INTO THE PRIORITIZED LIST**

The HSC will review evidence as outlined in Figure 1.7. Evidence regarding the effectiveness of a treatment will be used according to the following algorithm:

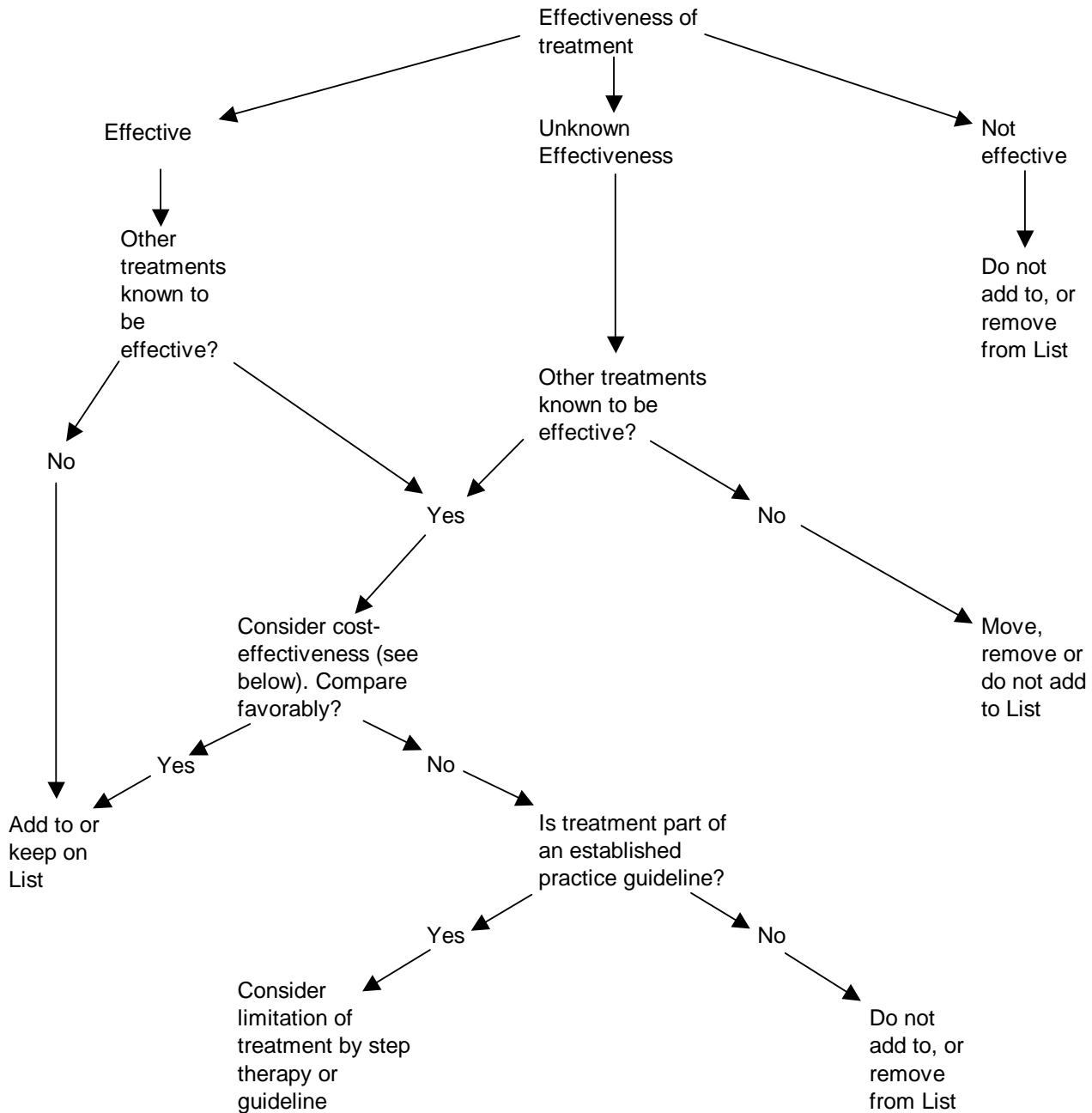


FIGURE 1.8 (CONT'D)

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

FIGURE 1.9 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 1.7 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 1.7 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 1.7 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.

FIGURE 1.9 (CONT'D)

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 entirety could potentially need to be done as a biennial review change.

(cont'd from page 12)

CPT, CDT and HCPCS codes are made as early as possible in the new year, but the timing of their release combined with the volume of new codes for review have not allowed the Commission to make their decisions in time to allow for the successful implementation of these changes at the first of the year. In order to assist DMAP and the managed care plans in being HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant, 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/OHA/OHPR/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 began work on the conversion of the Prioritized List of Health Services from ICD-9-CM to ICD-10-CM codes June 2010. Staff worked with the Subcommittee on Mental Health Care and Chemical Dependency (MHCD) Services to map the new codes to existing lines. As in past exercises involving significant review of the Prioritized List, it is being recommended that some current lines be split, merged, added or deleted. Beginning in April 2011 HSC staff began meeting with the first of 40+ provider groups to gain their assistance with the conversion of the non-MHCD lines on the list. The recommendations resulting from this work will be brought back to the Health Outcomes Subcommittee for review and then forwarded to the full commission for final consideration. It is anticipated that the conversion of the list will be completed along as a part of the biennial review of the list in June 2012.

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 OHA’s Actuarial Services Unit 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 2009-11 biennium the Commission reviewed a number of issues that fall under the medical advancements category, as presented in Figure 1.10.

**FIGURE 1.10
MEDICAL ADVANCEMENTS REVIEWED**

Technology Name/Description	Commission Action
Intrathecal pumps for chronic non-cancer pain control	Deleted from Lines 397 (Disorders of Spine with Neurologic Impairment), 552 (Acute and Chronic Disorders of Spine without Neurologic Impairment) and 624 (Disorders Of Soft Tissue). Kept on cancer and dysfunction lines. Codes which allow for maintenance of pumps were kept on Lines 397, 552 and 624 with a specification that these pumps are only covered for pumps implanted prior to April 2009.
Heart-kidney transplants	Codes for renal transplants added to the cardiac transplant line, Line 279 (Congestive Heart Failure, Cardiomyopathy, Transposition of Great Vessels, Hypoplastic Left Heart Syndrome) with a guideline
Growth hormone treatments	Growth hormone treatments were expanded to several additional conditions, including chronic renal insufficiency, Noonan’s syndrome, Prader-Willi syndrome, and SHOX; but not cystic fibrosis. Treatments with growth hormone for adults were not included.
Small bowel transplant	Removed from Line 253 (Short Bowel Syndrome - Age 5 or Under)
Varicose vein treatments	Not added to list
Gamekeepers thumb	Arthroplasty for repair of gamekeepers thumb added to Line 403 (Disruptions of the Ligaments and Tendons of the Arms and Legs, Excluding the Knee, Grade II and III)
Vertebroplasty	Removed from the list
Second solid organ transplants	Removed guideline restricting their coverage
Anesthesia catheters	No change to list

FIGURE 1.10 (CONT'D)

Technology Name/Description	Commission Action
Botulinum injections for spasmodic dysphonia	Not added to list
Negative pressure wound therapy	Coverage added with ancillary guideline
Stereotactic body radiation therapy	No change to list
Treatments for chronic sinusitis	No change to list
Contralateral breast reconstruction	No change to list
Non-myeloablative transplants	Added to the list
Hyperbaric oxygen treatment	No change to list
Hip core decompression	Added to Line 381 (Rheumatoid Arthritis, Osteoarthritis, Osteochondritis Dissecans, and Aseptic Necrosis of Bone) with guideline
Transcutaneous electrical nerve stimulation (TENS) units	Removed from the list
Home sleep test	Recommended DMAP add to Diagnostic File
Nutritional counseling	Added to list
Tip of the nose reconstruction	Added to list with guideline
Cardiac CT angiogram	Not added to list

Value-Based Services

The Health Services Commission has identified 20 sets of health care services, known as value-based services (VBS), which can be used right away by insurance companies and purchasers both in the private and public sectors. Value-based services are medications, tests, or treatments that are highly effective, low cost, and have lots of evidence supporting their use. The Commission recommends these services have no cost sharing (copays or coinsurance) to patients in order to encourage the use of these services, given their high level of benefit.

The VBS concept is based on the work of the Oregon Health Fund Board Benefits Committee, refined through a series of public workgroup and Health Services Commission meetings. Removing barriers to these effective services and treatments should help reduce higher cost interventions (like hospital admissions), leading to lower health care costs and a healthier population.

Services had to meet the following criteria for inclusion:

- Ambulatory services (i.e. outpatient), and include medications, diagnostic tests, procedures, and some office visits
- Primarily offered in the medical home

- Primarily focused on chronic illness management, preventive care, and/or maternity care
- Of clear benefit, strongly supported by evidence
- Cost-effective
- Reduce hospitalizations or Emergency Department visits, reduce future exacerbations or illness progression, or improve quality of life
- Low cost up front
- High utilization desired
- Low risk of inappropriate utilization

Some examples of value-based services include: insulin and certain medications for diabetic patients; generic blood pressure medications and nurse case management for congestive heart failure patients; and certain generic medications and lab tests for patients with coronary artery disease. For a complete list please see <http://www.oregon.gov/OHA/OHPR/HSC/docs/VBS.pdf>.

The Commission has established VBS separate from the Prioritized List of Health Services so that this tool can be used immediately. While the VBS concept can be applied to the Oregon Health Plan (OHP), many OHP recipients already receive these services with little or no cost-sharing. Instead, it is expected that the VBS concept could have a more significant impact in the commercial health insurance market, where these services could explicitly be offered without the considerable copays or coinsurance often required now.

Similar proposals from the Health Leadership Council and the American Heart Association were examined and incorporated where applicable. The inclusion of specific health care services required high-quality supporting evidence such as Cochrane systematic reviews of randomized controlled clinical trials and evidence-based guidelines. In the future, other services will likely be reviewed, and the VBS updated annually to ensure that the most current evidence is used for designing coverage.

HSC Policy Regarding Medications, DME and Other Ancillary Services

Multiple questions have come to the HSC in recent 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 that was finalized just after the publishing of the Commission's 2009 report:

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.”⁹

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 Clearinghouse¹⁰.

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. Seventeen new guidelines were developed, including criteria for negative pressure wound therapy, spine MRIs, and cancer treatment near the end of life. The Commission made modifications to seventeen previously established guidelines such as those on bariatric surgery, PET scans, rehabilitation therapies and lymphedema treatment. In addition, five statements of intent or guidelines were deleted and added to the list as a coding specification including guidance for mastocytosis and intestinal malabsorption. In the case where an existing guideline has been revised, all new text is underlined and deleted text is indicated with strikethrough.

Statements of Intent

Death With Dignity Act

The Commission approved, then revised the Palliative Care Task Force's recommendation to clarify the Commission's intent on the coverage of services related to the Death With Dignity Act.

⁹ ORS 414.720 (4)

¹⁰ www.guideline.gov

It is the intent of the Commission that services under ORS 127.800-127.897 (Oregon Death with Dignity Act) be covered for those that wish to avail themselves to those services. Such services include but are not be limited to the attending physician visits, consulting physician confirmation, mental health evaluation and counseling, and prescription medications.

Hospitalization For Acute Viral Infections

This Statement of Intent was deleted and translated into a guideline for services appearing on the Prioritized List of Health Services and placed with lines 540, 547, 561 and 634.

~~Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as viral pneumonia, aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.~~

~~Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the ICD-9-CM code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on line 296 and any necessary outpatient or inpatient services would be covered.~~

~~The Commission has added the following statements to indicate their intent that reimbursement for the treatment of certain conditions appearing low on the Prioritized List should be provided in severe cases of the disease.~~

~~Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS~~

~~Treatment: MEDICAL THERAPY~~

~~Line: 541~~

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

~~Diagnosis: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS~~

~~Treatment: MEDICAL THERAPY~~

~~Line: 548~~

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

~~Diagnosis: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY
Line: 562~~

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

~~Diagnosis: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO
RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY
Line: 635~~

~~Treatment of viral pneumonia of significant severity that is associated with either respiratory failure or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness.~~

Integrated Care

Understanding that many high-risk medical clients may be best served by receiving supportive services for their physical health conditions in a mental health setting, the Commission accepted the MHCD Subcommittee's recommendation to add a new statement of intent to facilitate integrated care.

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

Nerve Blocks

This Statement of Intent was deleted and translated into a guideline for services appearing on the Prioritized List of Health Services and placed with Lines 1,4,7,10,11,14,22,26,30,31,33,35,40-43,48-55,57-65,68,70,72-79,83-103,105,106,108-111,113,115,116,118,122-126,129-132,136-139,141-151,153,154,158,159,161-167,169-173,175-178,181,182,184,186-202,204,206-208,211,214,215,217-222,224-227,229-234,236-238,240,242,243,245,247-250,252-263,266-268,270-280,282,285-287,290-293,296-298,300,302,303,306-314,317-325,327,329-335,337-340,342-345,347-354,358-363,365-367,370-373,375-382,385,386,388-392,394,397-404,406-408,410,413,415-419,421-424,426,428,431-437,440-443,445-449,451-454,456-460,462,464,465,468,469,475-477,480-485,487-489,491-498,500-502 and 556.

~~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.~~

Palliative Care

The palliative care statement of intent was revised according to the recommendations of Palliative Care Task Force.

It is the intent of the Commission that ~~comfort~~ palliative care ~~treatments~~ services be covered for patients with an a life-threatening illness with <5% or severe advanced illness expected 5 year survival be a covered service. to progress toward dying, regardless of the goals for medical treatment and with services available according to the patient's expected length of life (see examples below).

Palliative care is comprehensive, specialized care ideally provided by an interdisciplinary team (which may include but is not limited to physicians, nurses, social workers, etc.) where care is particularly focused on alleviating suffering and promoting quality of life. Such interdisciplinary care should include assessment, care planning, and care coordination, emotional and psychosocial counseling for patients and families, assistance accessing services from other needed community resources, and should reflect the patient and family's values and goals.

~~Comfort/Some examples of palliative care includes the provision of services or items that give comfort should be available to and/or relieve symptoms for such patients. There is no intent with a life-threatening/limiting illness,~~

1. without regard to ~~limit comfort/~~ a patient's expected length of life:

- Inpatient palliative care services according to the expected length of life (e.g., consultation; and,
- Outpatient palliative care consultation, office visits.

2. with an expected median survival of less than one year, as supported by the best available published evidence:

- Home-based palliative care services (to be defined by DMAP), with the expectation that the patient will move to home hospice care.

3. with an expected median survival of six months) for such patients, except as specified by Oregon Administrative Rules, or less, as supported by peer-reviewed literature:

- Home hospice care, where the primary goal of care is quality of life (hospice services to be defined by DMAP).

~~It is the intent of the Commission to not cover diagnostic or curative care for the primary illness or care focused on active treatment of~~ that certain palliative care treatments be covered when these treatments carry the primary goal to alleviate symptoms and improve quality of life, without intending to alter the trajectory of the underlying disease progression.

Some examples of covered comfort/palliative care treatments include:

- Radiation therapy for painful bone metastases with the intent to relieve pain and improve quality of life.
- Surgical decompression for patients with <5% expected 5 year survival malignant bowel obstruction.
- Medication therapy such as chemotherapy with low toxicity/low side effect agents with the goal to decrease pain from bulky disease or other identified complications. Cost of chemotherapy and alternative medication(s) should also be considered.
- ~~Medication for symptom control and/or pain relief;~~
- ~~In-home, day care services, and hospice services as defined by DMAP;~~
- Medical equipment (such as wheelchairs or walkers) determined to be medically appropriate for completion of basic activities of daily living; and supplies (such as non-motorized wheelchairs, walkers, bandages, and catheters) determined to be medically appropriate for completion of basic activities of daily living, for management of symptomatic complications or as required for symptom control.
- Acupuncture with intent to relieve nausea.

Cancer treatment with intent to palliate is not a covered service when the same palliation can be achieved with pain medications or other non-chemotherapy agents.

It is NOT the intent of the Commission that coverage for palliative care encompasses those treatments that seek to prolong life despite substantial burdens of treatment and limited chance of benefit. See Guideline Note 12: TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE.

Ancillary And Diagnostic Services Not Appearing On The Prioritized List

One of the earliest decisions made in developing the Prioritized List is that it would only apply to treatments after a definitive diagnosis is established; that diagnostic services necessary to determine the diagnosis would always be covered. In the 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. CPT and HCPCS codes for PET scans were added to specific line items on the list, but codes for non-prenatal genetic testing and other diagnostic services remain off the list. In 2010 the Commission developed the first guideline for an ancillary service, negative pressure wound therapy, with the same goal of controlling costs through appropriate utilization.

MRI of the Spine Diagnostic Service

This new guideline was crafted to define when spinal MRIs should be allowed.

MRI of the spine is covered in the following situations:

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

Negative Pressure Wound Therapy

Ancillary Service

A new guideline was created to determine under which circumstances this ancillary service should be covered. In developing this coverage guideline the Commission drew heavily from the recommendations from the evidence review conducted by the Health Resources Commission.

Negative pressure wound therapy (97605, 97606) is a covered benefit only for patients who:

- 1. Have wounds that are refractory to or have failed standard therapies;**
- 2. Are not suitable candidates for surgical wound closure; or,**
- 3. Are at high risk for delayed or non-healing wounds due to factors such as compromised blood flow, diabetic complications, wounds with high risk of fecal contamination, extremely exudative wounds, and similar situations.**

Guideline Notes For Health Services That Appear On The Prioritized List

Attention Deficit And Hyperactivity Disorders Children Age Five and Under
Line 133

The guideline title was amended to clarify for whom the services apply. The previous title was ‘Attention Deficit And Hyperactivity Disorders In Early Childhood.’

Adjustment Reactions In Children Age Five and Under
Line 461

The previous title was ‘Adjustment Reactions In Early Childhood.’ The guideline title was amended and the guideline restructured to clarify for whom the services apply.

ICD-9-CM code 309.89 can be used for individuals of any age. However, when using it for children five years of age or younger, who have experienced abuse or neglect, the following must apply:

- A) The child must demonstrate some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability/lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.**

B) 309.89 is limited to pairings with the following procedure codes:

- **Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023**
- **Group Therapy: 90853, 90857, H2032**
- **Family Interventions and Supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005**
- **Case Management: 90882, T1016**
- **Interpreter Service: T1013**
- **Individual Counseling and Therapy: 90810, 90812**
- **Medication Management, 90862, is not indicated for this condition in children five years of age or younger.**

Note: Cessation of the traumatic exposure must be the first priority. Infants and toddlers may benefit from parental guidance regarding management of the child’s symptoms, parental guidance around enhancing safety and stability in the child’s environment, and therapeutic support for the parents.

Two V-codes, the use of V61.20 (Counseling for Parent-Child Problem, Unspecified, must involve all of the following:) and V62.82 (Bereavement, Uncomplicated), may only be used as secondary diagnoses to the primary diagnosis of 309.89, and only for children five years of age or younger.

A) When using V61.20, the following must be five years of age or younger apply:

- 1) Service provision will have a clinically significant impact on the child.**
- 2) A rating of 40 or below lower has been assessed on the PIR-GAS (Parent-Infant Relationship Global Assessment Scale).**
- 3) ~~V62.82, Bereavement, Uncomplicated, is only included in this line when identified as a secondary diagnosis with a primary diagnosis of ICD-9-CM 309.89, Other Specified Adjustment Reactions. The use of same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply, with the only exception being that 90810 and 90812 cannot be used.~~**

B) When using V62.82 is only appropriate when a child birth through five years old, the following must apply:

- 1) The child exhibits a change in functioning subsequent to the loss of a primary caregiver;**
- 2) The child exhibits at least three of the following eight symptoms ~~AND symptoms are present for most of the day, for more days than not, for at least 2 weeks:~~
 - a) **Crying, calling and/or searching for the absent primary caregiver,**
 - b) **Refusing attempts of others to provide comfort,**
 - c) **Emotional withdrawal manifesting in lethargy, sad facial expression, and lack of interest in age-appropriate activities that do not meet mood disorder criteria,**
 - d) **Disruptions in eating and sleeping that do not meet criteria for feeding and eating disorders of infancy or early childhood,**
 - e) **Regression in or loss of previously achieved developmental milestones not attributable to other health or mental health conditions,**
 - f) **Constricted range of affect not attributable to a mood disorder or PTSD,**
 - g) **Detachment, seeming indifference toward, or selective “forgetting” of the lost caregiver and/or of reminders of the lost caregiver,****

- h) Acute distress or extreme sensitivity in response to any reminder of the caregiver or to any change in a possession, activity, or place related to the lost caregiver;
- 3) The symptoms in B(2) above are exhibited for most of the day and for more days than not, for at least 2 weeks.
- 4) The same limitations in pairings to CPT and HCPCS codes as given for ICD-9-CM code 309.89 apply.

Note: Intervention should include persons significantly involved in the child's care and include psychoeducation and developmentally-specific guidance.

~~V61.20 and V62.82, used as secondary diagnosis codes to 309.89, in children age five and younger are limited to pairings with the following procedure codes:~~

- ~~• Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023~~
- ~~• Group therapy: 90853, 90857, H2032~~
- ~~• Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005~~
- ~~• Case Management: 90882, T1016~~
- ~~• Interpreter Service: T1013~~
- ~~• For V62.82, Individual counseling and therapy: 90810, 90812~~
- ~~• Medication management, 90862, is not indicated for these conditions in children age 5 and under.~~

~~309.89, Other Specified Adjustment Reactions, may be used in children age five and younger when the child demonstrates some symptoms of PTSD (such as disruption of his or her usual sleeping or eating patterns, or more increased irritability / lower frustration tolerance) but does not meet the full criteria for PTSD or any other disorder.~~

- ~~• Cessation of the traumatic exposure must be the first priority.~~
- ~~• Infants and toddlers may benefit from parental guidance regarding management of the child's symptoms, guidance around enhancing safety and stability in the child's environment, and therapeutic support for the parents.~~

~~Use of 309.89 in children age 5 and under, without a secondary diagnosis of V61.20 or V62.82, is limited to pairings with the following procedure codes:~~

- ~~• Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023~~
- ~~• Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005~~
- ~~• Individual counseling and therapy: 90810, 90812~~
- ~~• Group therapy: 90853, 90857, H2032~~
- ~~• Case Management: 90882, T1016~~
- ~~• Interpreter Service: T1013~~
- ~~• Medication management, 90862, is not indicated for these conditions in children age 5 and under.~~

The guideline title was amended to clarify for whom the services apply. The previous title was ‘Attention Deficit and Hyperactivity Disorders In Early Childhood.’

Autism Spectrum Disorders

Line 210

This new guideline was developed by the MHCD subcommittee and revised by the Health Outcomes Subcommittee as the condition was split into a new line, to call attention to additional supports the Commission believes a patient may need.

There is limited evidence of the effectiveness of treatment (e.g., Applied Behavioral Analysis) for Autism Spectrum Disorders (ASD). However, effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions, that condition, not an ASD diagnosis, should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with an ASD diagnosis are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 77, 317, 372 and 404). Treatment for associated behaviors, such as agitation, that do not meet the criteria for co-morbid mental health diagnoses should be limited in frequency to a maximum of 8 hours of behavioral health service per month, subject to utilization management review by the mental health organization (MHO) or other relevant payer.

Bariatric Surgery

Lines 33,607

The bariatric surgery guideline was amended to achieve the following goals:

- Have the guideline apply to the restored line in the nonfunded portion of the list that includes surgeries for individuals that do not have type II diabetes or otherwise do not qualify for surgery under the higher ranking line.
- Eliminate coverage of multiple surgeries of the same type when not due to the failure of the original surgery.
- Eliminate the requirement of a six-month observation period prior to surgery.
- Expand access through surgical facilities that have not yet acquired center of excellence certification but are progressing towards that status.

Bariatric surgery for obesity is included on Line 33 TYPE II DIABETES MELLITUS, and Line 607 OBESITY under the following criteria:

- A. Age ≥ 18
- B. ~~2. BMI ≥ 35 with co-morbid type II diabetes~~ **2. BMI ≥ 35 with co-morbid type II diabetes. For inclusion on Line 33: BMI ≥ 35 with co-morbid type II diabetes. For inclusion on Line 607: BMI ≥ 35 with at least one significant co-morbidity other than type II diabetes (e.g., obstructive sleep apnea, hyperlipidemia, hypertension) or BMI ≥ 40 without a significant co-morbidity.**

- C. No prior history of Roux-en-Y gastric bypass or laparoscopic adjustable gastric banding, unless they resulted in failure due to complications of the original surgery.
- D. Participate in the following four evaluations and meet criteria as described.
1. Psychosocial evaluation: (Conducted by a licensed mental health professional)
 - a) Evaluation to assess compliance with post-operative requirements.
 - b) ~~No current abuse of or dependence on alcohol.~~ Must remain free of abuse of or dependence on alcohol during the 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.
 - c) No mental or behavioral disorder that may interfere with postoperative outcomes¹.
 - d) Patient with previous psychiatric illness must be stable for at least 6 months.
 2. Medical evaluation: (Conducted by OHP primary care provider)
 - a) Pre-operative physical condition and mortality risk assessed with patient found to be an appropriate candidate.
 - b) Optimize medical control of diabetes, hypertension, or other comorbid conditions.
 - c) Female patient not currently pregnant with no plans for pregnancy for at least 2 years post-surgery. Contraception methods reviewed with patient agreement to use effective contraception through 2nd year post-surgery.
 3. Surgical evaluation: (Conducted by a licensed bariatric surgeon associated with program²)
 - a) Patient found to be an appropriate candidate for surgery at initial evaluation and throughout a six-month observation period leading to surgery while continuously enrolled on OHP.
 - b) Received counseling by a credentialed expert on the team regarding the risks and benefits of the procedure³ 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. Dietician evaluation: (Conducted by licensed dietician)
 - a) Evaluation of adequacy of prior dietary efforts to lose weight. If no or inadequate prior dietary effort to lose weight, must undergo six-month medically supervised weight reduction program.
 - b) Counseling in dietary lifestyle changes
- E) Participate in additional evaluations:
1. Post-surgical attention to lifestyle, an exercise program and dietary changes and understands the need for post-surgical follow-up with all applicable professionals (e.g. nutritionist, psychologist/psychiatrist, exercise physiologist or physical therapist, support group participation, regularly scheduled physician follow-up visits).

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

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

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

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

Basic Restorative Dental Care

Line 357

This guideline was revised to specify when retreatment of a crown is appropriate.

Composites for posterior teeth will be reimbursed at the same rate as amalgams and choice of material left to provider (D2391, D2392, D2393, D2394).

Retreatment (D3346, D3410, D3430) limited to anterior teeth when:

1. crown to root ratio is 50:50 or better;
2. the tooth is restorable without other surgical procedures; or,
3. loss of tooth would result in the need for removable prosthodontics.

Cancers of Esophagus, Liver, Pancreas, Gallbladder and Other Biliary

Lines 337-339,452

This guideline was edited to make the language consistent with Guideline Note 12, Treatment of Cancer with Little or No Benefit Provided Near the End of Life.

Retreatment with chemotherapy after failure from the first full course of chemotherapy places the patient in the less than 5% chance of survival category. See Comfort/Palliative Care Statement of Intent category of treatment of cancer with little or no benefit provided near the end of life. See Guideline Note 12.

Cesarean Delivery on Maternal Request

Line 1

The new guideline was developed to curb increasing requests for cesarean delivery without medical necessity.

Cesarean delivery on maternal request without medical or obstetrical indication is not a covered service.

Chronic Otitis Media with Effusion

Line 492

After a literature review, this guideline was amended to remove the requirement that both ears be affected and add language regarding effusion (a collection of fluid that occurs within the middle ear).

Antibiotic and other medication therapy are not indicated for children with ~~bilateral~~ chronic nonsuppurative otitis media with effusion (OME). Children with ~~bilateral~~ chronic ~~nonsuppurative-otitis-media~~ OME 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~~ OME 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~~ OME and who has a hearing deficiency diagnosed by formal audiometry testing, bilateral in the better-hearing ear of 25 dB or greater, 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~~ OME in children over 3 years with their second set of tubes. First time tubes are not an indication for an adenoidectomy.

Cochlear Implantation, Age 5 and Under

Line 297

The guideline title was amended to clarify for whom the services apply. The previous title was 'Cochlear Implantation, Age Less Than 5.'

Complicated Hernias

Line 175

For clarity, the Commission added their definition of incarcerated to the guideline.

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

Congenital Chordee

Lines 451,677

This new guideline was introduced as a new 2011 diagnostic code for the condition was placed on the list.

Congenital chordee is included on Line 451 only for severe cases (35 degrees of curvature or greater) and for all cases associated with hypospadias.

Cystic Fibrosis Carrier Screening

Lines 1,3,4

This new guideline was created to define use of this form of genetic testing.

Cystic fibrosis carrier testing is covered for 1) non-pregnant adults if indicated in the genetic testing algorithm or 2) pregnant women.

Disruptive Behavior Disorders in Children Age Five and Under

Line 438

The guideline title was amended to clarify for whom the services apply. The previous title was 'Disruptive Behavior Disorders in Early Childhood.'

Early Intervention for Psychosis

Lines 27,32,294

This new guideline was added to make clear the Commission's intention for the coverage of these services, which is not necessarily evident from a strict listing of procedure codes.

These lines include "early intervention for psychosis," a multidisciplinary specialty team-based intervention that includes:

- 1. Psychiatric medication management**
- 2. Individual counseling**
- 3. Family group therapy**
- 4. Family individual therapy**

The goal of the early intervention is to minimize harms of a first outbreak of psychosis and improve long-term functioning.

Erythropoiesis-Stimulating Agent (ESA) Guideline

Lines 33,65,78,101,102,105,123-125,131,138,144,159,166-168,170,181,197,198,206-208,219,221,222,229,230,232,236,243,249,252,275-278,280,286,291,309-311,313,319,337-339,350,354,365,452,612

This guideline was created to clarify when this treatment should be used.

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

Growth Hormone Treatment

Lines 411,485

This new guideline was created to reflect those conditions for which growth hormone treatment has been shown to be appropriate and effective.

Treatment with growth hormone is included only for children with: pituitary dwarfism, Turner's syndrome, Prader-Willi-syndrome, Noonan's syndrome, short stature homeobox-containing gene (SHOX), chronic kidney disease (stages 3, 4, 5 or 6) and those with renal transplant. Treatment with growth hormone should continue only until adult height as determined by bone age is achieved. Treatment is not included for isolated deficiency of human growth hormone or other conditions in adults.

Health and Behavior Assessment/Intervention

Lines 1,6,8,10-18,20-22,25,26,28,29,33-37,39-42,46,47,50,52,53,55,56,61,63,65,66,68,70,73,75,78,79,81,83,84,86,91,93,95,97,99-102,105,108-111,113,115,119,122-124,128,134,135,137,138,140,141,144,146,147,149-151,158,159,164-169,173,179,181-183,185,190,191,193,195-197,199,201,202,205,207-211,219,221,222,225,228-230,233,234,236-238,244,246,249,250,252-256,265-268,271-279,284,286,287,289,291,292,301,303,305,309-313,319,325,330,332,336-340,350,352,

354,355,359,365,369,370,373,374,384,391,397,404,407,416-419,426,428,429,432,435,437,439, 441,452,455,459,462-464,469,480,482,496

This guideline was revised to expand access to these services through other health care professionals.

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

In addition, Managed Care Organizations may authorize employees of organizations holding certificates or letters of approval from DHS and a Medicaid vendor number to deliver these services (i.e., not delivering services as an independent practitioner).

Hepatic Metastases

Line 338

This new guideline was created to identify when treatment is most beneficial.

Hepatic metastases (ICD-9 code 197.7) are covered in this line only when:

1. **Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12, TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT PROVIDED NEAR THE END OF LIFE;**
1. **There are no other extrahepatic metastases; and,**
2. **The only treatment covered is hepatectomy/resection of liver (CPT codes 47120, 47122, 47125 or 47130).**

Hip Core Decompression

Line 381

This new guideline was created to specify when this treatment is shown to be effective.

Hip Core Decompression (S2325) is covered only for early/pre-collapse (stage I or II; before X-ray changes are evident) avascular necrosis of the hip (femoral head and/or neck).

Hospitalization for Acute Viral Infections

Lines 540,547,561,634

This guideline was converted from a Statement of Intent to a guideline and placed on the lines listed above.

Most acute viral infections are self-limited (e.g. colds, infectious mononucleosis, gastroenteritis). However, some viral infections such as viral pneumonia, aseptic meningitis, or severe gastroenteritis may require hospitalization to treat the complications of the primary disease.

Accepted coding practices insist that the underlying condition in these cases be the principle diagnosis. For example, complicated viral pneumonia requiring respiratory support with a ventilator would have a principle diagnosis of viral pneumonia and a secondary diagnosis of respiratory failure. Since the ICD-9-CM code for viral pneumonia has historically appeared only on a non-funded line, treatment has not been reimbursable regardless of the severity of the disease. In contrast, the code for viral gastroenteritis appears on Line 296 and any necessary outpatient or inpatient services would be covered.

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

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

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

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

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

Line: 561
Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY

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

Line: 633
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD
Treatment: MEDICAL THERAPY

Treatment of viral pneumonia and influenza of significant severity that is associated with either respiratory failure or dehydration should be a covered service if the case fulfills the requirement of hospital admission guidelines using an index of severity of illness. Treatment and post-exposure prophylaxis of influenza should comply with state and national public health recommendations.

Intestinal Malabsorption

Line 241

The guideline note was replaced by a coding specification on line 241, Intestinal Malabsorption that reads, “ICD-9 code 579.8 (Other specified intestinal malabsorption) is included on this line only for chronic steatorrhea, exudative enteropathy, and protein-losing enteropathy.”

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

Mastocytosis

Lines 222,676

The guideline note was replaced by a coding specification on line 222, Non-Hodgkin's Lymphomas that reads, “Malignant and systemic mastocytosis (202.3) are included on Line 222. Mastocytosis limited to the skin (757.3) resides on Line 675.”

~~Mastocytosis limited to the skin resides on Line 676.~~

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

Line 608

This guideline was deleted and later replaced when the bariatric surgery guideline was associated with this line item.

~~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.~~

Mental Health Problems in Children Age Five and Under Related to Neglect or Abuse

Line 180

The guideline title was amended and language changed to clarify for whom the services apply. The previous title was ‘Mental Health Problems in Early Childhood Related to Neglect or Abuse.’

995.52, Child Neglect (Nutritional), 995.53, Child Sexual Abuse, and 995.54, Child Physical Abuse, may be used in any children age five and younger when there is evidence or suspicion of abuse or neglect. These codes are to be used when the focus of treatment is on the alleged child victim. This can include findings by child welfare of abuse or neglect; or

statements of abuse or neglect by the child, the perpetrator, or a caregiver or collateral report. Although these diagnoses can be used preventively, i.e. for children who are not yet showing symptoms, presence of symptoms should be demonstrated for interventions beyond evaluation or a short-term child or family intervention.

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

- **Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023**
- **Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005**
- **Individual counseling and therapy: 90810, 90812**
- **Group therapy: 90853, 90857, H2032**
- **Case Management: 90882, T1016**
- **Interpreter Service: T1013**
- **Medication management, 90862, is not indicated for these conditions in children age 5 and under.**

Mood Disorders in Children Age Eighteen and Under

Line 213

The title was changed (from ‘Mood Disorders in Early Childhood’) and the text of the guideline modified to expand the scope to include children through age eighteen.

The use of 296.90, Unspecified Episodic Mood Disorder, is appropriate only when the following apply:

- **For children ~~five~~ 18 years old and under.**
- **In the presence of significant difficulty with emotional regulation that causes functional impairment.**

Use of 296.90 for ~~children five years old and under~~ is limited to pairings with the following procedure codes:

- **Assessment and Screening: 90801, 90802, H0002, H0031, H0032, T1023**
- **Family interventions and supports: 90846, 90847, 90849, 90887, H0038, H0045, H2021, H2022, H2027, S5151, S9125, T1005**
- **Individual Counseling and Therapy: 90804, 90806, 90810, 90812, H0004**
- **Group therapy: 90853, 90857, H2032**
- **Medication management: 90862**
- **Case Management: 90882, T1016**
- **Interpreter Service: T1013**

Nerve Blocks

Lines 1,4,7,10,11,14,22,26,30,31,33,35,40-43,48-55,57-65,68,70,72-79,83-103,105,106,108-111,113,115, 116,118,122-126,129-132,136-139,141-151,153,154,158,159,161-167,169-173,175-178,181,182,184, 186-202,204,206-208,211,214,215,217-222,224-227,229-234,236-238,240,242,243,245,247-250,252-263,266-268,270-280,282,285-287,290-293,296-298,300,302,303,306-314,317-325,327,329-335,337-340,342-345,347-354,358-363,365-367,370-373,375-382,385,386,388-392,394,397-404,406-408,410,

413,415-419,421-424,426,428,431-437,440-443,445-449,451-454,456-460,462,464,465,468,469,475-477,480-485,487-489,491-498,500-502,556

This guideline was converted from a Statement of Intent to a guideline and placed on the lines listed above.

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.

Obesity Line 8

This guideline received minor revisions for clarification.

Medical treatment of obesity ~~includes~~ is limited to accepted intensive counseling on nutrition and exercise, provided by health care professionals. Intensive counseling is defined as face to face contact more than monthly. Visits are not to exceed more than once per week. Intensive counseling visits (once every 1-2 weeks) are covered for 6 months. Intensive counseling visits may continue for longer than 6 months as long as there is evidence of continued weight loss. Maintenance visits are covered no more than monthly after this intensive counseling period. Pharmacological treatments are not intended to be included as ~~a treatment~~ services on this line. See also Guideline Note 61

Parotid Gland Pleomorphic Adenoma Line 311

The guideline note, added this biennium, was replaced by a coding specification on line 311, Cancer of Oral Cavity, Pharynx, Nose and Larynx that reads, "ICD-9 code 210.2 is only covered on this line for parotid gland pleomorphic adenomas."

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

Pet Scan Lines 125,166,167,170,182,207,208,221,222,243,276,278,291,311,337

The PET scan guideline was revised for clarity.

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

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

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

PET scan of head and neck cancer is only covered for

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:

Clinical management of the patient will differ depending on the stage of the cancer identified and either:

1. the stage of the cancer remains in doubt after standard diagnostic work up, OR
2. 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.

Restaging is not covered for cervical 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 cardiac evaluation.

Pickwickian Syndrome

Lines 8,211

This guideline was added then later deleted during the reporting period when a new ICD-9-CM was created that made this guideline unnecessary.

~~278.8 (Other hyperalimantation) is included on these lines only for coverage of Pickwickian Syndrome/Obesity Hypoventilation Syndrome.~~

Reconstruction of the Nose

Line 273

This new guideline clarifies the Commission’s intent that nose reconstruction be covered for situations where it is done for non-cosmetic reasons.

ICD-9 code 748.1 is on this line only for reconstruction of absence of the nose and other severe nasal anomalies which significantly impair physical functioning.

Rehabilitative Therapies

Lines 12,50-52,63,73-75,77,79,84,88,89,93,94,97-100,108,109,115,116,122,129,139,141-143, 145,146,158,161,165,179,184,185,189,190,192,194,195,201,202,208,217,227,237,239,270,271, 273,274,279,287,288,292,296,301,303,306-308,317,334,340,347,348,362,366,368,372,373,375, 379,381,382,384,397,403,404,428,434,436,440,448,460,469,480,497,508,539,551,569,587,610, 627

This guideline was added to the line for the treatment of urinary incontinence and the guidelines text was revised to indicate a narrower range of V-codes that should be coded as a principle diagnosis.

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.

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

Repair of Nose Tip

Line 324

This new guideline clarifies the Commission's intent regarding nose tip repair.

Nose tip repair is included on this line only to be used in conjunction with codes 40700, 40701, 40702, or 40720 or subsequent correction of physical functioning.

Second Bone Marrow Transplants

Lines 78,102,105,125,131,166,170,198,206,232,280,313

After hearing the Health Resources Commission's findings on the effectiveness of non-meloablative bone marrow transplants, the guideline was amended as follows. The previous title was 'Second Bone Marrow Transplants; Non-Myeloablative Stem Cell Transplants.'

Second bone marrow transplants are not covered except for tandem autologous transplants for multiple myeloma. ~~Non-meloablative transplants (mini-transplants) are not covered.~~

Second Solid Organ Transplants

Lines 92,170,253,254,255,256,279,332,575

The commission made the decision to delete their guideline on second solid organ transplants and therefore let the United Network for Organ Sharing (UNOS) determine organ allocation.

~~Second solid organ transplants of the same type of organ are not covered except for acute graft failure that occurs during the original hospitalization for transplantation.~~

Stabilization of Periodontal Health, Complex Restorative, and Removable Prosthodontics

Line 498

This guideline was edited to remove a clause that no longer applies.

Only for the treatment of severe drug-induced hyperplasia (D4210, D4211). To be used in conjunction with making a prosthesis (D7470, D7970). Limited to two reimbursements (D5850, D5851). Must have four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate (D5110, D5120, D5130, D5140, D5213, D5214). By Report (D4210). Payable once every two years (~~D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761~~). Payable only when there are pockets of 5 mm or greater (D4341).

Synagis

Line 3

This new guideline was developed to define for whom the treatment is most effective.

CPT code 90378, Synagis (palivizumab), is covered for infants meeting one of the criteria given below (A-E), according to the treatment guidelines for each criterion:

- A) Infants younger than 24 months who have congenital heart disease (CHD) or chronic lung disease of prematurity (CLD, formerly called bronchopulmonary dysplasia) AND require medical therapy**
 - 1) **Therapy is initiated within 6 months before the start of the RSV season**
 - 2) **Maximum 5 doses**
- B) Infants younger than 12 months with congenital abnormalities of the airway or neuromuscular disease**
 - 1) **Maximum 5 doses**
- C) Had a gestation age of 28 weeks or less**
 - 1) **Initiated during the RSV season before the infant reaches 12 months**
 - 2) **Maximum 5 doses**
- D) Had a gestation age of 29 weeks and 0 days to 31 weeks and 6 days**
 - 1) **Initiated during the RSV season before the infant reaches 6 months**
 - 2) **Maximum 5 doses**
- E) Had a gestational age of 32 weeks 0 days to 34 weeks 6 days**
 - 1) **Born within 3 months before the start of RSV season or at any time throughout the RSV season**
 - 2) **Have at least 1 of these 2 risk factors**
 - a) **Infant attends child care; or**
 - b) **One or more siblings or other children younger than 5 years live permanently in the child's household.**
 - 3) **Should receive prophylaxis only until they reach 90 days of age or a maximum of 3 doses (whichever comes first).**

TIPS Procedure

Lines 225,231,302,359

A new guideline was developed for Transvenous Intrahepatic Portosystemic Shunt (TIPS)

TIPS procedure (CPT code 37182, 37183) is included on these lines for patients who:

- 1. **Have failed sclerotherapy and have acute bleeding from varices; or**
- 2. **Have failed sclerotherapy and have had 2 or more episodes of re-bleeding requiring a transfusion during a 2-week period; or**
- 3. **Requires bleeding control from varices and surgery is contraindicated; or**
- 4. **Are liver transplant candidates who require bleeding control from varices; or**
- 5. **Have severe debilitating ascites or hepatic hydrothorax refractory to medical management (e.g., oral diuretics and repeated large-volume paracentesis).**

Treatment of Cancer with Little or No Benefit Provided Near the End of Life
Lines 101,102,123-125,144,159,166,167,170,181,197,198,207,208,219,221,222,229,230,232,
243,249,252,275-278,280,286,291,309-311,319,337-339,354,452,574,612

This guideline was converted from a Statement of Intent to a guideline and placed on the lines listed above.

This guideline only applies to patients with advanced cancer who have less than 24 months median survival with treatment.

All patients receiving end of life care, either with the intent to prolong survival or with the intent to palliate symptoms, should have/be engaged with palliative care providers (for example, have a palliative care consult or be enrolled in a palliative care program).

Treatment with intent to prolong survival is not a covered service for patients with any of the following:

- **Median survival of less than 6 months with or without treatment, as supported by the best available published evidence**
- **Median survival with treatment of 6-12 months when the treatment is expected to improve median survival by less than 50%, as supported by the best available published evidence**
- **Median survival with treatment of more than 12 months when the treatment is expected to improve median survival by less than 30%, as supported by the best available published evidence**
- **Poor prognosis with treatment, due to limited physical reserve or the ability to withstand treatment regimen, as indicated by low performance status.**

Unpublished evidence may be taken into consideration in the case of rare cancers which are universally fatal within six months without treatment.

The Health Services Commission is reluctant to place a strict \$/QALY (quality adjusted life-year) or \$/LYS (life-year saved) requirement on end-of-life treatments, as such measurements are only approximations and cannot take into account all of the merits of an individual case. However, cost must be taken into consideration when considering treatment options near the end of life. For example, in no instance can it be justified to spend \$100,000 in public resources to increase an individual's expected survival by three months when hundreds of thousands of Oregonians are without any form of health insurance.

Treatment with the goal to palliate is addressed in Statement of Intent 1, Palliative Care.

Tympanostomy Tubes In Acute Otitis Media

Line 413

While a guideline had already existed on the use of tympanostomy tubes in chronic otitis media, this new guideline was created regarding the use of this treatment in acute otitis media.

Tympanostomy tubes (69436) are only included on this line as treatment for 1) recurrent acute otitis media (three or more episodes in six months or four or more episodes in one

year) that fail appropriate medical management, 2) for patients who fail medical treatment secondary to multiple drug allergies or who fail two or more consecutive courses of antibiotics, or 3) complicating conditions (immunocompromised host, meningitis by lumbar puncture, acute mastoiditis, sigmoid sinus/jugular vein thrombosis by CT/MRI/MRA, cranial nerve paralysis, sudden onset dizziness/vertigo, need for middle ear culture, labyrinthitis, or brain abscess). Patients with craniofacial anomalies, Down's syndrome, cleft palate, and patients with speech and language delay may be considered for tympanostomy with their first episode of acute otitis media.

Vertebroplasty

Lines 159,498

This guideline was added then deleted during the reporting period after a study which showed the treatment to be ineffective.

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~~

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 by Lisa Dodson, MD, since May 2008, is composed of the dental representative and the five physician members of the Commission.¹¹ 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. The HOSC uses high quality clinical evidence and clinical expertise to make recommendations for changes in code placement, line prioritization and guidelines. All work of the HOSC is formulated into recommendations to be forwarded to the full Commission for a final vote.

Mental Health Care and Chemical Dependency Subcommittee

The Mental Health Care and Chemical Dependency (MHCD) Subcommittee¹² has provided the Commission with invaluable information and recommendations related to the prioritization of MHCD services since its creation in 1989.

During the last biennium, the MHCD Subcommittee created a new Autism Spectrum Disorder line and reviewed guidelines on chronic organic mental disorders and childhood mental health disorders. They also recommended adding peer-delivered services for chemical dependency to the Prioritized List. They identified a series of MHCD “Value-Based Services” that should be offered with minimal barriers in order to incentivize use of low-cost, highly-effective services. The MHCD has initiated the process of incorporating the new ICD-10-CM codes into the Prioritized List, and also made recommendations for line name changes and condition groupings as part of the biennial review.

Dental Services Subcommittee

The Dental Services Subcommittee was formed in 2008 to advise on the prioritization of dental services on the Prioritized List. The Dental Services Subcommittee¹³ consists of members of the oral health provider community, OHP Dental Care Organizations, and other oral health care advocates.

¹¹ See Appendix B for a list of the physician members on the Health Services Commission that make up the HOSC.

¹² See Appendix B for the roster of the Mental Health Care and Chemical Dependency Subcommittee members.

¹³ See Appendix B for the roster of the Dental Services Subcommittee members.

The Dental Services Subcommittee reviewed all of the dental codes on the Prioritized List and revised and further stratified the eight dental lines into 21 dental lines (see Figure 1.6). They then recommended rankings for these new dental lines using the established methodology shown in Figures 1.1 and 1.2. The Subcommittee also reviewed the new CDT codes and made recommendations on placement on the Prioritized List and refined the existing dental guidelines. They also identified a series of dental “value-based services,” low cost, highly effective dental services that should be offered with minimal barriers to encourage utilization.

The Subcommittee will offer recommendations for ICD-10-CM conversion for the dental lines on the Prioritized List in 2011.

Genetics Advisory Committee

The Genetics Advisory Committee¹⁴ is comprised of genetics professionals and was reconvened in 2010 to advise the HSC on coverage decisions for genetic testing for children with developmental delay, intellectual disability, and autism.

The Committee reviewed the Non-prenatal Genetic Testing Guideline and made recommendations to the HSC on screening for genetic etiologies of developmental delay, multiple congenital anomalies, and autism in children. The Committee will continue the discussion with the HSC to discuss potential modifications to the non-prenatal genetic testing guideline. In the next biennium, the Committee will convene a group to discuss cancer genetic testing as well.

¹⁴ See Appendix B for the roster of the Genetics Advisory Committee members.

**CHAPTER FOUR:
RECOMMENDATIONS**

The Health Services Commission is pleased to offer these recommendations to the Governor and 76th Oregon Legislative Assembly:

1. Adopt the Prioritized List of Health Services for calendar years 2012-13 appearing in Appendix C;
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. Consider the use of the Prioritized List and the recently developed Value-Based Services in defining benefits for other publicly funded health programs as well as an option for a value-based benefit package within the Oregon Health Insurance Exchange under development

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

APPENDIX A:
SENATE BILL 850 (2009)

Enrolled
Senate Bill 850

Sponsored by Senator MORRISETTE; Senators BATES, GIROD, KRUSE, MONNES ANDERSON, WINTERS, Representatives BRUUN, COWAN, DEMBROW, FREEMAN, KOTEK, THOMPSON, VANORMAN (at the request of Oregon Oral Health Advocates)

CHAPTER

AN ACT

Relating to the Health Services Commission; amending ORS 414.715.

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

SECTION 1. ORS 414.715 is amended to read:

414.715. (1) The Health Services Commission is established, consisting of [11] **12** members appointed by the Governor **in consultation with professional and other interested organizations** and confirmed by the Senate[.], **as follows:**

(a) Five members [shall] **must** be physicians licensed to practice medicine in this state who have clinical expertise in the general areas of obstetrics, perinatal **health**, pediatrics, adult medicine, mental health and chemical dependency, disabilities, geriatrics or public health. One of the physicians [shall] **must** be a doctor of osteopathy. [Other members shall include a public health nurse, a social services worker and four consumers of health care. In making the appointments, the Governor shall consult with professional and other interested organizations.]

(b) **One member must be a dentist licensed under ORS chapter 679 who has clinical expertise in general, pediatric or public health dentistry related to the delivery of dental services under the Oregon Health Plan.**

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

(d) **One member must be a social services worker.**

(e) **Four members must be consumers of health care.**

(2) Members of the Health Services Commission [shall] serve for a term of four years, at the pleasure of the Governor.

(3) [Members shall receive no compensation for their services, but subject to any applicable state law, shall be allowed actual and necessary travel expenses incurred in the performance of their duties.] **Members are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses shall be paid out of funds available to the Oregon Department of Administrative Services for purposes of the commission.**

(4) The commission may establish such subcommittees of its members and other medical, economic or health services advisers as it determines to be necessary to assist the commission in the performance of its duties.

Passed by Senate May 4, 2009

.....
Secretary of Senate

.....
President of Senate

Passed by House June 2, 2009

.....
Speaker of House

Received by Governor:

.....M,....., 2009

Approved:

.....M,....., 2009

.....
Governor

Filed in Office of Secretary of State:

.....M,....., 2009

.....
Secretary of State

APPENDIX B:

COMMISSION AND SUBCOMMITTEE MEMBERSHIP

HEALTH SERVICES COMMISSION

**MENTAL HEALTH CARE AND CHEMICAL
DEPENDENCY SUBCOMMITTEE**

DENTAL SERVICES SUBCOMMITTEE

GENETICS ADVISORY COMMITTEE

COMMISSION STAFF

Health Services Commission

Member Profiles

“The Health Services Commission is established, consisting of 12 members appointed by the Governor in consultation with professional and other interested organizations and confirmed by the Senate, as follows:

(a) Five members must be physicians licensed to practice medicine in this state who have clinical expertise in the general areas of obstetrics, perinatal health, pediatrics, adult medicine, mental health and chemical dependency, disabilities, geriatrics or public health. One of the physicians must be a doctor of osteopathy.

(b) One member must be a dentist licensed under ORS chapter 679 who has clinical expertise in general, pediatric or public health dentistry related to the delivery of dental services under the Oregon Health Plan.

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

(d) One member must be a social services worker.

(e) Four members must be 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 second term expires in 2014.

K. Dean Gubler, DO, MPH, FACS, 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 Preventative Medicine by the American Board of Preventative 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.

Kevin Olson, MD, of Portland, is a hematologist and medical oncologist 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 has also been 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 second term expires in 2013.

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 she is currently the President-Elect 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.

DENTIST

James Tyack, DMD FAGD MAGD, of Rainier, is President and owner of Tyack Dental Group with clinics in Clatskanie and Astoria Oregon. He received his Bachelor of Science degree at the University of Oregon and attended Oregon Health Sciences University School of Dentistry, graduating in 1976. Following graduation, Dr. Tyack served in the Indian Health Service in Arizona and entered private practice in 1977. Dr. Tyack is a Fellow and Master of the Academy of General Dentistry and serves as manuscript reviewer for the Academy's publication "General Dentistry." Dr. Tyack has served as adjunct faculty at OHSU School of Dentistry and Dental Director for the Family Health Center and Cowlitz County Health in Longview Washington. Dr. Tyack and his associates are currently providing the majority of dental care for Oregon Health Plan patients in Columbia and Clatsop Counties. His first term expires in 2014.

PUBLIC HEALTH NURSE

Leda Garside, RN, MBA, of Lake Oswego, is a bilingual, bicultural Latina registered nurse, and is the Clinical Nurse Manager for the ¡Salud! Program, an outreach program of the Tuality Healthcare Foundation in Hillsboro. Ms. Garside completed her nursing degree at the University of Alaska in Anchorage in 1983. Her 25-year nursing career includes acute care, occupational health services and in the last 10 years community and public health. Ms. Garside is very active in many community outreach committees, coalitions and boards. Her career interests are: cultural competencies in health care, health promotion and prevention and facilitating access to health care to all Oregonians. She strongly believes that many things can be accomplished when there is collaboration, cooperation and commitment to better serve the needs of the community, in particular the underserved and at risk populations. Ms. Garside is a member of the National Association of Hispanic Nurses, Oregon Public Health Association, Sigma Theta Tau International Honor Society of Nursing, and the Oregon Latino Health Coalition. Her second term expires in 2013.

SOCIAL WORKER

Lawrence Betcher, MSW, LSCW, CADC I, received his MSW degree from Boston University School of Social Work and has been a Licensed Clinical Social Worker for 14 years. Mr. Betcher has practiced in a number of clinical settings, including psychiatric hospitals and outpatient mental health clinics. He currently runs the Psychiatric Security Review Board (PSRB) program at Providence Portland Medical Center. Mr. Betcher is the past president of the NASW-Oregon Chapter and is currently serving a three year term on the national board of directors of the NASW (National Association of Social Workers). His first term expires in 2014.

CONSUMER ADVOCATES

Bruce Abernethy is the Grant Writer for the Bend - La Pine School District. Since moving to Bend in 1992, he has served in various elected and volunteer positions, 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 Central Oregon 10-Year Plan to End Homelessness. In addition, he served 8 years on the Bend City Council (including a 2-year stint as Mayor in 2007-08). 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. His second term expires in 2014.

Bob Joondeph, JD 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.

Alberto Vasquez, of Salem, is a bilingual, bicultural Health Care Interpreter/Translator, and is currently serving and advocating for families with limited English as an in-house Interpreter/Translator at Childhood Health Associates of Salem. Mr. Vasquez has worked on behalf of people with limited English, bridging language and culture barriers, helping them to have better access to health care and other services, and helping to reduce Healthcare disparities among the Hispanic population for over 5 years. He has completed an AAS in Electronics Engineering Technology and worked in the high tech field industry for 4 year before moving to Oregon in 2005. Mr. Vasquez is currently working on completing a bachelor's degree in Theology. He is very active in his church on helping develop community outreach programs and services. His career interests are: technology in health care, communications, web design, media productions, photography and public relations. His first term expires in 2014.

Kathryn Weit 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 second term expires in 2013.

Mental Health Care and Chemical Dependency Subcommittee Members

Donalda Dodson, RN, MPH, Chair
Seth Bernstein, PhD
Lawrence Betcher, MSW, LSCW, CADC I
Gary W. Cobb
David Pollack, MD
Carole Romm, RN, MPA
Michael Reaves, MD
Kathleen Savicki, LCSW
Ann Uhler

Dental Services Subcommittee Members

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

CLINICAL SERVICES CONSULTANT

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

RESEARCH ANALYST

Jason Gingerich is a research analyst with Oregon Health Policy and Research. Prior to his current position, he worked for nine years as an IT project manager and business analyst for a small health insurance and financial services firm in Indiana. He is a certified Project Management Professional. His experience includes analysis and optimization of a health claims processing system as well as managing projects ranging from software upgrades and implementations to new product launches. (503-373-2193)

PROGRAM/ADMINISTRATIVE SPECIALIST

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

APPENDIX C:

PRIORITIZED HEALTH SERVICES

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

**LINE DESCRIPTIONS FOR THE 2012-13
PRIORITIZED LIST OF HEALTH SERVICES**

**STATEMENT OF INTENT AND GUIDELINE
DESCRIPTIONS FOR THE 2012-13
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 215, 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 692 the least important in terms of the benefit to be gained by the population being served.
- 3) **How is the funding line established?** The 76th 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, 2012.
- 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 D of this report. In addition, preventive dental services are included on line 58. 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 statements of intent?** Statements of intent allow the Commission the ability to indicate their intent for coverage of services that cannot be easily identified by medical codes. These statements appear later in this appendix immediately following the Prioritized List.
- 11) **What are practice guidelines?** Guidelines are used to further delineate conditions where the coding system does not adequately distinguish between sub-groups that are treated differently or to indicate the most effective use of a particular treatment. See Chapter Two for further detail on new guidelines developed and existing guidelines that were modified over the last two years. A listing of the guideline titles is provided at the end of this appendix. This includes guidelines associated with diagnostic and ancillary services that don't appear on the Prioritized List as well as services that do appear on the list. A full listing of the practice guidelines are posted on the Commission's website (shown below).
- 12) **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, 2012 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, 2011) appear on the website now, and the revised ones will look very similar.
- 13) **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/OHA/OHPR/HSC>

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

<http://www.oregon.gov/OHA/healthplan>

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://oregon.gov/OHA/OHPR>

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

**LINE DESCRIPTIONS FOR THE
2012-13 PRIORITIZED LIST
OF HEALTH SERVICES**

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 1
Condition: PREGNANCY
Treatment: MATERNITY CARE

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

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

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

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

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

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

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

Line: 9
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE
Treatment: MEDICAL/PSYCHOTHERAPY

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

Line: 11
Condition: ASTHMA
Treatment: MEDICAL THERAPY

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

Line: 13
Condition: GALACTOSEMIA
Treatment: MEDICAL THERAPY

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

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

Line: 16
Condition: CONGENITAL HYPOTHYROIDISM
Treatment: MEDICAL THERAPY

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

Line: 19
Condition: CONGENITAL SYPHILIS
Treatment: MEDICAL THERAPY

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

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

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

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

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

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

Line: 26
Condition: CYSTIC FIBROSIS
Treatment: MEDICAL THERAPY

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

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

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

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

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

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

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

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

Line: 38
Condition: NEONATAL THYROTOXICOSIS
Treatment: MEDICAL THERAPY

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

Line: 40
Condition: SPINA BIFIDA
Treatment: SURGICAL TREATMENT

Line: 41
Condition: TERMINATION OF PREGNANCY
Treatment: INDUCED ABORTION

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

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

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

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

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

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

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

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

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

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

Line: 55
Condition: TUBERCULOSIS
Treatment: MEDICAL THERAPY

Line: 56
Condition: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 57
Condition: GONOCOCCAL INFECTIONS AND OTHER SEXUALLY TRANSMITTED DISEASES
Treatment: MEDICAL THERAPY

Line: 58
Condition: PREVENTIVE DENTAL SERVICES
Treatment: CLEANING, FLUORIDE AND SEALANTS

Line: 59
Condition: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY

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

Line: 61
Condition: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 62
Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 63
Condition: FLAIL CHEST
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 64
Condition: BURN FULL THICKNESS GREATER THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 65
Condition: BRONCHIECTASIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 66
Condition: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 67
Condition: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
Treatment: MEDICAL THERAPY

Line: 68
Condition: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 69
Condition: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE, MISSED ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 70
Condition: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY

Line: 71
Condition: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 72
Condition: CANCRUM ORIS
Treatment: MEDICAL THERAPY

Line: 73
Condition: DISSEMINATED INFECTIONS WITH LOCALIZED SITES
Treatment: MEDICAL THERAPY

Line: 74
Condition: VENTRICULAR SEPTAL DEFECT
Treatment: CLOSURE

Line: 75
Condition: ACUTE BACTERIAL MENINGITIS
Treatment: MEDICAL THERAPY

Line: 76
Condition: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 77
Condition: CONGENITAL PULMONARY VALVE STENOSIS
Treatment: PULMONARY VALVE REPAIR

Line: 78
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: 79
Condition: AGRANULOCYTOSIS
Treatment: BONE MARROW TRANSPLANTATION

Line: 80
Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS WITH VITAL SITE, LESS THAN 10% OF BODY SURFACE
Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 81
Condition: POLYCYTHEMIA NEONATORUM, SYMPTOMATIC
Treatment: MEDICAL THERAPY

Line: 82
Condition: DERMATOMYOSITIS, POLYMYOSITIS
Treatment: MEDICAL THERAPY

Line: 83
Condition: ADDISON'S DISEASE
Treatment: MEDICAL THERAPY

Line: 84
Condition: DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 85
Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA
Treatment: LIGATION

Line: 86
Condition: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES
Treatment: LIGATION/REPAIR

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 87
Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP
Treatment: MEDICAL THERAPY

Line: 88
Condition: INJURY TO INTERNAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 89
Condition: FRACTURE OF HIP, CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 90
Condition: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 91
Condition: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR TRACHEA, OPEN
Treatment: REPAIR

Line: 92
Condition: DIABETES MELLITUS WITH END STAGE RENAL DISEASE
Treatment: SIMULTANEOUS PANCREAS/KIDNEY (SPK) TRANSPLANT, PANCREAS AFTER KIDNEY (PAK) TRANSPLANT

Line: 93
Condition: DISORDERS OF PANCREATIC ENDOCRINE SECRETION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 94
Condition: ENDOCARDIAL CUSHION DEFECTS
Treatment: REPAIR

Line: 95
Condition: CONGENITAL PULMONARY VALVE ATRESIA
Treatment: SHUNT/REPAIR

Line: 96
Condition: CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment: RECONSTRUCTION

Line: 97
Condition: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 98
Condition: TRANSPOSITION OF GREAT VESSELS
Treatment: REPAIR

Line: 99
Condition: CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY
Treatment: MITRAL VALVE REPAIR/REPLACEMENT

Line: 100
Condition: GUILLAIN-BARRE SYNDROME
Treatment: MEDICAL THERAPY

Line: 101
Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS,
COMPOUND/DEPRESSED FRACTURES OF SKULL
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 102
Condition: ACUTE LYMPHOCYTIC LEUKEMIA (CHILD)
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 103
Condition: ACUTE LEUKEMIAS, MYELODYSPLASTIC SYNDROME
Treatment: BONE MARROW TRANSPLANT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 104
Condition: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT

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

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

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

Line: 108
Condition: HEART FAILURE
Treatment: MEDICAL THERAPY

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

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

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

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

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

Line: 114
Condition: BOTULISM
Treatment: MEDICAL THERAPY

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

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

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

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 121
Condition: COAGULATION DEFECTS
Treatment: MEDICAL THERAPY

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

Line: 123
Condition: CANCER OF TESTIS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 124
Condition: CANCER OF EYE AND ORBIT
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

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

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

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

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

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

Line: 130
Condition: AMEBIASIS
Treatment: MEDICAL THERAPY

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

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

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

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

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

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

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

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

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

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

Line: 144
Condition: CANCER OF CERVIX
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

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

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

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

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

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

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

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

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

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

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

Line: 158
Condition: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL
DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF
VERTEBRAL INJURY
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 159
Condition: CHORIOCARCINOMA
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

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

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

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

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

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

Line: 165
Condition: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

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

Line: 167
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: 168
Condition: CHRONIC GRANULOMATOUS DISEASE
Treatment: MEDICAL THERAPY

Line: 169
Condition: BILIARY ATRESIA
Treatment: LIVER TRANSPLANT

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIIUM

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

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

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

Line: 175
Condition: COMPLICATED HERNIAS (OTHER THAN DIAPHRAGMATIC HERNIA); UNCOMPLICATED INGUINAL HERNIA
IN CHILDREN AGE 18 AND UNDER; PERSISTENT HYDROCELE
Treatment: REPAIR

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

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

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

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

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

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

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

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

Line: 184
Condition: COMMON VENTRICLE
Treatment: TOTAL REPAIR

Line: 185
Condition: INTRACEREBRAL HEMORRHAGE
Treatment: MEDICAL THERAPY

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

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

Line: 188
Condition: SEPTICEMIA
Treatment: MEDICAL THERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

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

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

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

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

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

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

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

Line: 197
Condition: CANCER OF BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND
BREAST RECONSTRUCTION

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

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

Line: 200
Condition: ACUTE PANCREATITIS
Treatment: MEDICAL THERAPY

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

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

Line: 203
Condition: TETANUS NEONATORUM
Treatment: MEDICAL THERAPY

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

Line: 207
Condition: CANCER OF SOFT TISSUE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 208
Condition: CANCER OF BONES
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 209
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
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 ABSCESES 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
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
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
Treatment: MEDICAL/PSYCHOTHERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

Line: 229
Condition: CANCER OF STOMACH
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: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)
Treatment: BASIC PERIODONTICS

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

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: OCCUPATIONAL LUNG DISEASES
Treatment: MEDICAL THERAPY

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 240
Condition: RUPTURED VISCUS
Treatment: REPAIR

Line: 241
Condition: INTESTINAL MALABSORPTION
Treatment: MEDICAL THERAPY

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

Line: 243
Condition: MALIGNANT MELANOMA OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 244
Condition: LEPTOSPIROSIS
Treatment: MEDICAL THERAPY

Line: 245
Condition: URINARY FISTULA
Treatment: SURGICAL TREATMENT

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

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

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

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

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

Line: 251
Condition: TETANUS
Treatment: MEDICAL THERAPY

Line: 252
Condition: CANCER OF OVARY
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

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

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

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

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

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

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

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

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

Line: 264
Condition: GLYCOGENOSIS
Treatment: MEDICAL THERAPY

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

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

Line: 267
Condition: CHRONIC PANCREATITIS
Treatment: MEDICAL THERAPY

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

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

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

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

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

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

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

Line: 275
Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 276
Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 277
Condition: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 278
Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

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

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

Line: 281
Condition: TRACHOMA
Treatment: MEDICAL THERAPY

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

Line: 283
Condition: DENTAL CONDITIONS (TIME SENSITIVE EVENTS)
Treatment: URGENT DENTAL SERVICES

Line: 284
Condition: RICKETTSIAL AND OTHER ARTHROPOD-BORNE DISEASES
Treatment: MEDICAL THERAPY

Line: 285
Condition: DIABETES INSIPIDUS
Treatment: MEDICAL THERAPY

Line: 286
Condition: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS OF GLOBE
Treatment: ENUCLEATION

Line: 287
Condition: CANCER OF BLADDER AND URETER
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 288
Condition: TRAUMATIC AMPUTATION OF FOOT/FEET (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 289
Condition: ACUTE POLIOMYELITIS
Treatment: MEDICAL THERAPY

Line: 290
Condition: LEPROSY, YAWS, PINTA
Treatment: MEDICAL THERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 291
Condition: UROLOGIC INFECTIONS
Treatment: MEDICAL THERAPY

Line: 292
Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 293
Condition: INJURY TO BLOOD VESSELS OF THE THORACIC CAVITY
Treatment: REPAIR

Line: 294
Condition: RUPTURE OF BLADDER, NONTRAUMATIC
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 295
Condition: OTHER PSYCHOTIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 296
Condition: HYDROPS FETALIS
Treatment: MEDICAL THERAPY

Line: 297
Condition: DEFORMITY/CLOSED DISLOCATION OF JOINT
Treatment: SURGICAL TREATMENT

Line: 298
Condition: SENSORINEURAL HEARING LOSS - AGE 5 OR UNDER
Treatment: COCHLEAR IMPLANT

Line: 299
Condition: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS
Treatment: RETINAL REPAIR, VITRECTOMY

Line: 300
Condition: ARTHROPOD-BORNE VIRAL DISEASES
Treatment: MEDICAL THERAPY

Line: 301
Condition: HYPOPLASIA AND DYSPLASIA OF LUNG
Treatment: MEDICAL THERAPY

Line: 302
Condition: CHRONIC RHEUMATIC PERICARDITIS, RHEUMATIC MYOCARDITIS
Treatment: MEDICAL THERAPY

Line: 303
Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
Treatment: THROMBECTOMY/LIGATION

Line: 304
Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 305
Condition: ANOREXIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 306
Condition: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY FAILURE
Treatment: MEDICAL THERAPY

Line: 307
Condition: DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment: SURGICAL TREATMENT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIIUM

Line: 308
Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 309
Condition: RUPTURE OF PAPILLARY MUSCLE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 310
Condition: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY

Line: 311
Condition: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 312
Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 313
Condition: CONSTITUTIONAL APLASTIC ANEMIA
Treatment: MEDICAL THERAPY

Line: 314
Condition: OSTEOPETROSIS
Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 315
Condition: CRUSH INJURIES OF DIGITS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 316
Condition: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 317
Condition: ADRENAL OR CUTANEOUS HEMORRHAGE OF FETUS OR NEONATE
Treatment: MEDICAL THERAPY

Line: 318
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)

Line: 319
Condition: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 320
Condition: CANCER OF BRAIN AND NERVOUS SYSTEM
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 321
Condition: CATARACT, EXCLUDING CONGENITAL
Treatment: EXTRACTION OF CATARACT

Line: 322
Condition: AFTER CATARACT
Treatment: DISCISSION, LENS CAPSULE

Line: 323
Condition: FISTULA INVOLVING FEMALE GENITAL TRACT
Treatment: CLOSURE OF FISTULA

Line: 324
Condition: VITREOUS DISORDERS
Treatment: VITRECTOMY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 325
Condition: CLEFT PALATE AND/OR CLEFT LIP
Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS

Line: 326
Condition: GOUT AND CRYSTAL ARTHROPATHIES
Treatment: MEDICAL THERAPY

Line: 327
Condition: PERTUSSIS AND DIPHTHERIA
Treatment: MEDICAL THERAPY

Line: 328
Condition: THROMBOCYTOPENIA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 329
Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU)
Treatment: MEDICAL THERAPY

Line: 330
Condition: PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY

Line: 331
Condition: DISORDERS OF ARTERIES, OTHER THAN CAROTID OR CORONARY
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 332
Condition: PARALYTIC ILEUS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 333
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: 334
Condition: AUTISM SPECTRUM DISORDERS
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION

Line: 335
Condition: CHRONIC INFLAMMATORY DISORDER OF ORBIT
Treatment: MEDICAL THERAPY

Line: 336
Condition: CONGENITAL DISLOCATION OF HIP; COXA VARA AND VALGA
Treatment: SURGICAL TREATMENT

Line: 337
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY

Line: 338
Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM
Treatment: MEDICAL THERAPY

Line: 339
Condition: CANCER OF ESOPHAGUS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 340
Condition: CANCER OF LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 341
Condition: CANCER OF PANCREAS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 342
Condition: STROKE
Treatment: MEDICAL THERAPY

Line: 343
Condition: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC EDEMA
Treatment: MEDICAL THERAPY

Line: 344
Condition: PURULENT ENDOPHTHALMITIS
Treatment: VITRECTOMY

Line: 345
Condition: FOREIGN BODY IN CORNEA AND CONJUNCTIVAL SAC
Treatment: REMOVAL CONJUNCTIVAL FOREIGN BODY

Line: 346
Condition: OTHER ANEURYSM OF PERIPHERAL ARTERY
Treatment: SURGICAL TREATMENT

Line: 347
Condition: SALOADENITIS, ABSCESS, FISTULA OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 348
Condition: CYSTICERCOSIS, OTHER CESTODE INFECTION, TRICHINOSIS
Treatment: MEDICAL THERAPY

Line: 349
Condition: NON-DISSECTING ANEURYSM WITHOUT RUPTURE
Treatment: SURGICAL TREATMENT

Line: 350
Condition: ARTERIAL ANEURYSM OF NECK
Treatment: REPAIR

Line: 351
Condition: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER
OUTLET OBSTRUCTION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 352
Condition: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 353
Condition: VESICULAR FISTULA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 354
Condition: COCCIDIOIDOMYCOSIS, HISTOPLASMOSIS, BLASTOMYCOTIC INFECTION, OPPORTUNISTIC AND OTHER
MYCOSES
Treatment: MEDICAL THERAPY

Line: 355
Condition: DISSEMINATED INTRAVASCULAR COAGULATION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 356
Condition: CANCER OF PROSTATE GLAND
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 357
Condition: SYSTEMIC SCLEROSIS
Treatment: MEDICAL THERAPY

Line: 358
Condition: ANAEROBIC INFECTIONS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN

Line: 359

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Condition: BENIGN CEREBRAL CYSTS
Treatment: DRAINAGE

Line: 360

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

Line: 361

Condition: SCLERITIS
Treatment: MEDICAL THERAPY

Line: 362

Condition: RUBEOSIS IRIDIS
Treatment: LASER SURGERY

Line: 363

Condition: DISEASES OF ENDOCARDIUM
Treatment: MEDICAL THERAPY

Line: 364

Condition: WOUND OF EYE GLOBE
Treatment: SURGICAL REPAIR

Line: 365

Condition: ACUTE NECROSIS OF LIVER
Treatment: MEDICAL THERAPY

Line: 366

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

Line: 367

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

Line: 368

Condition: HEREDITARY HEMORRHAGIC TELANGIECTASIA
Treatment: EXCISION

Line: 369

Condition: RHEUMATIC FEVER
Treatment: MEDICAL THERAPY

Line: 370

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

Line: 371

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: 372

Condition: DENTAL CONDITIONS (EG. CRIES, FRACTURED TOOTH)
Treatment: BASIC RESTORATIVE (E.G. COMPOSITE RESTORATIONS FOR ANTERIOR TEETH, AMALGAM
RESTORATIONS FOR POSTERIOR TEETH)

Line: 373

Condition: DENTAL CONDITIONS (EG. SEVERE CRIES, INFECTION)
Treatment: ORAL SURGERY (I.E. EXTRACTIONS AND OTHER INTRAORAL SURGICAL PROCEDURES)

Line: 374

Condition: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY

Line: 375

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

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIIUM

Line: 376
Condition: CARDIAC ARRHYTHMIAS
Treatment: MEDICAL THERAPY, PACEMAKER

Line: 377
Condition: MILD/MODERATE BIRTH TRAUMA FOR BABY
Treatment: MEDICAL THERAPY

Line: 378
Condition: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT

Line: 379
Condition: URINARY SYSTEM CALCULUS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 380
Condition: CONGENITAL ABSENCE OF VAGINA
Treatment: ARTIFICIAL VAGINA

Line: 381
Condition: PENETRATING WOUND OF ORBIT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 382
Condition: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)
Treatment: OPEN OR CLOSED REDUCTION

Line: 383
Condition: HEARING LOSS - AGE 5 OR UNDER
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS

Line: 384
Condition: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS, AND ASEPTIC NECROSIS OF BONE
Treatment: ARTHROPLASTY/RECONSTRUCTION

Line: 385
Condition: ANEURYSM OF PULMONARY ARTERY
Treatment: SURGICAL TREATMENT

Line: 386
Condition: BODY INFESTATIONS (EG. LICE, SCABIES)
Treatment: MEDICAL THERAPY

Line: 387
Condition: LYME DISEASE AND OTHER ARTHROPOD BORNE DISEASES
Treatment: MEDICAL THERAPY

Line: 388
Condition: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS
Treatment: MEDICAL THERAPY

Line: 389
Condition: CYST AND PSEUDOCYST OF PANCREAS
Treatment: DRAINAGE OF PANCREATIC CYST

Line: 390
Condition: CONVERSION DISORDER, CHILD
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 391
Condition: ACUTE SINUSITIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 392
Condition: HYPHEMA
Treatment: REMOVAL OF BLOOD CLOT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 393
Condition: ENTROPION
Treatment: REPAIR

Line: 394
Condition: SPONTANEOUS ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 395
Condition: STREPTOCOCCAL SORE THROAT AND SCARLET FEVER; VINCENT'S DISEASE; ULCER OF TONSIL;
UNILATERAL HYPERTROPHY OF TONSIL
Treatment: MEDICAL THERAPY, TONSILLECTOMY/ADENOIDECTOMY

Line: 396
Condition: GIARDIASIS, INTESTINAL HELMINTHIASIS
Treatment: MEDICAL THERAPY

Line: 397
Condition: AMBLYOPIA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 398
Condition: SOMATIZATION DISORDER; SOMATOFORM PAIN DISORDER
Treatment: CONSULTATION/BEHAVIORAL MANAGEMENT

Line: 399
Condition: TOXIC EFFECT OF GASES, FUMES, AND VAPORS REQUIRING HYPERBARIC OXYGEN
Treatment: HYPERBARIC OXYGEN

Line: 400
Condition: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 401
Condition: ENCEPHALOCELE
Treatment: SURGICAL TREATMENT

Line: 402
Condition: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Line: 403
Condition: IMPERFORATE HYMEN; ABNORMALITIES OF VAGINAL SEPTUM
Treatment: SURGICAL TREATMENT

Line: 404
Condition: RETINAL TEAR
Treatment: LASER PROPHYLAXIS

Line: 405
Condition: CHOLESTEATOMA; INFECTIONS OF THE PINNA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 406
Condition: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS, EXCLUDING THE KNEE,
GRADE II AND III
Treatment: REPAIR

Line: 407
Condition: DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-
DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
Treatment: MEDICAL THERAPY (SHORT TERM REHABILITATION WITH DEFINED GOALS)

Line: 408
Condition: ANEMIAS DUE TO DISEASE OR TREATMENT AND OTHER APLASTIC ANEMIAS
Treatment: MEDICAL THERAPY

Line: 409
Condition: ESOPHAGEAL STRICTURE
Treatment: MEDICAL AND SURGICAL TREATMENT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 410
Condition: CHRONIC ULCER OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 411
Condition: ESOPHAGITIS; ESOPHAGEAL AND INTRAESOPHAGEAL HERNIAS
Treatment: SURGICAL TREATMENT

Line: 412
Condition: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 413
Condition: CENTRAL SEROUS RETINOPATHY
Treatment: MEDICAL AND SURGICAL TREATMENT

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

Line: 415
Condition: SUPERFICIAL INJURIES WITH INFECTION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 416
Condition: PITUITARY DWARFISM
Treatment: MEDICAL THERAPY

Line: 417
Condition: SEPARATION ANXIETY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 418
Condition: ACUTE OTITIS MEDIA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 419
Condition: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 420
Condition: CROUP SYNDROME, EPIGLOTTITIS, ACUTE LARYNGOTRACHEITIS
Treatment: MEDICAL THERAPY, INTUBATION, TRACHEOTOMY

Line: 421
Condition: ACHALASIA, NON-NEONATAL
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 422
Condition: ENDOMETRIOSIS AND ADENOMYOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 423
Condition: ESOPHAGITIS
Treatment: MEDICAL THERAPY

Line: 424
Condition: INFLUENZA
Treatment: MEDICAL THERAPY

Line: 425
Condition: EATING DISORDER NOS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 426
Condition: ANOGENITAL VIRAL WARTS
Treatment: MEDICAL THERAPY

Line: 427
Condition: LYMPHADENITIS
Treatment: MEDICAL AND SURGICAL TREATMENT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 428
Condition: UTERINE LEIOMYOMA
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY

Line: 429
Condition: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: INTRAOCULAR LENS

Line: 430
Condition: BILATERAL ANOMALIES OF EXTERNAL EAR WITH IMPAIRMENT OF HEARING
Treatment: RECONSTRUCT OF EAR CANAL

Line: 431
Condition: DISSOCIATIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 432
Condition: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY

Line: 433
Condition: DELIRIUM DUE TO MEDICAL CAUSES
Treatment: MEDICAL THERAPY

Line: 434
Condition: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 435
Condition: MIGRAINE HEADACHES
Treatment: MEDICAL THERAPY

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

Line: 437
Condition: SCHIZOTYPAL PERSONALITY DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 438
Condition: BALANOPOSTHITIS AND OTHER DISORDERS OF PENIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 439
Condition: SICCA SYNDROME; POLYMYALGIA RHEUMATICA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 440
Condition: TRANSIENT CEREBRAL ISCHEMIA; OCCLUSION/STENOSIS OF PRECEREBRAL ARTERIES WITHOUT OCCLUSION
Treatment: MEDICAL THERAPY; THROMBOENDARTERECTOMY

Line: 441
Condition: PERIPHERAL NERVE ENTRAPMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 442
Condition: MENIERE'S DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 443
Condition: DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 3 THROUGH 6
Treatment: REPAIR/RECONSTRUCTION, MEDICAL THERAPY

Line: 444
Condition: INCONTINENCE OF FECES
Treatment: MEDICAL AND SURGICAL TREATMENT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 445
Condition: OPPOSITIONAL DEFIANT DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 446
Condition: MENSTRUAL BLEEDING DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 447
Condition: SARCOIDOSIS
Treatment: MEDICAL THERAPY

Line: 448
Condition: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 449
Condition: ADRENOGENITAL DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 450
Condition: NON-MALIGNANT OTITIS EXTERNA
Treatment: MEDICAL THERAPY

Line: 451
Condition: VAGINITIS, TRICHOMONIASIS
Treatment: MEDICAL THERAPY

Line: 452
Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;
CONGENITAL ANOMALIES OF EYE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 453
Condition: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY, FALLOPIAN TUBES AND UTERUS;
OVARIAN CYSTS; STREAK OVARIES
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 454
Condition: URETHRAL FISTULA
Treatment: EXCISION, MEDICAL THERAPY

Line: 455
Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENTOUS DISRUPTIONS OF THE KNEE, GRADE II AND III
Treatment: REPAIR, MEDICAL THERAPY

Line: 456
Condition: OPEN WOUND OF EAR DRUM
Treatment: TYMPANOPLASTY

Line: 457
Condition: CHRONIC DEPRESSION (DYSTHYMIA)
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 458
Condition: HYPOSPADIAS AND EPISPADIAS
Treatment: REPAIR

Line: 459
Condition: CANCER OF GALLBLADDER AND OTHER BILIARY
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 460
Condition: DYSTROPHY OF VULVA
Treatment: MEDICAL THERAPY

Line: 461
Condition: RECURRENT EROSION OF THE CORNEA
Treatment: CORNEAL TATTOO, REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 462
Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION

Line: 463
Condition: FOREIGN BODY IN UTERUS, VULVA AND VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 464
Condition: RESIDUAL FOREIGN BODY IN SOFT TISSUE
Treatment: REMOVAL

Line: 465
Condition: VENOUS TRIBUTARY (BRANCH) OCCLUSION; CENTRAL RETINAL VEIN OCCLUSION
Treatment: LASER SURGERY

Line: 466
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY

Line: 467
Condition: MALUNION AND NONUNION OF FRACTURE
Treatment: SURGICAL TREATMENT

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

Line: 469
Condition: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 470
Condition: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS

Line: 471
Condition: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 472
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 473
Condition: DEGENERATION OF MACULA AND POSTERIOR POLE
Treatment: VITRECTOMY, LASER SURGERY

Line: 474
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 475
Condition: DISORDERS OF REFRACTION AND ACCOMMODATION
Treatment: MEDICAL THERAPY

Line: 476
Condition: EXOPHTHALMOS AND CYSTS OF THE EYE AND ORBIT
Treatment: SURGICAL TREATMENT

Line: 477
Condition: DENTAL CONDITIONS (EG. MISSING TEETH, PROSTHESIS FAILURE)
Treatment: REMOVABLE PROSTHODONTICS (E.G. FULL AND PARTIAL DENTURES, RELINES)

Line: 478
Condition: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 479
Condition: DISORDERS OF PLASMA PROTEIN METABOLISM
Treatment: MEDICAL THERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 480
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT ANTERIOR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)

Line: 481
Condition: FACTITIOUS DISORDERS
Treatment: CONSULTATION

Line: 482
Condition: NEONATAL CONJUNCTIVITIS, DACRYOCYSTITIS AND CANDIDA INFECTION
Treatment: MEDICAL THERAPY

Line: 483
Condition: SIMPLE AND SOCIAL PHOBIAS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 484
Condition: ACUTE BRONCHITIS AND BRONCHIOLITIS
Treatment: MEDICAL THERAPY

Line: 485
Condition: CENTRAL PTERYGIUM
Treatment: EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT, RADIATION THERAPY

Line: 486
Condition: BRANCHIAL CLEFT CYST; THYROGLOSSAL DUCT CYST; CYST OF PHARYNX OR NASOPHARYNX
Treatment: EXCISION, MEDICAL THERAPY

Line: 487
Condition: OBSESSIVE-COMPULSIVE DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 488
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 489
Condition: OSTEOARTHRITIS AND ALLIED DISORDERS
Treatment: MEDICAL THERAPY, INJECTIONS

Line: 490
Condition: ATELECTASIS (COLLAPSE OF LUNG)
Treatment: MEDICAL THERAPY

Line: 491
Condition: SENSORINEURAL HEARING LOSS - OVER AGE OF FIVE
Treatment: COCHLEAR IMPLANT

Line: 492
Condition: UTERINE PROLAPSE; CYSTOCELE
Treatment: SURGICAL REPAIR

Line: 493
Condition: BRACHIAL PLEXUS LESIONS
Treatment: MEDICAL THERAPY

Line: 494
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE (I.E. BASIC CROWNS)

Line: 495
Condition: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY

Line: 496
Condition: FUNCTIONAL ENCOPRESIS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 497
Condition: PTOSIS (ACQUIRED) WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 498
Condition: CHRONIC SINUSITIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 499
Condition: KERATOCONJUNCTIVITS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 500
Condition: SELECTIVE MUTISM
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 501
Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, INCISION

Line: 502
Condition: CHRONIC OTITIS MEDIA
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY

Line: 503
Condition: RECTAL PROLAPSE
Treatment: SURGICAL TREATMENT

Line: 504
Condition: OTOSCLEROSIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 505
Condition: FOREIGN BODY IN EAR AND NOSE
Treatment: REMOVAL OF FOREIGN BODY

Line: 506
Condition: ANAL FISTULA; CHRONIC ANAL FISSURE
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY

Line: 507
Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 508
Condition: CONDUCT DISORDER, AGE 18 OR UNDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 509
Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 510
Condition: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 511
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

Equivalent to Funding Level as of 1/1/2010

Line: 512
Condition: LICHEN PLANUS
Treatment: MEDICAL THERAPY

Line: 513
Condition: RUPTURE OF SYNOVIUM
Treatment: REMOVAL OF BAKER'S CYST

Line: 514
Condition: ENOPHTHALMOS
Treatment: ORBITAL IMPLANT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIIUM

Line: 515
Condition: BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment: TARSORRHAPHY

Line: 516
Condition: PERIPHERAL ENTHESOPATHIES
Treatment: MEDICAL THERAPY

Line: 517
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 518
Condition: CONVERSION DISORDER, ADULT
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 519
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX
Treatment: MEDICAL THERAPY

Line: 520
Condition: SPASTIC DIPLEGIA
Treatment: RHIZOTOMY

Line: 521
Condition: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 522
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)
Treatment: ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING)

Line: 523
Condition: HEPATORENAL SYNDROME
Treatment: MEDICAL THERAPY

Line: 524
Condition: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID
Treatment: ECTROPION REPAIR

Line: 525
Condition: PHIMOSIS
Treatment: SURGICAL TREATMENT

Line: 526
Condition: CERUMEN IMPACTION
Treatment: REMOVAL OF EAR WAX

Line: 527
Condition: SIALOLITHIASIS, MUOCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED
DISEASES OF SALIVARY GLANDS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 528
Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS
Treatment: MEDICAL THERAPY

Line: 529
Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDRITIS, AND CHONDRODYSTROPHY
Treatment: MEDICAL THERAPY

Line: 530
Condition: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS
Treatment: MEDICAL THERAPY

Line: 531
Condition: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 532
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 533
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)

Line: 534
Condition: CIRCUMSCRIBED SCLERODERMA
Treatment: MEDICAL THERAPY

Line: 535
Condition: PERIPHERAL NERVE DISORDERS
Treatment: MEDICAL THERAPY

Line: 536
Condition: CLOSED FRACTURE OF GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 537
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 538
Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 539
Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 540
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 541
Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL
Treatment: MEDICAL THERAPY

Line: 542
Condition: DISORDERS OF SWEAT GLANDS
Treatment: MEDICAL THERAPY

Line: 543
Condition: PARALYSIS OF VOCAL CORDS OR LARYNX
Treatment: INCISION/EXCISION/ENDOSCOPY

Line: 544
Condition: DELUSIONAL DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 545
Condition: CYSTIC ACNE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 546
Condition: SEXUAL DYSFUNCTION
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT

Line: 547
Condition: UNCOMPLICATED HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA)
Treatment: REPAIR

Line: 548
Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES
Treatment: EXCISION, RECONSTRUCTION

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 549
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: 550
Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY

Line: 551
Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS
Treatment: MEDICAL THERAPY

Line: 552
Condition: PELVIC PAIN SYNDROME, DYSPAREUNIA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 553
Condition: ATOPIC DERMATITIS
Treatment: MEDICAL THERAPY

Line: 554
Condition: CONTACT DERMATITIS AND OTHER ECZEMA
Treatment: MEDICAL THERAPY

Line: 555
Condition: HYPOTENSION
Treatment: MEDICAL THERAPY

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

Line: 557
Condition: PERIPHERAL NERVE DISORDERS
Treatment: SURGICAL TREATMENT

Line: 558
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)

Line: 559
Condition: ICHTHYOSIS
Treatment: MEDICAL THERAPY

Line: 560
Condition: RAYNAUD'S SYNDROME
Treatment: MEDICAL THERAPY

Line: 561
Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS
Treatment: MEDICAL THERAPY, EXCISION

Line: 562
Condition: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 563
Condition: TENSION HEADACHES
Treatment: MEDICAL THERAPY

Line: 564
Condition: MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED
Treatment: MEDICAL THERAPY

Line: 565
Condition: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 566
Condition: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE
Treatment: REMOVAL OF GRANULOMA

Line: 567
Condition: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION

Line: 568
Condition: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY

Line: 569
Condition: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 570
Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES
Treatment: VENOUS INJECTION, VASCULAR SURGERY

Line: 571
Condition: ASEPTIC MENINGITIS
Treatment: MEDICAL THERAPY

Line: 572
Condition: TMJ DISORDER
Treatment: TMJ SPLINTS

Line: 573
Condition: XEROSIS
Treatment: MEDICAL THERAPY

Line: 574
Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS
Treatment: TONSILLECTOMY AND ADENOIDECTOMY

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

Line: 576
Condition: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 577
Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR
Treatment: DRAINAGE

Line: 578
Condition: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN
Treatment: MEDICAL THERAPY

Line: 579
Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE
Treatment: MEDICAL THERAPY

Line: 580
Condition: CHONDROMALACIA
Treatment: MEDICAL THERAPY

Line: 581
Condition: DYSMENORRHEA
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 582
Condition: OPEN WOUND OF EAR DRUM
Treatment: MEDICAL THERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 583
Condition: SPASTIC DYSPHONIA
Treatment: MEDICAL THERAPY

Line: 584
Condition: MACROMASTIA
Treatment: BREAST REDUCTION

Line: 585
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS
Treatment: MEDICAL THERAPY

Line: 586
Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS
Treatment: LIVER TRANSPLANT

Line: 587
Condition: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS
Treatment: EXCISION

Line: 588
Condition: RUMINATION DISORDER OF INFANCY
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 589
Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

Line: 590
Condition: CONDUCTIVE HEARING LOSS
Treatment: AUDIANT BONE CONDUCTORS

Line: 591
Condition: ACUTE ANAL FISSURE
Treatment: FISSURECTOMY, MEDICAL THERAPY

Line: 592
Condition: PLEURISY
Treatment: MEDICAL THERAPY

Line: 593
Condition: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT

Line: 594
Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY
Treatment: MEDICAL THERAPY

Line: 595
Condition: BLEPHARITIS
Treatment: MEDICAL THERAPY

Line: 596
Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION
Treatment: MEDICAL THERAPY

Line: 597
Condition: OTHER COMPLICATIONS OF A PROCEDURE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 598
Condition: LYMPHEDEMA
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL

Line: 599
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS
Treatment: MEDICAL THERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIIUM

Line: 600
Condition: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER
RESPIRATORY TRACT
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS

Line: 601
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY

Line: 602
Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES
Treatment: MEDICAL THERAPY, ORTHOTIC

Line: 603
Condition: ERYTHEMA MULTIFORME MINOR
Treatment: MEDICAL THERAPY

Line: 604
Condition: INFECTIOUS MONONUCLEOSIS
Treatment: MEDICAL THERAPY

Line: 605
Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED
Treatment: MEDICAL THERAPY

Line: 606
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment: SURGICAL TREATMENT

Line: 607
Condition: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY

Line: 608
Condition: ANTI-SOCIAL PERSONALITY DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 609
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 610
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS
Treatment: MEDICAL THERAPY

Line: 611
Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 612
Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS

Line: 613
Condition: OLD LACERATION OF CERVIX AND VAGINA
Treatment: MEDICAL THERAPY

Line: 614
Condition: VULVAL VARICES
Treatment: VASCULAR SURGERY

Line: 615
Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES
Treatment: MEDICAL THERAPY

Line: 616
Condition: OBESITY
Treatment: NON-INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS;
BARIATRIC SURGERY FOR OBESITY WITH A SIGNIFICANT COMORBIDITY OTHER THAN TYPE II
DIABETES & BMI >=35 OR BMI>=40 WITHOUT A SIGNIFICANT COMORBIDITY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIIUM

Line: 617
Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL
Treatment: MEDICAL THERAPY

Line: 618
Condition: CORNS AND CALLUSES
Treatment: MEDICAL THERAPY

Line: 619
Condition: SYNOVITIS AND TENOSYNOVITIS
Treatment: MEDICAL THERAPY

Line: 620
Condition: PROLAPSED URETHRAL MUCOSA
Treatment: SURGICAL TREATMENT

Line: 621
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURED TOOTH)
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS, ONLAYS, GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)

Line: 622
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 623
Condition: GANGLION
Treatment: EXCISION

Line: 624
Condition: EPISCLERITIS
Treatment: MEDICAL THERAPY

Line: 625
Condition: DIAPER RASH
Treatment: MEDICAL THERAPY

Line: 626
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE
Treatment: FRENOTOMY, TONGUE TIE

Line: 627
Condition: CYSTS OF ORAL SOFT TISSUES
Treatment: INCISION AND DRAINAGE

Line: 628
Condition: CONGENITAL DEFORMITIES OF KNEE
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 629
Condition: CHRONIC PANCREATITIS
Treatment: SURGICAL TREATMENT

Line: 630
Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES
Treatment: MEDICAL THERAPY

Line: 631
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)

Line: 632
Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR
Treatment: OTOPLASTY, REPAIR AND AMPUTATION

Line: 633
Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIIUM

Line: 634
Condition: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY

Line: 635
Condition: MINOR BURNS
Treatment: MEDICAL THERAPY

Line: 636
Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY

Line: 637
Condition: ORAL APHTHAE
Treatment: MEDICAL THERAPY

Line: 638
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR
Treatment: MEDICAL THERAPY

Line: 639
Condition: ASYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY

Line: 640
Condition: FINGERTIP AVULSION
Treatment: REPAIR WITHOUT PEDICLE GRAFT

Line: 641
Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO LOSS OF CONSCIOUSNESS
Treatment: MEDICAL THERAPY

Line: 642
Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY

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

Line: 644
Condition: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN
PERSONS UNDER AGE 3
Treatment: MEDICAL THERAPY

Line: 645
Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS
Treatment: MEDICAL THERAPY

Line: 646
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: 647
Condition: DENTAL CONDITIONS (EG. MALOCCLUSION)
Treatment: ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)

Line: 648
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)
Treatment: IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)

Line: 649
Condition: UNCOMPLICATED HEMORRHOIDS
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY

Line: 650
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION
Treatment: REPAIR SOFT TISSUES

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 651
Condition: SEBACEOUS CYST
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 652
Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND
FIBROSIS OF SKIN
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 653
Condition: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION

Line: 654
Condition: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
Treatment: DACRYOCYSTORHINOSTOMY

Line: 655
Condition: CONJUNCTIVAL CYST
Treatment: EXCISION OF CONJUNCTIVAL CYST

Line: 656
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES
Treatment: MEDICAL THERAPY

Line: 657
Condition: DISEASE OF CAPILLARIES
Treatment: EXCISION

Line: 658
Condition: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA
Treatment: MEDICAL THERAPY

Line: 659
Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID
Treatment: SURGICAL TREATMENT

Line: 660
Condition: PICA
Treatment: MEDICAL/PSYCHOTHERAPY

Line: 661
Condition: ACUTE VIRAL CONJUNCTIVITIS
Treatment: MEDICAL THERAPY

Line: 662
Condition: MUSCULAR CALCIFICATION AND OSSIFICATION
Treatment: MEDICAL THERAPY

Line: 663
Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS
Treatment: MEDICAL THERAPY

Line: 664
Condition: CHRONIC BRONCHITIS
Treatment: MEDICAL THERAPY

Line: 665
Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE
BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 666
Condition: BENIGN POLYPS OF VOCAL CORDS
Treatment: MEDICAL THERAPY, STRIPPING

Line: 667
Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM
Treatment: SURGICAL TREATMENT

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 668
Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION
Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY

Line: 669
Condition: CYST OF KIDNEY, ACQUIRED
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 670
Condition: HYPERTELORISM OF ORBIT
Treatment: ORBITOTOMY

Line: 671
Condition: GALLSTONES WITHOUT CHOLECYSTITIS
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY

Line: 672
Condition: GYNECOMASTIA
Treatment: MASTECTOMY

Line: 673
Condition: TMJ DISORDERS
Treatment: TMJ SURGERY

Line: 674
Condition: EDEMA AND OTHER CONDITIONS INVOLVING THE INTEGUMENT OF THE FETUS AND NEWBORN
Treatment: MEDICAL THERAPY

Line: 675
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS
Treatment: COSMETIC DENTAL SERVICES

Line: 676
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
Treatment: ELECTIVE DENTAL SERVICES

Line: 677
Condition: CONGENITAL CYSTIC LUNG - SEVERE
Treatment: LUNG RESECTION

Line: 678
Condition: AGENESIS OF LUNG
Treatment: MEDICAL THERAPY

Line: 679
Condition: CENTRAL RETINAL ARTERY OCCLUSION
Treatment: PARACENTESIS OF AQUEOUS

Line: 680
Condition: BENIGN LESIONS OF TONGUE
Treatment: EXCISION

Line: 681
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION

Line: 682
Condition: INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION

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

Line: 684
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION

PRIORITIZED LIST OF HEALTH SERVICES
2012-2013 BIENNIUM

Line: 685
Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Line: 686
Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Line: 687
Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Line: 688
Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Line: 689
Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Line: 690
Condition: GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Line: 691
Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

Line: 692
Condition: GASTROINTESTINAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT
NECESSARY
Treatment: EVALUATION

**STATEMENT OF INTENT AND
GUIDELINE DESCRIPTIONS FOR
THE 2012-13 PRIORITIZED LIST
OF HEALTH SERVICES**

Statements of Intent

STATEMENT OF INTENT 1: PALLIATIVE CARE

STATEMENT OF INTENT 2: DEATH WITH DIGNITY ACT

STATEMENT OF INTENT 3: INTEGRATED CARE

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

ANCILLARY GUIDELINE A1, NEGATIVE PRESSURE WOUND THERAPY

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

DIAGNOSTIC GUIDELINE D2, TUBERCULOSIS TESTING GUIDELINE

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

DIAGNOSTIC GUIDELINE D4, MRI OF THE SPINE

Guideline Notes for Health Services That Appear on the Prioritized List

GUIDELINE NOTE 1, HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

GUIDELINE NOTE 2, FETOSCOPIC SURGERY

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

GUIDELINE NOTE 4, TOBACCO DEPENDENCE

GUIDELINE NOTE 5, OBESITY

GUIDELINE NOTE 6, REHABILITATIVE THERAPIES

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

GUIDELINE NOTE 8, BARIATRIC SURGERY

GUIDELINE NOTE 9, WIRELESS CAPSULE ENDOSCOPY

GUIDELINE NOTE 10, ORAL SURGERY

GUIDELINE NOTE 11, COLONY STIMULATING FACTOR (CSF) GUIDELINES

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

GUIDELINE NOTE 13, MINIMALLY INVASIVE CORONARY ARTERY BYPASS SURGERY

GUIDELINE NOTE 14, SECOND BONE MARROW TRANSPLANTS

GUIDELINE NOTE 15, HETEROTOPIC BONE FORMATION

GUIDELINE NOTE 16, CYSTIC FIBROSIS CARRIER SCREENING

GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

GUIDELINE NOTE 18, VENTRICULAR ASSIST DEVICES

GUIDELINE NOTE 19, PET SCAN GUIDELINES

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

GUIDELINE NOTE 21, MODERATE/SEVERE PSORIASIS

GUIDELINE NOTE 22, CESAREAN DELIVERY ON MATERNAL REQUEST

GUIDELINE NOTE 23, COLON CANCER SURVEILLANCE

GUIDELINE NOTE 24, COMPLICATED HERNIAS

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

GUIDELINE NOTE 26, BREAST CANCER SURVEILLANCE

GUIDELINE NOTE 27, SLEEP APNEA

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

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

GUIDELINE NOTE 72, ELECTRONIC ANALYSIS OF INTRATHECAL PUMPS
GUIDELINE NOTE 73, CONGENITAL CHORDEE
GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT
GUIDELINE NOTE 75, AUTISM SPECTRUM DISORDERS
GUIDELINE NOTE 76, NERVE BLOCKS
GUIDELINE NOTE 77, TIPS PROCEDURE
GUIDELINE NOTE 78, HEPATIC METASTASES
GUIDELINE NOTE 79, BREAST RECONSTRUCTION
GUIDELINE NOTE 80, REPAIR OF NOSE TIP
GUIDELINE NOTE 81, RECONSTRUCTION OF THE NOSE
GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS
GUIDELINE NOTE 83, HIP CORE DECOMPRESSION
GUIDELINE NOTE XX*, INFLUENZA
GUIDELINE NOTE XX*, CENTRAL SEROUS RETINOPATHY AND PARS PLANTITIS

*Numbers for these new guideline notes will be determined after the October 1, 2011 Prioritized List is finalized.

APPENDIX D:
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
T₄ and/or TSH (birth)³
Effects of STDs
FAS, FAE, drug affected infants⁴
Hearing, developmental, behavioral and/or
psychosocial screens⁵
Learning and attention disorders⁶
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

¹Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. ⁵Screening 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). ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

*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

Diphtheria-tetanus-~~acellular~~ pertussis (DTaP)
Inactivated Oral poliovirus (OPV)
 Measles-mumps-rubella (MMR)
H. influenzae type b (Hib) conjugate
 Hepatitis B
 Varicella
Pneumococcal⁷

Hepatitis A

Influenza
Rotavirus
Human papillomavirus (HPV)¹

CHEMOPROPHYLAXIS

Ocular prophylaxis (birth)

¹2, 4, 6, and 12-18 mo; once between ages 4-6 yr (DTaP may be used at 15 mo and older). ²2, 4, 6-18 mo; once between ages 4-6 yr. ³12-15 mo and 4-6 yr. ⁴2, 4, 6 and 12-15 mo; no dose needed at 6 mo if PRP-OMP vaccine is used for first 2 doses. ⁵Birth, 1 mo, 6 mo; or, 0-2 mo, 1-2 mo later, and 6-18 mo. If not done in infancy: current visit, and 1 and 6 mo later. ⁶12-18 mo; or any child without history of chickenpox or previous immunization. Include information on risk in adulthood, duration of immunity, and potential need for booster doses. ⁷HPV2 and HPV4 for women aged 9 to 18. Discussion with provider regarding HPV4 for males aged 9 through 18.

Interventions for the High-Risk Population

POPULATION

~~Preterm or low birth~~
~~Infants of mothers at risk for HIV~~
~~Low income; immigrants~~
~~TB contacts~~
~~Native American/Alaska Native~~

~~Residents of long-term care facilities~~

~~Certain chronic medical conditions~~

~~Increased individual or community lead exposure~~
~~Inadequate water fluoridation~~
~~Family h/o skin cancer; nevi; fair skin, eyes, hair~~

~~History of multiple injuries~~

~~High risk for mental health disorders~~

POTENTIAL INTERVENTIONS

~~—(See detailed high-risk definitions)~~
~~Hemoglobin/hematocrit (HR1)~~
~~HIV testing~~
~~Hemoglobin/hematocrit (HR1); PPD (HR3)~~
~~PPD (HR3)~~
~~Hemoglobin/hematocrit (HR1); PPD (HR3);~~
~~Hepatitis A vaccine (HR4); pneumococcal~~
~~vaccine (HR5)~~
~~PPD (HR3); hepatitis A vaccine (HR4); influenza~~
~~vaccine (HR6)~~
~~PPD (HR3); Pneumococcal polysaccharide vaccine (HR5);~~
~~influenza vaccine Meningococcal vaccine (HR6)~~
~~Blood lead level (HR7)~~
~~Daily fluoride supplement (HR8)~~
~~Avoid excess/midday sun, use protective~~
~~clothing* (HR9)~~
~~Screen for child abuse, neurological, mental~~
~~health conditions~~
~~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 -- Children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

HR6 -- Children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.

~~**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 (<0.6 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 pressure¹
High-density lipoprotein cholesterol (HDL-C) and total blood cholesterol (age 20-24 if high-risk)²
Papanicolaou (Pap) test³
Chlamydia screen⁴ (females <25 yr)
Rubella serology or vaccination hx⁵ (females >12 yr)
Learning and attention disorders⁶
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁷
Eating disorders⁸
Anxiety and mood disorders⁹
Suicide risk factors¹⁰

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:
 - Family stress or disruption
 - Health problems
 - Temperamental incongruence with parent
 - Environmental stressors such as community violence or disaster, immigration, minority status, homelessness
- Referral for MHCD and other family support services as indicated

¹Periodic BP for persons aged ≥ 18 yr. ²High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors. ³Screening to start at age 21 or 3 years after onset of sexual activity (whichever comes first); screening should occur at least every 3 years. ⁴If sexually active. ⁵Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. ⁶Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting. ⁷Persons using alcohol and/or drugs. Physical and behavioral indicators: liver disease, pancreatitis, hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, alcoholic myopathy, ketoacidosis, neurological disorders: smell of alcohol on breath, mood swings, memory lapses or losses, difficulty concentrating, blackouts, inappropriateness, irritability or agitation, depression, slurry speech, staggering gait, bizarre behavior, suicidal indicators, sexual dysfunction, interpersonal conflicts, domestic violence, child abuse and neglect, automobile accidents or citation arrests, scholastic or behavior problems, secretiveness or vagueness about personal or medical history. ⁸Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ⁹In women who are at increased risk, diagnostic evaluation should include an assessment of history of sexual and physical violence, interpersonal difficulties, prescription drug utilization, medical and reproductive history. ¹⁰Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement.

*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 TDaP (11-16 yr)
 Hepatitis B¹
 MMR (11-12 yr)²
 Varicella (11-12 yr)³
 Rubella⁴ (females >12 yr)
Influenza⁵

Polio⁶

Human papillomavirus (HPV)⁷
Meningococcal (11-12 yr)⁸

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning/
 capable of pregnancy)

¹If not previously immunized: current visit, 1 and 6 mo later. ²If no previous second dose of MMR. ³If susceptible to chickenpox. ⁴Serologic testing, documented vaccination history, and routine vaccination against rubella (preferably with MMR) are equally acceptable alternatives. ⁵Yearly (6 mo through 18 yrs). ⁶If not previously immunized. ⁷HPV2 and HPV4 for women aged 9 to 18. Discussion with provider regarding HPV4 for males aged 9 through 18. ⁸Children 13 through 18 if not previously vaccinated.

Interventions for the High-Risk Population

POPULATION

High risk sexual behavior

Injection or street drug use

TB contacts; immigrants; low income
 Native American/Alaska Native

Certain chronic medical conditions

Settings where adolescents and young adults
 congregate

Susceptible to varicella, measles, mumps

Blood transfusion between 1975-85

Institutionalized persons

Family h/o skin cancer; nevi; fair skin, eyes, hair

Prior pregnancy with neural tube defect

Inadequate water fluoridation

History of multiple injuries

High risk for mental health disorders

High risk family history for deleterious mutations in BRCA1
 or BRCA2 genes

POTENTIAL INTERVENTIONS

(See detailed high risk definitions)

Screen for

Syphilis RPR/VDRL (HR1);

Gonorrhea (female) (HR2)

HIV (HR3)

Chlamydia (female) (HR4)

~~hepatitis A vaccine (HR5)~~

RPR/VDRL (HR1); HIV screen (HR3); hepatitis A
~~vaccine (HR5); PPD (HR6);~~ advice to reduce
 infection risk (HR7)

~~hepatitis A vaccine (HR5)~~

RPR/VDRL (HR1); HIV screen (HR3); hepatitis A
~~vaccine (HR5); PPD (HR6);~~

Tuberculosis - PPD (HR3,5)

Advise to reduce infection risk (HR6) PPD (HR3,6)

Hepatitis A vaccine (HR5); PPD (HR6);

Immunize with

Meningococcal vaccine (HR 7)

Pneumococcal polysaccharide vaccine (HR8)

Influenza vaccine (HR9)

Varicella vaccine (HR10)

MMR (HR12)

Hepatitis A vaccine (HR7)

Avoid excess/midday sun, use protective
 clothing* (HR12)

Folic acid 4.0 mg (HR13)

Daily fluoride supplement (HR14)

Screen for child abuse, neurological, mental
 health conditions

Increased well-child/adolescent visits (HR15)

Refer for genetic counseling and evaluation for BRCA testing
 by appropriately trained health care provider (HR16).

High-Risk Groups

HR1 = Persons who exchange sex for money or drugs, and their sex partners; persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

Ages 11-24 Years (Cont'd)

HR2 = Females who have: two or more sex partners in the last year; a sex partner with multiple sexual contacts; exchanged sex for money or drugs; or a history of repeated episodes of gonorrhea. Clinicians should also consider local epidemiology.

HR3 = Males who had sex with males after 1975; past or present injection drug use; persons who exchange sex for money or drugs, and their sex partners; injection drug-using, bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-85; persons seeking treatment for STDs. Clinicians should also consider local epidemiology.

HR4 = Sexually active females with multiple risk factors including: history of prior STD; new or multiple sex partners; age < 25; nonuse or inconsistent use of barrier contraceptives; cervical ectopy. Clinicians should consider local epidemiology of the disease in identifying other high-risk groups.

HR5 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

~~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.~~

HR56 = 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.

HR67 = Persons who continue to inject drugs.

HR7 = Children aged 11 through 12 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.

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.~~

Ages 11-24 Years (Cont'd)

HR101 = Healthy persons aged >13 yr without a history of chickenpox or previous immunization. Consider serologic testing for presumed susceptible persons aged >13 yr.

HR112 = 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).

HR123 = 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.

HR134 = Women with prior pregnancy affected by neural tube defect planning a pregnancy.

HR14 = Persons aged <17 yr living in areas with inadequate water fluoridation (<0.6 ppm).

HR15 = 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.~~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-risk¹)
Papanicolaou (Pap) test²
Fecal occult blood test (FOBT) and/or flexible sigmoidoscopy, or colonoscopy (>50 yr)³
Mammogram + clinical breast exam⁴ (women 40+ yrs)
Rubella serology or vaccination hx⁵ (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 disorders⁷
Signs of child abuse, neglect, family violence
Alcohol, inhalant, illicit drug use⁸
Eating disorders⁹
Anxiety and mood disorders¹⁰
Suicide risk factors¹¹
Somatoform disorders¹²
Environmental stressors¹³

COUNSELING

Substance Use

Tobacco cessation
Avoid alcohol/drug use while driving, swimming, boating, etc.*

Diet and Exercise

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
Human papillomavirus (HPV)¹⁵
Rubella⁵ (women of childbearing age)
Zoster (60 or older)

CHEMOPROPHYLAXIS

Multivitamin with folic acid (females planning or capable of pregnancy)
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

¹High-risk defined as having diabetes, family history of premature coronary disease or familial hyperlipidemia, or multiple cardiac risk factors.

²Women who are or have been sexually active and who have a cervix: q < 3 yr. ³FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. ⁴The screening decision for women 40-49 should be a mutual decision between a woman and her clinician. If a decision to proceed with mammography is made, it should be done every 2 years. ⁵Between the ages of 50-74, screening mammography should be performed every 2 years. ~~Screening mammography should be performed every 1-2 years~~ ⁶Serologic testing, documented vaccination history, and routine vaccination (preferably with MMR) are equally acceptable. ⁷High-risk defined as weight <70kg, not on estrogen replacement. ⁸Consider 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. ⁹Persons 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. ¹⁰Persons with a weight >10% below ideal body weight, parotid gland hypertrophy or erosion of tooth enamel. Females with a chemical dependency. ¹¹In 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. ¹²Recent divorce, separation, unemployment, depression, alcohol or other drug abuse, serious medical illness, living alone, homelessness, or recent bereavement. ¹³Multiple unexplained somatic complaints. ¹⁴Community violence or disaster, immigration, homelessness, family medical problems. ¹⁵One time Tdap dose to substitute for Td booster, then boost with Td every 10 years. ¹⁵HPV2 and HPV4 for women aged 19 through 26. Discussion with provider regarding HPV4 for males aged 19 through 26

*The ability of clinical counseling to influence this behavior is unproven.

Ages 25-64 Years (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
High risk sexual behavior	(See detailed high risk definitions) RPR/VDRL (HR1); screen for gonorrhea (female) (HR2), HIV (HR3), chlamydia (female) (HR4); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6)
Injection or street drug use	RPR/VDRL (HR1); HIV screen (HR3); hepatitis B vaccine (HR5); hepatitis A vaccine (HR6); PPD (HR7); advice to reduce infection risk (HR8)
Low income; TB contacts; immigrants; alcoholics Native American/Alaska Native	PPD (HR7) Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal vaccine (HR9) PPD (HR7); pneumococcal vaccine (HR9); influenza vaccine (HR10) HIV screen (HR3); Hepatitis B vaccine (HR5)
Certain chronic medical conditions	Hepatitis A vaccine (HR6); PPD (HR7); pneumococcal polysaccharide vaccine (HR9); influenza vaccine (HR10), MMR (HR11); varicella vaccine (HR12), <u>meningococcal vaccine (HR16)</u>
Blood product recipients Susceptible to varicella, measles, mumps Institutionalized persons	Avoid excess/midday sun, use protective clothing* (HR13) Folic acid 4.0 mg (HR14) Refer for genetic counseling and evaluation for BRCA testing by appropriately trained health care provider (HR15)
Family h/o skin cancer; fair skin, eyes, hair Previous pregnancy with neural tube defect High risk family history for deleterious mutations in BRCA1 or BRCA2 genes	

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.

Ages 25-64 Years (Cont'd)

HR7 = HIV positive, close contacts of persons with known or suspected TB, persons with medical risk factors associated with TB, immigrants from countries with high TB prevalence, medically underserved low-income populations (including homeless), alcoholics, injection drug users, and residents of long-term facilities.

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.

HR16 = Adults with anatomic or functional asplenia or persistent complement component deficiencies; first year college students living in dormitories, military recruits

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 colonoscopy¹
Mammogram + clinical breast exam²
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 use³
Anxiety and mood disorders⁴
Somatoform disorders⁵
Environmental stressors⁶
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
Influenza⁸
Zoster vaccine

Tetanus-diphtheria (Td) boosters

CHEMOPROPHYLAXIS

~~Discuss hormone prophylaxis (peri- and postmenopausal women)~~
Discuss aspirin prophylaxis for those at high-risk for coronary heart disease

¹FOBT: annually; flexible sigmoidoscopy: every 5 years; colonoscopy: every 10 years. ²Screening mammography should be performed every 1-2 years. ³Persons 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. ⁴In 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. ⁵Multiple unexplained somatic complaints. ⁶Community violence or disaster, immigration, homelessness, family medical problems. ⁷One-time ultrasound. ⁸Annually.

*The ability of clinical counseling to influence this behavior is unproven.

Age 65 and Older (Cont'd)

Interventions for the High-Risk Population

POPULATION	POTENTIAL INTERVENTIONS
Institutionalized persons	(See detailed high risk definitions) PPD (HR1); hepatitis A vaccine (HR2); amantadine/ rimantadine (HR4) PPD (HR1)
Chronic medical conditions; TB contacts; low income; immigrants; alcoholics Persons >75 yr; or >70 yr with risk factors for falls Cardiovascular disease risk factors Family h/o skin cancer; fair skin, eyes, hair Native American/Alaska Native Blood product recipients High risk sexual behavior	Fall prevention intervention (HR5) Consider cholesterol screening (HR6) Avoid excess/midday sun, use protective clothing* (HR7) PPD (HR1); hepatitis A vaccine (HR2) HIV screen (HR3); hepatitis B vaccine (HR8) 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 Persons living alone and with poor nutrition High risk family history for deleterious mutations in BRCA1 or BRCA2 genes	Varicella vaccine (HR11) Refer to meal and social support resources 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.

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 screening²

Follow-up visits

Blood pressure
Urine culture (12-16 wk)

Screening for gestational diabetes²
Offer amniocentesis (15-18 wk)¹ (age>35 yr)
Offer multiple marker testing¹ (15-18 wk)
Offer serum α -fetoprotein¹ (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 acid³

¹Women with access to counseling and follow-up services, reliable standardized laboratories, skilled high-resolution ultrasound, and, for those receiving serum marker testing, amniocentesis capabilities. ²Universal screening is recommended for areas (states, counties, or cities) with an increased prevalence of HIV infection among pregnant women. In low-prevalence areas, the choice between universal and targeted screening may depend on other considerations (see Ch. 28). ³Beginning at least 1 mo before conception and continuing through the first trimester.

*The ability of clinical counseling to influence this behavior is unproven.

**See tables for ages 11-24 and 25-64 for other preventive services recommended for women of these age groups.

Pregnant Women (Cont'd)

Interventions for the High-Risk Population

POPULATION	(See detailed high-risk definitions)
High-risk sexual behavior	Screen for chlamydia (1st visit) (HR1), gonorrhea (1st visit) (HR2), HIV (1st visit) (HR3); HBsAg (3 rd trimester) (HR34);
Blood transfusion 1978-85	RPR/VDRL (3rd trimester) (HR45)
Injection drug use	HIV screen (1st visit) (HR3) HIV screen (HR3); (3rd trimester) (HR4); advice to reduce infection risk (HR56)
Unsensitized D-negative women	D(Rh) antibody testing (24-28 wk) (HR67)
Risk factors for Down syndrome	Offer CVS1 (1st trimester), amniocentesis1 (15-18 wk) (HR78)
Previous pregnancy with neural tube defect	Offer amniocentesis1 (15-18 wk), folic acid 4.0 mg3 (HR89)
High risk for child abuse	
POTENTIAL INTERVENTIONS	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.~~

HR3 = Women who are initially HBsAg negative who are at high risk due to injection drug use, suspected exposure to hepatitis B during pregnancy, multiple sex partners.

HR4 = Women who exchange sex for money or drugs, women with other STDs (including HIV), and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR5 = Women who continue to inject drugs.

HR6 = Unsensitized D-negative women.

HR7 = Prior pregnancy affected by Down syndrome, advanced maternal age (>35 yr), known carriage of chromosome rearrangement.

HR8 = Women with previous pregnancy affected by neural tube defect.