



HEALTH POLICY & ANALYTICS DIVISION
Health Evidence Review Commission

Kate Brown, Governor



500 Summer St NE, E-65
Salem, OR 97301
Voice (503) 373-1985
FAX (503) 378-5511

November 30, 2018

The Honorable Peter Courtney
Senate President
Oregon State Senate
900 Court St. NE, S-201
Salem, OR 97301

The Honorable Tina Kotek
Speaker of the House
Oregon House of Representatives
900 Court St NE, Rm 269
Salem, OR 97301

Dear Senator Courtney and Representative Kotek:

The Health Evidence Review Commission of the Oregon Health Authority's Health Policy & Analytics Division respectfully reports to you that, in accordance with ORS 414.690(7), several interim modifications have been made to the Prioritized List of Health Services appearing in the Health Evidence Review Commission's June 2017 Report to the Governor and 79th Oregon Legislative Assembly. Therefore, in accordance with ORS 414.690 (8), the Health Evidence Review Commission is reporting these interim modifications, effective January 1, 2019.

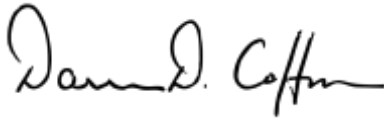
The coding changes are listed in detail in Attachments A and B. They represent technical changes to the list and other changes made due to new evidence on the effectiveness or ineffectiveness of treatments. Technical changes represented here involve the prioritization of new CPT and HCPCS procedure codes, the addition of previously omitted diagnosis/procedure codes, changes to more appropriately pair diagnosis and treatment codes previously appearing on the list, and codes removed from the list that are obsolete or for which coverage should appropriately be determined by broader Oregon Administrative Rules (e.g., diagnostic, ancillary, excluded and informational codes).

In addition to these changes, the Commission made changes to practice guidelines and coding specifications associated with the Prioritized List. Attachment C shows 10 new guidelines, Attachment D includes revisions to 16 existing guidelines. Two of the new guidelines and one of the revised guidelines involve changes to reflect recent coverage guidances completed by the Health Evidence Review Commission, developed using systematic reviews of the best evidence available from trusted sources on these topics. Attachment E shows a deleted guideline note and Attachment F shows new coding specifications on 3 lines. Attachment G shows revisions to the statement of intent on palliative care. An errata containing one change to the January 1, 2019 Prioritized List is included as Appendix H. Finally, the changes and errata published since the publication of the October 1, 2018 Prioritized List appear in Attachment I, including an errata to the Notice of Interim Modifications and Attachments A and B of that notice (the errata is necessary to correct an omission of changes approved at the Commission's January, 2018 meeting from the notice; the changes did appear correctly in the published Prioritized List itself).

The changes appearing in this letter are being forwarded to the Health Systems Division (HSD) which, in consultation with the OHA Actuarial Services Unit, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of the Prioritized List, HSD will determine the effective date for these changes, which will be no earlier than January 1, 2019. In the event any of these technical changes are determined to impact the funding level of the List as defined by HSD's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

The Health Evidence Review Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,



Darren D. Coffman
Director, Health Evidence Review Commission

cc: Health Evidence Review Commission
Patrick Allen, Director, Oregon Health Authority
Dawn Jagger, Chief of Staff, Oregon Health Authority
Dana Hittle, Interim Deputy Medicaid Director, Oregon Health Authority
Margie Stanton, MD, Director, Health Systems Division, Oregon Health Authority
Jeremy Vandehey, Director, Health Policy & Analytics Division, Oregon Health Authority
Dana Hargunani, MD Chief Medical Officer, Oregon Health Authority

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	3	
Condition:	PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS	
Treatment:	MEDICAL THERAPY	
Add:	0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day
Add:	0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
Add:	90689	Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
Add:	96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
Add:	96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
Add:	96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
Add:	98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients
Add:	R73.03	Prediabetes
Add:	Z68.53	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age
Add:	Z68.54	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age
Add:	Z86.32	Personal history of gestational diabetes
Add:	Z87.891	Personal history of nicotine dependence
Add:	G9873	First medicare diabetes prevention program (mdpp) core session was attended by an mdpp beneficiary under the mdpp expanded model (em). a core session is an mdpp service that: (1) is furnished by an mdpp supplier during months 1 through 6 of the mdpp ser
Add:	G9874	Four total medicare diabetes prevention program (mdpp) core sessions were attended by an mdpp beneficiary under the mdpp expanded model (em). a core session is an mdpp service that: (1) is furnished by an mdpp supplier during months 1 through 6 of the m
Add:	G9875	Nine total medicare diabetes prevention program (mdpp) core sessions were attended by an mdpp beneficiary under the mdpp expanded model (em). a core session is an mdpp service that: (1) is furnished by an mdpp supplier during months 1 through 6 of the m
Add:	G9876	Two medicare diabetes prevention program (mdpp) core maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 7-9 under the mdpp expanded model (em). a core maintenance session is an mdpp service that: (1) is furnished by an mdpp sup
Add:	G9877	Two medicare diabetes prevention program (mdpp) core maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 10-12 under the mdpp expanded model (em). a core maintenance session is an mdpp service that: (1) is furnished by an mdpp s
Add:	G9878	Two medicare diabetes prevention program (mdpp) core maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 7-9 under the mdpp expanded model (em). a core maintenance session is an mdpp service that: (1) is furnished by an mdpp sup
Add:	G9879	Two medicare diabetes prevention program (mdpp) core maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 10-12 under the mdpp expanded model (em). a core maintenance session is an mdpp service that: (1) is furnished by an mdpp s
Add:	G9880	The mdpp beneficiary achieved at least 5% weight loss (wl) from his/her baseline weight in months 1-12 of the mdpp services period under the mdpp expanded model (em). this is a one-time payment available when a beneficiary first achieves at least 5% weig
Add:	G9881	The mdpp beneficiary achieved at least 9% weight loss (wl) from his/her baseline weight in months 1-24 under the mdpp expanded model (em). this is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as mea
Add:	G9882	Two medicare diabetes prevention program (mdpp) ongoing maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 13-15 under the mdpp expanded model (em). an ongoing maintenance session is an mdpp service that: (1) is furnished by an
Add:	G9883	Two medicare diabetes prevention program (mdpp) ongoing maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 16-18 under the mdpp expanded model (em). an ongoing maintenance session is an mdpp service that: (1) is furnished by an
Add:	G9884	Two medicare diabetes prevention program (mdpp) ongoing maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 19-21 under the mdpp expanded model (em). an ongoing maintenance session is an mdpp service that: (1) is furnished by an

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Add: G9885 Two medicare diabetes prevention program (mdpp) ongoing maintenance sessions (ms) were attended by an mdpp beneficiary in months (mo) 22-24 under the mdpp expanded model (em). an ongoing maintenance session is an mdpp service that: (1) is furnished by an

Add: G9890 Bridge payment: a one-time payment for the first medicare diabetes prevention program (mdpp) core session, core maintenance session, or ongoing maintenance session furnished by an mdpp supplier to an mdpp beneficiary during months 1-24 of the mdpp expanded

Add: G9891 Mdpp session reported as a line-item on a claim for a payable mdpp expanded model (em) hcpcs code for a session furnished by the billing supplier under the mdpp expanded model and counting toward achievement of the attendance performance goal for the pay

Line: 4
Condition: SUBSTANCE USE DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Add: 11981 Insertion, non-biodegradable drug delivery implant
Add: 11982 Removal, non-biodegradable drug delivery implant
Add: 11983 Removal with reinsertion, non-biodegradable drug delivery implant
Add: G0516 Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
Add: G0517 Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
Add: G0518 Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)

Line: 16
Condition: LOW BIRTH WEIGHT; PREMATURE NEWBORN
Treatment: MEDICAL THERAPY

Add: T2101 Human breast milk processing, storage and distribution only

Line: 34
Condition: OTHER CONGENITAL ANOMALIES OF MUSCULOSKELETAL SYSTEM
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: T2101 Human breast milk processing, storage and distribution only

Line: 44
Condition: COARCTATION OF THE AORTA
Treatment: SURGICAL TREATMENT

Delete: 75559 Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging

Line: 50
Condition: PULMONARY TUBERCULOSIS
Treatment: MEDICAL THERAPY

Add: R76.11 Nonspecific reaction to tuberculin skin test without active tuberculosis
Add: R76.12 Nonspecific reaction to cell mediated immunity measurement of gamma interferon antigen response without active tuberculosis

Line: 53
Condition: PREVENTIVE DENTAL SERVICES
Treatment: CLEANING, FLUORIDE AND SEALANTS

Add: D1516 space maintainer – fixed – bilateral, maxillary
Add: D1517 space maintainer – fixed – bilateral, mandibular
Add: D1526 space maintainer – removable – bilateral, maxillary
Add: D1527 space maintainer – removable – bilateral, mandibular

Line: 56
Condition: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment: MEDICAL AND SURGICAL TREATMENT

Delete: 65778 Placement of amniotic membrane on the ocular surface; without sutures
Delete: 65779 Placement of amniotic membrane on the ocular surface; single layer, sutured
Delete: 65780 Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	67	
Condition:	VENTRICULAR SEPTAL DEFECT	
Treatment:	CLOSURE	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	70	
Condition:	CONGENITAL PULMONARY VALVE ANOMALIES	
Treatment:	PULMONARY VALVE REPAIR	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	82	
Condition:	MYOCARDITIS, PERICARDITIS, AND ENDOCARDITIS	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)

Line:	85	
Condition:	ENDOCARDIAL CUSHION DEFECTS	
Treatment:	REPAIR	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	86	
Condition:	CONGENITAL PULMONARY VALVE ATRESIA	
Treatment:	SHUNT/REPAIR	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	88	
Condition:	NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	T2101	Human breast milk processing, storage and distribution only

Line:	89	
Condition:	DISCORDANT CARDIOVASCULAR CONNECTIONS	
Treatment:	REPAIR	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	90	
Condition:	CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY	
Treatment:	MITRAL VALVE REPAIR/REPLACEMENT	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	92	
Condition:	SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH PERSISTENT SYMPTOMS	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Add:	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Line:	101	
Condition:	CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	T2101	Human breast milk processing, storage and distribution only

Line:	105	
Condition:	TETRALOGY OF FALLOT (TOF); CONGENITAL VENOUS ABNORMALITIES	
Treatment:	REPAIR	
Add:	33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	106	
Condition:	CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE	
Treatment:	SURGICAL VALVE REPLACEMENT/VALVULOPLASTY	
Add:	33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	111	
Condition:	CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART	
Treatment:	MEDICAL THERAPY	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	113	
Condition:	CANCER OF EYE AND ORBIT	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Add:	65778	Placement of amniotic membrane on the ocular surface; without sutures
Add:	65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
Add:	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

Line:	128	
Condition:	COMMON TRUNCUS	
Treatment:	TOTAL REPAIR/REPLANT ARTERY	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	130	
Condition:	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION	
Treatment:	COMPLETE REPAIR	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	138	
Condition:	EBSTEIN'S ANOMALY	
Treatment:	REPAIR SEPTAL DEFECT/VALVULOPLASTY/REPLACEMENT	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	139	
Condition:	GLAUCOMA, OTHER THAN PRIMARY ANGLE-CLOSURE	
Treatment:	MEDICAL, SURGICAL AND LASER TREATMENT	
Add:	0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion

Line:	159	
Condition:	TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN SYNDROME; STEVENS-JOHNSON SYNDROME; ERYTHEMA MULTIFORME MAJOR; ECZEMA HERPETICUM	
Treatment:	MEDICAL THERAPY	
Delete:	65778	Placement of amniotic membrane on the ocular surface; without sutures
Delete:	65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
Delete:	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

Line:	173	
Condition:	POSTTRAUMATIC STRESS DISORDER	
Treatment:	MEDICAL/PSYCHOTHERAPY	
Add:	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Add:	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Line:	174	
Condition:	GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS	
Treatment:	SINGLE FOCAL SURGERY	
Add:	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days
Add:	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Add:	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Add: 95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional
Add: 95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
Add: C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

Line: 176
Condition: COMMON VENTRICLE
Treatment: TOTAL REPAIR

Delete: 75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete: 75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line: 180
Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;
Add: 50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system

Line: 186
Condition: RHEUMATIC MULTIPLE VALVULAR DISEASE
Treatment: SURGICAL TREATMENT

Add: 33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)
Delete: 75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete: 75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line: 188
Condition: CONGENITAL TRICUSPID ATRESIA AND STENOSIS
Treatment: REPAIR

Delete: 75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete: 75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line: 189
Condition: CHRONIC ISCHEMIC HEART DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)
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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	193
Condition:	AUTISM SPECTRUM DISORDERS
Treatment:	MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS
Add:	96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Add:	96133 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Add:	97151 Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
Add:	97152 Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Add:	97153 Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Add:	97154 Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
Add:	97155 Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
Add:	97156 Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
Add:	97157 Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Add:	97158 Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Line:	199
Condition:	CHRONIC HEPATITIS; VIRAL HEPATITIS
Treatment:	MEDICAL THERAPY
Add:	76391 Magnetic resonance (eg, vibration) elastography
Add:	76981 Ultrasound, elastography; parenchyma (eg, organ)
Add:	76982 Ultrasound, elastography; first target lesion
Add:	76983 Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)
Add:	81596 Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver

Line:	202
Condition:	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS
Treatment:	MEDICAL THERAPY
Add:	96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Add:	96133 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

Line:	213
Condition:	BULLOUS DERMATOSES OF THE SKIN
Treatment:	MEDICAL THERAPY
Delete:	65778 Placement of amniotic membrane on the ocular surface; without sutures
Delete:	65779 Placement of amniotic membrane on the ocular surface; single layer, sutured
Delete:	65780 Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	224	
Condition:	DISEASES AND DISORDERS OF AORTIC VALVE	
Treatment:	MEDICAL AND SURGICAL THERAPY	
Add:	33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	231	
Condition:	URINARY FISTULA	
Treatment:	SURGICAL TREATMENT	
Add:	50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;
Add:	50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system

Line:	233	
Condition:	HYPOPLASTIC LEFT HEART SYNDROME	
Treatment:	REPAIR	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	250	
Condition:	PARKINSON'S DISEASE	
Treatment:	MEDICAL THERAPY	
Add:	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days
Add:	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Add:	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Add:	95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional
Add:	95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
Add:	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	258	
Condition:	DISEASES OF MITRAL, TRICUSPID, AND PULMONARY VALVES	
Treatment:	VALVULOPLASTY, VALVE REPLACEMENT, MEDICAL THERAPY	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	264	
Condition:	CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, MALIGNANT ARRHYTHMIAS, AND COMPLEX CONGENITAL HEART DISEASE	
Treatment:	CARDIAC TRANSPLANT; HEART/KIDNEY TRANSPLANT	
Delete:	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Delete:	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	284	
Condition:	DISSECTING OR RUPTURED AORTIC ANEURYSM	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)

Line:	285	
Condition:	COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	33286	Removal, subcutaneous cardiac rhythm monitor
Add:	33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)
Add:	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days
Add:	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Add:	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Add:	95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional
Add:	95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)

Line:	292	
Condition:	NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS	
Treatment:	MEDICAL AND SURGICAL TREATMENT (E.G., DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)	
Add:	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	312
Condition:	GENDER DYSPHORIA/TRANSEXUALISM
Treatment:	MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
Add:	53405 Urethroplasty; second stage (formation of urethra), including urinary diversion
Add:	53410 Urethroplasty, 1-stage reconstruction of male anterior urethra

Line:	315
Condition:	CANCER OF LIVER
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add:	79445 Radiopharmaceutical therapy, by intra-arterial particulate administration
Add:	C2616 Brachytherapy source, non-stranded, yttrium-90, per source
Add:	S2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres

Line:	325
Condition:	NON-DISSECTING ANEURYSM WITHOUT RUPTURE
Treatment:	SURGICAL TREATMENT
Add:	33866 Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)
Delete:	75563 Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

Line:	346
Condition:	CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS
Treatment:	SURGICAL THERAPY
Add:	C1823 Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

Line:	352
Condition:	URINARY SYSTEM CALCULUS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	50436 Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;
Add:	50437 Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system

Line:	359
Condition:	DEFORMITY/CLOSED DISLOCATION OF JOINT AND RECURRENT JOINT DISLOCATIONS
Treatment:	SURGICAL TREATMENT
Add:	24400 Osteotomy, humerus, with or without internal fixation
Add:	24420 Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)

Line:	361
Condition:	SCOLIOSIS
Treatment:	MEDICAL AND SURGICAL THERAPY
Add:	C1823 Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

Line:	366
Condition:	ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS
Treatment:	MEDICAL THERAPY
Add:	33440 Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line: 373
Condition: ACNE CONGLOBATA (SEVERE CYSTIC ACNE)
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: L70.0 Acne vulgaris
Delete: L73.0 Acne keloid

Line: 393
Condition: STRABISMUS WITHOUT AMBLYOPIA AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS;
CONGENITAL ANOMALIES OF EYE; LACRIMAL DUCT OBSTRUCTION IN CHILDREN
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: H57.811 Brow ptosis, right
Add: H57.812 Brow ptosis, left
Add: H57.813 Brow ptosis, bilateral
Add: H57.819 Brow ptosis, unspecified

Line: 395
Condition: ENDOMETRIOSIS AND ADENOMYOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
Add: 58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
Add: 58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
Add: 58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

Line: 418
Condition: CHRONIC LEUKEMIAS WITH POOR PROGNOSIS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLIDE THERAPY

Add: 81233 BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)

Line: 430
Condition: INTERNAL DERANGEMENT OF KNEE AND LIGAMENOUS DISRUPTIONS OF THE KNEE, RESULTING IN
SIGNIFICANT INJURY/IMPAIRMENT
Treatment: REPAIR, MEDICAL THERAPY

Delete: S86.111A Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
Delete: S86.111D Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter
Delete: S86.112A Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
Delete: S86.112D Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter
Delete: S86.119A Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter
Delete: S86.119D Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, subsequent encounter
Delete: S86.211A Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
Delete: S86.211D Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter
Delete: S86.212A Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
Delete: S86.212D Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter
Delete: S86.219A Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter
Delete: S86.219D Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, subsequent encounter
Delete: S86.311A Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter
Delete: S86.311D Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, subsequent encounter
Delete: S86.312A Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter
Delete: S86.312D Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, subsequent encounter
Delete: S86.319A Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter
Delete: S86.319D Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, subsequent encounter
Delete: S86.811A Strain of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
Delete: S86.811D Strain of other muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
Delete: S86.812A Strain of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
Delete: S86.812D Strain of other muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter

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Delete: S86.819A Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
Delete: S86.819D Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter
Delete: S86.911A Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
Delete: S86.911D Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, subsequent encounter
Delete: S86.912A Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
Delete: S86.912D Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, subsequent encounter
Delete: S86.919A Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
Delete: S86.919D Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, subsequent encounter

Line: 436
Condition: STEREOTYPED MOVEMENT DISORDER WITH SELF-INJURIOUS BEHAVIOR DUE TO NEURODEVELOPMENTAL DISORDER
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION

Add: 97151 Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan

Add: 97152 Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes

Add: 97153 Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes

Add: 97154 Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes

Add: 97155 Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes

Add: 97156 Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes

Add: 97157 Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes

Add: 97158 Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Line: 440
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Add: C1823 Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

Line: 444
Condition: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY

Add: H93.8X1 Other specified disorders of right ear
Add: H93.8X2 Other specified disorders of left ear
Add: H93.8X3 Other specified disorders of ear, bilateral
Add: H93.8X9 Other specified disorders of ear, unspecified ear

Line: 451
Condition: DENTAL CONDITIONS (E.G., MISSING TEETH, PROSTHESIS FAILURE)
Treatment: REMOVABLE PROSTHODONTICS (E.G., FULL AND PARTIAL DENTURES, RELINES)

Add: D5876 add metal substructure to acrylic full denture (per arch)

Line: 469
Condition: ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT
Treatment: PTOSIS REPAIR

Add: H57.811 Brow ptosis, right
Add: H57.812 Brow ptosis, left
Add: H57.813 Brow ptosis, bilateral
Add: H57.819 Brow ptosis, unspecified
Delete: Q10.0 Congenital ptosis

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Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Line:	470
Condition:	KERATOCONJUNCTIVITIS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	65778 Placement of amniotic membrane on the ocular surface; without sutures
Add:	65779 Placement of amniotic membrane on the ocular surface; single layer, sutured
Add:	65780 Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

Line:	493
Condition:	ECTROPION AND BENIGN NEOPLASM OF EYE
Treatment:	ECTROPION REPAIR
Add:	65778 Placement of amniotic membrane on the ocular surface; without sutures
Add:	65779 Placement of amniotic membrane on the ocular surface; single layer, sutured
Add:	65780 Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

Line:	500
Condition:	CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS
Treatment:	SPECIFIED INTERVENTIONS
Delete:	11981 Insertion, non-biodegradable drug delivery implant
Delete:	79445 Radiopharmaceutical therapy, by intra-arterial particulate administration
Delete:	C2616 Brachytherapy source, non-stranded, yttrium-90, per source
Delete:	G0516 Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
Delete:	G0518 Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
Delete:	S2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres

Line:	527
Condition:	CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS
Treatment:	SURGICAL THERAPY
Add:	C1823 Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

Line:	530
Condition:	MILD ECZEMA
Treatment:	MEDICAL THERAPY
Delete:	86003 Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each
Delete:	86008 Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each
Delete:	86486 Skin test; unlisted antigen, each
Delete:	95004 Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
Delete:	95018 Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
Delete:	95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
Delete:	95027 Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
Delete:	95028 Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
Delete:	95044 Patch or application test(s) (specify number of tests)
Delete:	95052 Photo patch test(s) (specify number of tests)
Delete:	95056 Photo tests
Delete:	95060 Ophthalmic mucous membrane tests
Delete:	95065 Direct nasal mucous membrane test
Delete:	95070 Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
Delete:	95071 Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
Delete:	95076 Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
Delete:	95079 Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)
Delete:	95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection

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Delete:	95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
Delete:	95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
Delete:	95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
Delete:	95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
Delete:	95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
Delete:	95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
Delete:	95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
Delete:	95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms
Delete:	95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
Delete:	95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
Delete:	95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
Delete:	95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
Delete:	95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
Delete:	95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
Delete:	95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
Delete:	95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
Delete:	95180	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)

Line: 547
 Condition: TMJ DISORDER
 Treatment: TMJ SPLINTS
 Add: D9130 temporomandibular joint dysfunction – non-invasive physical therapies

Line: 588
 Condition: DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH)
 Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS, ONLAYS, GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)
 Add: D5282 removable unilateral partial denture – one-piece cast metal (including clasps and teeth), maxillary
 Add: D5283 removable unilateral partial denture – one-piece cast metal (including clasps and teeth), mandibular

Line: 644
 Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT
 Treatment: ELECTIVE DENTAL SERVICES
 Add: D9944 occlusal guard – hard appliance, full arch
 Add: D9945 occlusal guard – soft appliance, full arch
 Add: D9946 occlusal guard – hard appliance, partial arch

Line: 650
 Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
 Treatment: EVALUATION
 Add: E23.0 Hypopituitarism
 Delete: E75.21 Fabry (-Anderson) disease
 Delete: E75.22 Gaucher disease
 Delete: E75.240 Niemann-Pick disease type A
 Delete: E75.241 Niemann-Pick disease type B
 Delete: E75.242 Niemann-Pick disease type C
 Delete: E75.243 Niemann-Pick disease type D

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Delete: E75.248 Other Niemann-Pick disease
Delete: E75.249 Niemann-Pick disease, unspecified
Delete: E76.01 Hurler's syndrome
Delete: E76.02 Hurler-Scheie syndrome
Delete: E76.03 Scheie's syndrome
Delete: E76.1 Mucopolysaccharidosis, type II
Delete: E76.210 Morquio A mucopolysaccharidoses
Delete: E76.211 Morquio B mucopolysaccharidoses
Delete: E76.219 Morquio mucopolysaccharidoses, unspecified
Delete: E76.22 Sanfilippo mucopolysaccharidoses
Delete: E76.29 Other mucopolysaccharidoses
Delete: E76.3 Mucopolysaccharidosis, unspecified
Delete: E76.8 Other disorders of glucosaminoglycan metabolism
Delete: E76.9 Glucosaminoglycan metabolism disorder, unspecified

Line: 652
Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment: EVALUATION
Add: H57.811 Brow ptosis, right
Add: H57.812 Brow ptosis, left
Add: H57.813 Brow ptosis, bilateral
Add: H57.819 Brow ptosis, unspecified

Line: 660
Condition: CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
Treatment: SPECIFIED INTERVENTIONS
Add: 0398T Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed
Delete: 11981 Insertion, non-biodegradable drug delivery implant
Add: 33274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed
Add: 33275 Transcatheter removal of permanent leadless pacemaker, right ventricular
Add: 33289 Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed
Add: 53854 Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
Add: 76978 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion
Add: 76979 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)
Add: 81237 EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)
Add: 81306 NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
Add: 81320 PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)
Add: 81345 TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)
Add: 81443 Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
Add: 81518 Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Add: 83722 Lipoprotein, direct measurement; small dense LDL cholesterol
Add: 93264 Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs for the January 1, 2019 Prioritized List of Health Services

Add:	96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)
Add:	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
Add:	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components
Add:	C8937	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary pro
Add:	C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobro
Add:	C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum
Add:	C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)
Add:	C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil emboliza
Add:	C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when perfo
Add:	G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes
Delete:	G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
Delete:	G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)

ATTACHMENT B

Coding Changes to Condition-Treatment Pairs Affecting Numerous Lines for the January 1, 2019 Prioritized List of Health Services

Add code G0068 (Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes) to the following lines:

1-52,55-218,220-342,345-383,385-409,411-441,443-450,452-454,456-465,467-489,491-499,501-504,506-534,536-587,589-597,599-614,617-642,645-659

Add code G0070 (Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes) to the following lines:

93,112,113,115,126,133,135,157,158,191,200,201,209,211,215,216,230,235,238,239,259,260,262,263,271,276,286,287,294,314-316,329,396,397,400,418,433,435,556

Add code G0071 (Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or) to the following lines:

1-52,55-218,220-342,345-383,385-409,411-441,443-450,452-454,456-465,467-489,491-499,501-504,506-534,536-587,589-597,599-614,617-642,645-659

Add code G2010 (Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within) to the following lines:

1-4,6,8-21,23-25,27-53,55-61,63-96,98-121,123-148,150-172,174-192,194-201,203,205-211,213-218,220-252,254-276,278-281,283-289,291-342,345-380,382,383,385-387,389,390,392-405,407-409,412,414-418,420-430,432-435,437-441,444,446,447,449,450,452-454,457-459,461-465,467,469,470,472-476,478-489,491,493-499,501-504,506-534,536-543,545-548,550-570,572-587,589-597,599-607,609-614,617-628,630-642,645,646,648-659

Add code G2011 (Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes) to the following lines:

1-4,6,8-21,23-25,27-53,55-61,63-96,98-121,123-148,150-172,174-192,194-201,203,205-211,213-218,220-252,254-276,278-281,283-289,291-342,345-380,382,383,385-387,389,390,392-405,407-409,412,414-418,420-430,432-435,437-441,444,446,447,449,450,452-454,457-459,461-465,467,469,470,472-476,478-489,491,493-499,501-504,506-534,536-543,545-548,550-570,572-587,589-597,599-607,609-614,617-628,630-642,645,646,648-659

Add code G2012 (Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m servi) to the following lines:

1-52,55-218,220-342,345-383,385-409,411-441,443-450,452-454,456-465,467-489,491-499,501-504,506-534,536-587,589-597,599-614,617-642,645-659

Remove code 75557 (Cardiac magnetic resonance imaging for morphology and function without contrast material;) from the following lines:

44,67,70,85,86,89,90,105,106,111,128,130,138,176,186,188,224,233,258,264,651

Remove code 75561 (Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;) from the following lines:

44,67,70,85,86,89,90,105,106,111,128,130,138,176,186,188,224,233,258,264,325

Remove code 75565 (Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)) from the following lines:

44,67,70,85,86,89,90,105,106,111,128,130,138,176,186,188,224,233,258,264,325,651

Remove code 79440 (Radiopharmaceutical therapy, by intra-articular administration) from the following lines:

125,126,156-158,161,191,211,235,239,259,262,271,276,286,287,294,314-316,329,342,372,433,458,589,600

Add code 99451 (Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time) to the following lines:

1-53,55-218,220-342,345-383,385-409,411-441,443-450,452-454,456-465,467-489,491-499,501-504,506-534,536-587,589-597,599-614,617-642,645-659

Add code 99452 (Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes) to the following lines:

1-53,55-218,220-342,345-383,385-409,411-441,443-450,452-454,456-465,467-489,491-499,501-504,506-534,536-587,589-597,599-614,617-642,645-659

Add code 99491 (Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic

ATTACHMENT B

Coding Changes to Condition-Treatment Pairs Affecting Numerous Lines for the January 1, 2019 Prioritized List of Health Services

conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.) to the following lines:
1-53,55-218,220-342,345-383,385-409,411-441,443-450,452-454,456-465,467-489,491-499,501-504,506-534,536-587,589-597,
599-614,617-642,645-659

ATTACHMENT C

New Guidelines for the January 1, 2019 Prioritized List of Health Services

DIAGNOSTIC GUIDELINE D24, CARDIAC MAGNETIC RESONANCE IMAGING

Cardiac magnetic resonance imaging (CMR) is covered only after it has been determined that echocardiogram and Doppler studies are inconclusive or expected to be nondiagnostic.

DIAGNOSTIC GUIDELINE D25, HEREDITARY CANCER GENETIC TESTING

Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer or other related cancers suspected to be hereditary, or patients at increased risk to due to family history, services are provided according to the Comprehensive Cancer Network Guidelines.

- A) Lynch syndrome (hereditary colorectal, endometrial and other cancers associated with Lynch syndrome) services (CPT 81288, 81292-81300, 81317-81319, 81435, 81436) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Colorectal V1.2018 (7/12/18). www.nccn.org.
- 1) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for patients without a personal history of breast, ovarian and other associated cancers should be provided to high risk patients as defined by the US Preventive Services Task Force or according to the NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast and ovarian. V2.2019 (7/30/18). www.nccn.org.
- 2) Breast and ovarian cancer syndrome genetic testing services (CPT 81162-81167, 81212, 81215-81217) for women with a personal history of breast, ovarian, or other associated cancers and for men with breast or other associated cancers should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V2.2019 (7/30/18). www.nccn.org.
- 3) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian. V2.2019 (7/30/18) or Genetic/Familial High-Risk Assessment: Colorectal V1.2018 (7/12/18). www.nccn.org.
- B) Genetic counseling should precede genetic testing for hereditary cancer whenever possible.
 - 1) Pre and post-test genetic counseling should be covered when provided by a suitable trained health professional with expertise and experience in cancer genetics. Genetic counseling is recommended for cancer survivors when test results would affect cancer screening.
 - a) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
 - 2) If timely pre-test genetic counseling is not possible for time-sensitive cases, appropriate genetic testing accompanied by pre- and post- test informed consent and post-test disclosure performed by a board-certified physician with experience in cancer genetics should be covered.
 - a) Post-test genetic counseling should be performed as soon as is practical.
- C) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 has been identified in a family, a single site mutation analysis for that mutation is covered (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81163) analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).
- D) Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.
- E) Hereditary breast cancer-related disorders genomic sequence analysis panels (CPT 81432, 81433, 81479) are only included for patients meeting the criteria for hereditary cancer syndrome testing per NCCN guidelines

GUIDELINE NOTE 67, BROW PTOSIS

Lines 393,469,652

Brow ptosis repair is included on Line 393 for congenital brow ptosis in children only when ALL the following criteria are met:

- A) The condition developed within the first year of life, and
- B) Ptosis interferes with field of vision, and
- C) The child has abnormal head posture (e.g., head tilt or turn, chin up or chin down), amblyopia or strabismus or is at high risk for development of amblyopia.

Brow ptosis repair is included on Line 453 for acquired brow ptosis only when ALL the following criteria are present:

- A) Brow ptosis is causing a functional impairment of upper/outer visual fields with documented complaints of interference with vision or visual field related activities such as difficulty reading or driving due to upper brow drooping, looking through eyelashes, or seeing the upper eyelid skin, and
- B) Photographs show the eyebrow below the supraorbital rim, and
- C) Overhanging skin due to brow ptosis is sufficiently low to produce a visually significant field restriction of approximately 30 degrees or less from fixation or a central "pseudo- margin to reflex distance" of 2.0 mm or less, and
- D) The visual field impairment cannot be corrected by an upper lid blepharoplasty alone.

Otherwise, brow ptosis repair is included on Line 652.

ATTACHMENT C

New Guidelines for the January 1, 2019 Prioritized List of Health Services

GUIDELINE NOTE 179, DIABETES PREVENTION PROGRAM

Line 3

Prediabetes (R73.03) and personal history of gestational diabetes (Z86.32) are included on this line only for the Diabetes Prevention Program (DPP). The only programs included are CDC-recognized lifestyle change programs for DPP.

To be eligible for referral to a CDC-recognized lifestyle change program, patients must meet the following requirements:

- A) Be at least 18 years old and
- B) Be overweight (body mass index ≥ 25 ; ≥ 23 if Asian) and
- C) Have no previous diagnosis of type 1 or type 2 diabetes and
- D) Not have end-stage renal disease and
- E) Have a blood test result in the prediabetes range within the past year:
 - 1) Hemoglobin A1C: 5.7%–6.4% or
 - 2) Fasting plasma glucose: 100–125 mg/dL or
 - 3) Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL or
 - 4) Be previously diagnosed with gestational diabetes

GUIDELINE NOTE 180, MEDICALLY INDICATED CIRCUMCISION

Lines 21,327,412

Circumcision (CPT 54150, 54160, 54161) is included on these lines only for patients with

- A) Balanitis xerotica obliterans, or
- B) Recurrent balanoposthitis (2 or more bouts, not balanitis), or
- C) Severe foreskin scarring causing physiologic complications, or
- D) Vesicoureteric reflux (grade 2 or higher) or other urologic abnormalities, or
- E) Recurrent urinary tract infections (2 or more with documented positive urine cultures).

Balanitis (ICD-10 N48.1) does not pair with circumcision.

GUIDELINE NOTE 181, POSTPARTUM DEPRESSION SCREENING

Line 3

Postpartum depression screening using a validated instrument (e.g. Edinburgh Postpartum Severity Score, PHQ-9) is included on this line during the child's visit (CPT 96161) or during the mother's visit (CPT 96160, 96127) when there is a plan in place to address positive depression screens.

GUIDELINE NOTE 182, TESTOSTERONE REPLACEMENT FOR TESTICULAR HYPOFUNCTION

Line 467

Testosterone replacement therapy is included on this line for testicular hypofunction or dysfunction only when all of the following inclusion criteria are met and none of the exclusion criteria apply:

Inclusion criteria:

- B) The patient is a male 18 years of age or older; AND
- C) The patient has had TWO morning (between 8 a.m. to 10 a.m.) tests (at least 1 week apart) at baseline demonstrating low testosterone levels as defined by the following criteria:
 - 1) Total serum testosterone level less than 300ng/dL (10.4nmol/L); OR
 - 2) Total serum testosterone level less than 350ng/dL (12.1nmol/L) AND free serum testosterone level less than 50pg/mL (or 0.174nmol/L); AND
- D) Patient has received ONE of the following diagnoses:
 - 1) Primary Hypogonadism (congenital or acquired): as defined as testicular failure due to such conditions as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchidectomy, Klinefelter's syndrome, chemotherapy, trauma, or toxic damage from alcohol or heavy metals; OR
 - 2) Hypogonadotropic Hypogonadism (congenital or acquired): as defined by idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma or radiation

Exclusion criteria:

- A) Patient has ANY of the following contraindications:
 - 1) Breast cancer or known or suspected prostate cancer
 - 2) Elevated hematocrit (>50%)
 - 3) Untreated severe obstructive sleep apnea
 - 4) Severe lower urinary tract symptoms
 - 5) Uncontrolled or poorly-controlled heart failure
- B) Patient has experienced a major cardiovascular event (such as a myocardial infarction, stroke, acute coronary syndrome) in the past six months

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- C) Patient has uncontrolled or poorly-controlled benign prostate hyperplasia or is at a higher risk of prostate cancer, such as elevation of PSA after initiating testosterone replacement therapy

This guideline does not apply to testosterone replacement therapy for HIV-associated weight loss, delayed puberty, treatment of metastatic breast cancer, or transgender health.

GUIDELINE NOTE 183, DONOR BREAST MILK FOR HIGH RISK INFANTS

Lines 16,34,88,101

Donor breast milk (HCPCS T2101) is included on these lines for infants up to 6 months of age (adjusted for gestational age) who meet all of the following criteria:

- Low birth weight (<1500g) or with severe underlying gastrointestinal disease
- Human donor milk was continued through neonatal hospital discharge for a clear medical indication
- Persistent outpatient medical need for human donor breast milk due to ongoing severe concerns with persistent diarrhea or malabsorption with improvement on breast milk compared to formula
- When maternal breast milk is not available, appropriate or sufficient to meet the infant's needs, despite lactation support for the mother.

Donor human milk may only be obtained through a milk bank with appropriate quality and infection control standards.

GUIDELINE NOTE 184, ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE INSERTION

Line 139

Anterior segment aqueous drainage device (e.g. iStent©) insertion is only included on this line when done at the same time as cataract removal and when the two procedures are billed together as a bundled service.

GUIDELINE NOTE 185, YTTRIUM 90 THERAPY

Line 315

Yttrium 90 therapy is only included on this line for treatment of hepatocellular carcinoma (HCC) and only when recommended by a multidisciplinary tumor board or team in the following circumstances:

- A) Downsizing tumors in patients who could become eligible for curative treatment (transplant, ablation, or resection), OR
- B) Palliative treatment of incurable patients with unresectable or inoperable tumors that are not amenable to ablation therapy and
 - 1) who have good liver function (Child-Pugh class A or B) and
 - 2) good performance status (ECOG performance status 0-2), and
 - 3) who have intermediate stage disease with tumors > 5 cm OR advanced stage HCC with unilateral (not main) portal vein tumor thrombus.

ATTACHMENT D

Revisions To Existing Guideline Notes for the January 1, 2019 Prioritized List of Health Services

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

- A) Genetic tests are covered as diagnostic, unless they are listed below in section F1 as excluded or have other restrictions listed in this guideline. To be covered, initial screening (e.g. physical exam, medical history, family history, laboratory studies, imaging studies) must indicate that the chance of genetic abnormality is > 10% and results would do at least one of the following:
- 1) Change treatment,
 - 2) Change health monitoring,
 - 3) Provide prognosis, or
 - 4) Provide information needed for genetic counseling for patient; or patient's parents, siblings, or children
- B) Pretest and posttest genetic counseling is required for presymptomatic and predisposition genetic testing. Pretest and posttest genetic evaluation (which includes genetic counseling) is covered when provided by a suitable trained health professional with expertise and experience in genetics.
- 1) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.
- C) A more expensive genetic test (generally one with a wider scope or more detailed testing) is not covered if a cheaper (smaller scope) test is available and has, in this clinical context, a substantially similar sensitivity. For example, do not cover CFTR gene sequencing as the first test in a person of Northern European Caucasian ancestry because the gene panels are less expensive and provide substantially similar sensitivity in that context.
- ~~D) Related to genetic testing for patients with breast/ovarian and colon/endometrial cancer or other related cancers suspected to be hereditary, or patients at increased risk to due to family history:~~
- ~~1) Services are provided according to the Comprehensive Cancer Network Guidelines:
 - ~~a) Lynch syndrome (hereditary colorectal, endometrial and other cancers associated with Lynch syndrome) services (CPT 81288, 81292-81300, 81317-81319, 81435, 81436) and familial adenomatous polyposis (FAP) services (CPT 81201-81203) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Colorectal V3.2017 (10/10/17). www.nccn.org.~~
 - ~~b) Breast and ovarian cancer syndrome genetic testing services (CPT 81162, 81211-81217) for women without a personal history of breast, ovarian and other associated cancers should be provided to high risk women as defined by the US Preventive Services Task Force or according to the NCCN Clinical Practice Guidelines in Oncology: Genetic/Familial High-Risk Assessment: Breast and ovarian V1.2018 (10/3/17). www.nccn.org.~~
 - ~~c) Breast and ovarian cancer syndrome genetic testing services (CPT 81162, 81211-81217) for women with a personal history of breast, ovarian, and other associated cancers and for men with breast cancer should be provided according to the NCCN Clinical Practice Guidelines in Oncology. Genetic/Familial High-Risk Assessment: Breast and Ovarian V1.2018 (10/3/17). www.nccn.org.~~
 - ~~d) PTEN (Cowden syndrome) services (CPT 81321-81323) should be provided as defined by the NCCN Clinical Practice Guidelines in Oncology. Colorectal Screening V3.2017 (10/10/17). www.nccn.org.~~~~
 - ~~2) Genetic counseling should precede genetic testing for hereditary cancer whenever possible.
 - ~~a) Pre and post-test genetic counseling should be covered when provided by a suitable trained health professional with expertise and experience in cancer genetics. Genetic counseling is recommended for cancer survivors when test results would affect cancer screening.
 - ~~i) "Suitably trained" is defined as board certified or active candidate status from the American Board of Medical Genetics, American Board of Genetic Counseling, or Genetic Nursing Credentialing Commission.~~~~
 - ~~b) If timely pre-test genetic counseling is not possible for time-sensitive cases, appropriate genetic testing accompanied by pre- and post-test informed consent and post-test disclosure performed by a board-certified physician with experience in cancer genetics should be covered.
 - ~~i) Post-test genetic counseling should be performed as soon as is practical.~~~~~~
 - ~~3) If the mutation in the family is known, only the test for that mutation is covered. For example, if a mutation for BRCA 1 has been identified in a family, a single site mutation analysis for that mutation is covered (CPT 81215), while a full sequence BRCA 1 and 2 (CPT 81211) analyses is not. There is one exception, for individuals of Ashkenazi Jewish ancestry with a known mutation in the family, the panel for Ashkenazi Jewish BRCA mutations is covered (CPT 81212).~~
 - ~~4) Costs for rush genetic testing for hereditary breast/ovarian and colon/endometrial cancer is not covered.~~
 - ~~5) Hereditary breast cancer-related disorders genomic sequence analysis panels (CPT 81432, 81433, 81479) are only included if the panel test
 - ~~a) Includes at least 5 genes that the NCCN Clinical Practice Guidelines in Oncology – Genetic/Familial High-Risk Assessment: Colorectal V3.2017 (10/10/17) and/or NCCN Clinical Practice Guidelines in Oncology – Genetic/Familial High-Risk Assessment: Breast and Ovarian V1.2018 (10/3/17) include(s) with specific guidance on clinical management; and,~~
 - ~~b) Includes no more than a reasonable number of genes (e.g. 40 genes total).~~~~
- ~~E) D) Related to diagnostic evaluation of individuals with intellectual disability (defined as a full scale or verbal IQ < 70 in an individual > age 5), developmental delay (defined as a cognitive index <70 on a standardized test appropriate for children < 5 years of age), Autism Spectrum Disorder, or multiple congenital anomalies:~~
- ~~1) CPT 81228, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic~~

ATTACHMENT D

Revisions To Existing Guideline Notes for the January 1, 2019 Prioritized List of Health Services

- features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder.
- 2) CPT 81229, Cytogenomic constitutional microarray analysis for copy number variants for chromosomal abnormalities; plus cytogenetic constitutional microarray analysis for single nucleotide polymorphism (SNP) variants for chromosomal abnormalities: Cover for diagnostic evaluation of individuals with intellectual disability/developmental delay; multiple congenital anomalies; or, Autism Spectrum Disorder accompanied by at least one of the following: dysmorphic features including macro or microcephaly, congenital anomalies, or intellectual disability/developmental delay in addition to those required to diagnose Autism Spectrum Disorder; only if (a) consanguinity and recessive disease is suspected, or (b) uniparental disomy is suspected, or (c) another mechanism is suspected that is not detected by the copy number variant test alone.
 - 3) CPT 81243, 81244, [81171.81172](#) Fragile X genetic testing is covered for individuals with intellectual disability/developmental delay. Although the yield of Fragile X is 3.5-10%, this is included because of additional reproductive implications.
 - 4) A visit with the appropriate specialist (often genetics, developmental pediatrics, or child neurology), including physical exam, medical history, and family history is covered. Physical exam, medical history, and family history by the appropriate specialist, prior to any genetic testing is often the most cost-effective strategy and is encouraged.
- F/E)** Related to other tests with specific CPT codes:
- 1) Certain genetic tests have not been found to have proven clinical benefit. These tests are listed in Guideline Note 173, INTERVENTIONS THAT HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS; UNPROVEN INTERVENTIONS
 - 2) The following tests are covered only if they meet the criteria in section A above AND the specified situations:
 - a) CPT 81205, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X): Cover only when the newborn screening test is abnormal and serum amino acids are normal
 - b) Diagnostic testing for cystic fibrosis (CF)
 - i) CFTR, cystic fibrosis transmembrane conductance regulator tests. CPT 81220, 81222, 81223: For infants with a positive newborn screen for cystic fibrosis or who are symptomatic for cystic fibrosis, or for clients that have previously been diagnosed with cystic fibrosis but have not had genetic testing, CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered. If two mutations are not identified, CFTR full gene sequencing (CPT 81223) is covered. If two mutations are still not identified, duplication/deletion testing (CPT 81222) is covered. These tests may be ordered as reflex testing on the same specimen.
 - c) Carrier testing for cystic fibrosis
 - i) CFTR gene analysis of a panel containing at least the mutations recommended by the American College of Medical Genetics* (CPT 81220) is covered once in a lifetime.
 - d) CPT 81224, CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility): Covered only after genetic counseling.
 - e) CPT 81240. F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant: Factor 2 20210G>A testing should not be covered for adults with idiopathic venous thromboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
 - f) CPT 81241. F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant: Factor V Leiden testing should not be covered for: adults with idiopathic venous thromboembolism; for asymptomatic family members of patients with venous thromboembolism and a Factor V Leiden or Prothrombin 20210G>A mutation; or for determining the etiology of recurrent fetal loss or placental abruption.
 - g) CPT 81247. G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-) should only be covered
 - i) After G6PD enzyme activity testing is done and found to be normal; AND either
 - (a) There is an urgent clinical reason to know if a deficiency is present, e.g. in a case of acute hemolysis; OR
 - (b) In situations where the enzyme activity could be unreliable, e.g. female carrier with extreme Lyonization.
 - h) CPT 81248. G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) is only covered when the information is required for genetic counseling.
 - i) CPT 81249. G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence is only covered
 - i) after G6PD enzyme activity has been tested, and
 - ii) the requirements under CPT 81247 above have been met, and
 - iii) common variants (CPT 81247) have been tested for and not found.
 - j) CPT 81256, HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D): Covered for diagnostic testing of patients with elevated transferrin saturation or ferritin levels. Covered for predictive testing ONLY when a first degree family member has treatable iron overload from HFE.

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- k) CPT 81221, SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z): The alpha-1-antitrypsin protein level should be the first line test for a suspected diagnosis of AAT deficiency in symptomatic individuals with unexplained liver disease or obstructive lung disease that is not asthma or in a middle age individual with unexplained dyspnea. Genetic testing of the alpha-1 phenotype test is appropriate if the protein test is abnormal or borderline. The genetic test is appropriate for siblings of people with AAT deficiency regardless of the AAT protein test results.
- l) [CPT 81329, Screening for spinal muscular atrophy: is covered once in a lifetime for preconception testing or testing of the male partner of a pregnant female carrier](#)
- l)m) CPT 81415-81416, exome testing: A genetic counseling/geneticist consultation is required prior to ordering test
- m)n) CPT 81430-81431, Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel: Testing for mutations in GJB2 and GJB6 need to be done first and be negative in non-syndromic patients prior to panel testing.
- n)o) CPT 81440, 81460, 81465, mitochondrial genome testing: A genetic counseling/geneticist or metabolic consultation is required prior to ordering test.
- o)p) CPT 81412 Ashkenazi Jewish carrier testing panel: panel testing is only covered when the panel would replace and would be similar or lower cost than individual gene testing including CF carrier testing.

* American College of Medical Genetics Standards and Guidelines for Clinical Genetics Laboratories. 2008 Edition, Revised 3/2014 and found at <https://www.acmg.net/StaticContent/SGs/CFTR%20Mutation%20Testing.pdf>; 2008 Edition, Revised 7/2018 and found at <http://www.acmg.net/PDFLibrary/Cystic-Fibrosis-Population-Based-Carrier-Screening-Standards.pdf>.

DIAGNOSTIC GUIDELINE D2, IMPLANTABLE CARDIAC LOOP RECORDERS/SUBCUTANEOUS CARDIAC RHYTHM MONITORS

Use of an implantable cardiac loop recorder (ICLR)/[subcutaneous cardiac rhythm monitor](#) is a covered service only when the patient meets all of the following criteria:

- 1) The evaluation is for recurrent transient loss of consciousness (TLoC); and
- 2) A comprehensive evaluation including 30 days of noninvasive ambulatory cardiac monitoring did not demonstrate a cause of the TLoC; and
- 3) A cardiac arrhythmia is suspected to be the cause of the TLoC; and
- 4) There is a likely recurrence of the TLoC within the battery longevity of the device.

[ICLRs/CLRs and subcutaneous cardiac rhythm monitors](#) are not a covered service for evaluation of cryptogenic stroke or any other indication.

DIAGNOSTIC GUIDELINE D6, BREAST CANCER SCREENING IN ABOVE-AVERAGE RISK WOMEN

Annual screening mammography and annual screening MRI [without computer-aided detection \(CAD\)](#) are covered only for women at above-average risk of breast cancer. This coverage, beginning at 30 years of age, includes women who have one or more of the following:

- Greater than 20% lifetime risk of breast cancer
- BRCA1 or BRCA2 gene mutation, or who have not been tested for BRCA but have a first-degree relative who is a BRCA carrier
- A personal history or a first-degree relative diagnosed with Bannayan-Riley-Ruvalcaba syndrome, Cowden syndrome, or Li-Fraumeni syndrome
- Other germline gene mutations known to confer a greater than 20% lifetime risk of breast cancer

For women with a history of high dose chest radiation (≥ 20 Gray) before the age of 30, annual screening MRI [without computer-aided detection \(CAD\)](#) and annual screening mammography are covered beginning 8 years after radiation exposure or at age 25, whichever is later.

For women with both a personal history and a family history of breast cancer, annual mammography, annual breast MRI [without computer-aided detection \(CAD\)](#) and annual breast ultrasound are covered.

For women with increased breast density, supplemental screening with breast ultrasound, MRI, or digital breast tomosynthesis is not covered.

Breast PET-CT scanning and breast-specific gamma imaging are not covered for breast cancer screening.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

DIAGNOSTIC GUIDELINE D17, PRENATAL GENETIC TESTING

The following types of prenatal genetic testing and genetic counseling are covered for pregnant women:

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- A) Genetic counseling (CPT 96040, HPCPS S0265) for high risk women who have family history of inheritable disorder or carrier state, ultrasound abnormality, previous pregnancy with aneuploidy, or elevated risk of neural tube defect.
 - B) Genetic counseling (CPT 96040, HPCPS S0265) prior to consideration of chorionic villus sampling (CVS), amniocentesis, microarray testing, Fragile X, and spinal muscular atrophy screening
 - C) Validated questionnaire to assess genetic risk in all pregnant women
 - D) Screening high risk ethnic groups for hemoglobinopathies (CPT 83020, 83021)
 - E) Screening for aneuploidy with any of five screening strategies [first trimester (nuchal translucency, beta-HCG and PAPP-A), integrated, serum integrated, stepwise sequential, and contingency] (CPT 76813, 76814, 81508-81511, [81512](#), [82105](#), [82677](#))
 - F) Cell free fetal DNA testing (CPT 81420, 81507) for evaluation of aneuploidy in women who have an elevated risk of a fetus with aneuploidy (maternal age >34, family history or elevated risk based on screening).
 - G) Ultrasound for structural anomalies between 18 and 20 weeks gestation (CPT 76811, 76812)
 - H) CVS or amniocentesis (CPT 59000, 59015, [76945](#), [76946](#), 82106, 88235, [88261-88264](#), 88267, 88269, 88280, [88283](#), [88285](#), [88289](#), [88291](#)) for a positive aneuploidy screen, maternal age >34, fetal structural anomalies, family history of inheritable chromosomal disorder or elevated risk of neural tube defect.
 - I) Array CGH (CPT 81228, 81229) when major fetal congenital anomalies are apparent on imaging, or with normal imaging when array CGH would replace karyotyping performed with CVS or amniocentesis in #8 above.
 - J) FISH testing (CPT 88271, [88272](#), [88274](#), 88275, [81171](#), [81172](#)) only if karyotyping is not possible due a need for rapid turnaround for reasons of reproductive decision-making (i.e. at 22w4d gestation or beyond)
 - K) Screening for Tay-Sachs carrier status (CPT 81255) in high risk populations. First step is hex A, and then additional DNA analysis in individuals with ambiguous Hex A test results, suspected variant form of TSD or suspected pseudodeficiency of Hex A
 - L) Screening for cystic fibrosis carrier status once in a lifetime (CPT 81220-81224)
 - M) Screening for fragile X status (CPT 81243, 81244, [81171](#), [81172](#)) in patients with a personal or family history of
 - a. fragile X tremor/ataxia syndrome
 - b. premature ovarian failure
 - c. unexplained early onset intellectual disability
 - d. fragile X intellectual disability
 - e. unexplained autism through the pregnant woman's maternal line
 - N) Screening for spinal muscular atrophy (CPT ~~81404~~[81239](#)) once in a lifetime
 - O) Screening those with Ashkenazi Jewish heritage for Canavan disease (CPT 81200), familial dysautonomia (CPT 81260), and Tay-Sachs carrier status (CPT 81255). Ashkenazi Jewish carrier panel testing (CPT 81412) is covered if the panel would replace and would be of similar or lower cost than individual gene testing including CF carrier testing.
 - P) Expanded carrier screening only for those genetic conditions identified above
- The following genetic screening tests are not covered:
- A) Serum triple screen
 - B) Screening for thrombophilia in the general population or for recurrent pregnancy loss
 - C) Expanded carrier screening which includes results for conditions not explicitly recommended for coverage

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

GUIDELINE NOTE 5, OBESITY AND OVERWEIGHT

Line 320

Medical treatment of overweight (with known cardiovascular risk factors) and obesity in adults is limited to intensive counseling on nutrition and physical activity, provided by health care professionals. Intensive counseling is defined as face-to-face contact more than monthly. A multidisciplinary team is preferred, but a single clinician could also deliver intensive counseling in primary care or other settings.

Intensive counseling visits are included on this line for 6 months. Intensive counseling visits may continue for an additional 6 months (up to 12 months) as long as there is evidence of continued weight loss or improvement in cardiovascular risk factors based on the intervention. Maintenance visits at the conclusion of the intensive treatment are included on this line no more than monthly after this intensive counseling period. The characteristics of effective behavioral interventions include: high intensity programs; multicomponent (including at a minimum diet and exercise), group-based commercial programs; Mediterranean diet; and the following sub-elements -- calorie counting, contact with a dietician, and comparison to peers.

Known cardiovascular risk factors in overweight persons for which this therapy is effective include: hypertension, dyslipidemia, prediabetes, or the metabolic syndrome. [Treatment of prediabetes with the Diabetes Prevention Program \(DPP\) is addressed on Line 3 in Guideline Note 179.](#)

Medical treatment of obesity in children is limited to comprehensive, intensive behavioral interventions. For treatment of children up to 12 years old, interventions may be targeted only to parents, or to both parents and children.

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Pharmacological treatments and devices (e.g. gastric balloons, duodenal jejunal bypass liners, and vagus nerve blocking devices) for obesity are not intended to be included as services on this line or any other line on the Prioritized List.

GUIDELINE NOTE 12, TREATMENT PATIENT-CENTERED CARE OF ADVANCED CANCER WITH LITTLE OR NO BENEFIT

Lines 93, 112-116, 125, 129, 133, 135, 157, 158, 163, 179, 191, 200, 201, 209, 211, 215, 216, 218, 230, 235, 238, 239, 259-263, 271, 276, 286, 287, 294, 314-316, 329, 372, 396, 397, 418, 433, 589, 600

Cancer is a complex group of diseases with treatments that vary depending on the specific subtype of cancer and the patient's unique medical and social situation. Goals of appropriate cancer therapy can vary from intent to cure, disease burden reduction, disease stabilization and control of symptoms. Cancer care must always take place in the context of the patient's support systems, overall health, and core values. Patients should have access to appropriate peer-reviewed clinical trials of cancer therapies. A comprehensive multidisciplinary approach to treatment should be offered including palliative care services (see STATEMENT OF INTENT 1, PALLIATIVE CARE).

Treatment with intent to prolong survival is not a covered service for patients who have progressive metastatic cancer with:

- A) Severe co-morbidities unrelated to the cancer that result in significant impairment in two or more major organ systems which would affect efficacy and/or toxicity of therapy; OR
- B) A continued decline in spite of best available therapy with a non reversible Karnofsky Performance Status or Palliative Performance score of <50% with ECOG performance status of 3 or higher which are not due to a pre-existing disability.

Treatments with intent to relieve symptoms or improve quality of life are covered as defined in STATEMENT OF INTENT 1, PALLIATIVE CARE.

Examples include:

- A) Single-dose radiation therapy for painful bone metastases with the intent to relieve pain and improve quality of life.
- B) Surgical decompression for malignant bowel obstruction. [Single fraction radiotherapy should be given strong consideration for use over multiple fraction radiotherapy when clinically appropriate \(e.g., not contraindicated by risk of imminent pathologic fracture, worsening neurologic compromise or radioresistant histologies such as sarcoma, melanoma, and renal cell carcinoma\).](#)
- C) Medication therapy such as chemotherapy with low toxicity/low side effect agents with the goal to decrease pain from bulky disease or other identified complications. Cost of chemotherapy and alternative medication(s) should also be considered.

To qualify for treatment coverage, the cancer patient must have a documented discussion about treatment goals, treatment prognosis and the side effects, and knowledge of the realistic expectations of treatment efficacy. This discussion may take place with the patient's oncologist, primary care provider, or other health care provider, but preferably in a collaborative interdisciplinary care coordination discussion. Treatment must be provided via evidence-driven pathways (such as NCCN, ASCO, ASH, ASBMT, or NIH Guidelines) when available.

GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS

Included on all lines with evaluation & management (E&M) codes

Telephone and email consultations (CPT 98966-98969, [99441-99443](#)) must meet the following criteria:

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

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

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

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

- 1) Prescription renewal.
- 2) Scheduling a test.

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- 3) Scheduling an appointment.
- 4) Reporting normal test results.
- 5) Requesting a referral.
- 6) Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
- 7) Brief discussion to confirm stability of chronic problem and continuity of present management.

GUIDELINE NOTE 74, GROWTH HORMONE TREATMENT

Lines 40,386,467,650

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

GUIDELINE NOTE 76, DIAGNOSTIC TESTING FOR LIVER FIBROSIS TO GUIDE TREATMENT OF HEPATITIS C IN NON-CIRRHOTIC PATIENTS

Line 199

Given that a fibrosis score of $\geq F2$ is the threshold for antiviral treatment of Hepatitis C, the following are included on this line:

Imaging tests:

- Transient elastography (FibroScan®)
- Acoustic radiation force impulse imaging (ARFI) (Virtual Touch™ tissue quantification, ElastPQ)
- Shear wave elastography (SWE) (Aixplorer®)

Blood tests (only if imaging tests are unavailable):

- Enhanced Liver Fibrosis (ELF™)
- Fibrometer™
- FIBROSpect® II
- FibroSure® (FibroTest®) or ActiTest®

If a fibrosis score of $\geq F3$ is the threshold for antiviral treatment of Hepatitis C, one or more of the following are included on this line:

Imaging tests:

- Transient elastography (FibroScan®)
- Acoustic radiation force impulse imaging (ARFI)
- Shear wave elastography (SWE)

Magnetic resonance elastography is included on this line for $\geq F2$ or $\geq F3$ only when at least one imaging test (FibroScan, ARFI, and SWE) has resulted in indeterminate results, a second one is similarly indeterminate, contraindicated or unavailable, and MRE is readily available.

The following tests are not included on this line (or any other line):

- Real time tissue elastography
- Hepascore (FibroScore)

Noninvasive tests are covered no more often than once per year.

The development of this guideline note was informed by a HERC [coverage guidance](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

GUIDELINE NOTE 78, HEPATIC METASTASES

Line 315

ICD-10-CM C78.7 Hepatic metastases are included on this line only when:

- A) Treatment of the primary tumor is covered on a funded line in accordance with the criteria in Guideline Note 12 ~~TREATMENT~~ PATIENT-CENTERED CARE OF ADVANCED CANCER ~~WITH LITTLE OR NO BENEFIT~~;
- B) There are no other extrahepatic metastases; and,
- C) The only treatment covered is hepatectomy/resection of liver (CPT codes 47120, 47122, 47125 or 47130).

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GUIDELINE NOTE 130, BLEPHAROPLASTY

Line 469

Blepharoplasty is covered when 1) ~~visual fields demonstrate an absolute superior defect to within 15 degrees of fixation~~ a minimum of 30 degrees of visual field loss exists with upper lid skin/margin in repose, 2) upper eyelid position contributes to difficulty tolerating a prosthesis in an anophthalmic socket, 3) essential blepharospasm or hemifacial spasm is present, ~~OR 4) when there is significant ptosis in the downgaze reading position.~~

GUIDELINE NOTE 132, ACNE CONGLOBATA AND ACNE FULMINANS

Line 373

Acne conglobata is only included on Line 373 if it involves recurrent abscesses or communicating sinuses. ICD-10 L70.0 is included on Line 373 only for acne fulminans.

GUIDELINE NOTE 148, BIOMARKER TESTS OF CANCER TISSUE

Lines 157,184,191,230,263,271,329

The use of tissue of origin testing (e.g. CPT 81504) is included on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.

For early stage breast cancer, the following breast cancer genome profile tests are included on Line 191 when the listed criteria are met. One test per primary breast cancer is covered when the patient is willing to use the test results in a shared decision-making process regarding adjuvant chemotherapy. Lymph nodes with micrometastases less than 2 mm in size are considered node negative.

- Oncotype DX Breast Recurrence Score (CPT 81519) for breast tumors that are estrogen receptor positive, HER2 negative, and either lymph node negative, or lymph node positive with 1-3 involved nodes.
- EndoPredict (using CPT 81599) and Prosigna (CPT 81520 or PLA 0008M) for breast tumors that are estrogen receptor positive, HER2 negative, and lymph node negative.
- MammaPrint (using CPT 81521 or HCPCS S3854) for breast tumors that are estrogen receptor or progesterone receptor positive, HER2 negative, lymph node negative, and only in those cases categorized as high clinical risk.

EndoPredict, Prosigna, and MammaPrint are not included on Line 191 for early stage breast cancer with involved axillary lymph nodes. Oncotype DX Breast Recurrence Score is not included on Line 191 for breast cancer involving four or more axillary lymph nodes or more extensive metastatic disease.

Oncotype DX Breast DCIS Score (CPT 81479) and Breast Cancer Index (~~may use CPT 81479, 81599, 84999, S3854~~ CPT 81518) are included on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.

For melanoma, BRAF gene mutation testing (CPT 81210) is included on Line 230.

For lung cancer, epidermal growth factor receptor (EGFR) gene mutation testing (CPT 81235) is included on Line 263 only for non-small cell lung cancer. KRAS gene mutation testing (CPT 81275) is not included on this line.

For colorectal cancer, KRAS gene mutation testing (CPT 81275) is included on Line 157. BRAF (CPT 81210) and Oncotype DX are not included on this line. Microsatellite instability (MSI) is included on the Line 660.

For bladder cancer, Urovysion testing is included on Line 660.

For prostate cancer, Oncotype DX Genomic Prostate Score, Prolaris Score Assay, and Decipher Prostate RP are included on Line 660.

The development of this guideline note was informed by a HERC coverage guidance on [Biomarkers Tests of Cancer Tissue for Prognosis and Potential Response to Treatment](#); the prostate-related portion of that coverage guidance was superseded by a [Coverage Guidance on Gene Expression Profiling for Prostate Cancer](#). See <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Evidence-based-Reports.aspx>.

GUIDELINE NOTE 166, BREAST REDUCTION SURGERY FOR MACROMASTIA

~~Line~~ Lines 401,558

Breast reduction surgery for macromastia is not covered as a treatment for neck or back pain resulting from the macromastia due to lack of high quality evidence of effectiveness.

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Revisions To Existing Guideline Notes for the January 1, 2019 Prioritized List of Health Services

GUIDELINE NOTE 172, INTERVENTIONS WITH MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS FOR CERTAIN CONDITIONS

Line 500

The following interventions are prioritized on Line 500 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS:

[Note: Only new or revised entries to the table are shown here]

11981 G0516 G0518	Implantable buprenorphine for opioid use disorder for patients who are clinically stable on 8-mg daily or less of buprenorphine or equivalent for at least 6 months	Not cost effective compared to equally efficacious alternative formulations	November, 2017
79445 C2616 S2095	Radiopharmaceutical therapy, by intra-arterial particulate administration for use in treating primary hepatocellular carcinoma or colorectal cancer metastatic to the liver Brachytherapy source, non-stranded, yttrium-90, per source, for use in treating primary liver cancer or metastatic cancer to the liver Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres, for use in treating primary liver cancer or metastatic cancer to the liver	Low cost-effectiveness compared to equally effective but less expensive standard chemotherapies; concern for possible harms compared to standard chemotherapy	<u>May, 2018</u>

GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 660

The following Interventions are prioritized on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS

[Note: Only new or revised entries to the table are shown here]

<u>0398T</u>	<u>MRI guided focused ultrasound for the treatment of essential tremor</u>	<u>Insufficient evidence of effectiveness</u>	<u>October, 2018</u>
<u>C8937</u>	<u>Computer aided detection of breast MRI</u>	<u>Insufficient evidence of effectiveness</u>	<u>November, 2018</u>
C9745	Nasal endoscopy, surgical; balloon dilation of Eustachian tube	Insufficient evidence of effectiveness	<u>August 2018</u>
D0422 D0423	Collection and preparation of genetic sample material for laboratory analysis and report Genetic test for susceptibility to diseases —specimen analysis	Insufficient evidence of effectiveness	<u>October, 2015</u>
<u>C9751</u>	<u>Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy</u>	<u>Insufficient evidence of effectiveness</u>	<u>November, 2018</u>

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C9754 C9755	Percutaneous arteriovenous fistula formation	Insufficient evidence of benefit	November, 2018
G0069	Subcutaneous immunotherapy in the home	Insufficient evidence of effectiveness; evidence of harm	November, 2018
S9357	Enzyme replacement therapy (e.g. idursulfase and similar medications) for all inborn error of metabolism conditions except infantile Pompe's disease	No clinically important benefit	August, 2012
11981 G0516 G0518	Implantable buprenorphine for opioid use disorder for patients other than those who are clinically stable on 8 mg daily or less of buprenorphine or equivalent for at least 6 months	Unproven treatment	November, 2017
33274 33275	Leadless cardiac pacemakers	Insufficient evidence of effectiveness; evidence of harm	November, 2018
33289, 93264, C2624 C9741	CardioMEMS™ – Implantable wireless pulmonary artery pressure monitor for heart failure monitoring	Insufficient evidence of effectiveness	October, 2018 Coverage guidance
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor	Insufficient evidence of effectiveness	November 2018
76978 76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac)	Insufficient evidence of effectiveness	November 2018
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Insufficient evidence of effectiveness	November 2018
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis	Insufficient evidence of effectiveness	November 2018
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Insufficient evidence of effectiveness	November 2018
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Insufficient evidence of effectiveness	November 2018
81443	Expanded carrier screening	Insufficient evidence of effectiveness	November 2018

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81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Insufficient evidence of effectiveness	November 2018 Coverage Guidance May 2018
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	Insufficient evidence of effectiveness	November 2018
96116 96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities)		November, 2018

ATTACHMENT E

Deleted Guideline Notes for the January 1, 2019 Prioritized List of Health Services

GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY

Lines 147,660

Enzyme replacement therapy for infantile Pompe's disease is included on Line 147. All other enzyme replacement therapies for inborn errors of metabolism are included on Line 660.

ATTACHMENT F

New Coding Specifications for the January 1, 2019 Prioritized List of Health Services

Line: 40

Condition: PANHYPOPITUITARISM, IATROGENIC AND OTHER PITUITARY DISORDERS (See Coding Specification Below) (See Guideline Notes 64,65,74)
Treatment: MEDICAL THERAPY

ICD-10-CM E23.0 is included on this line for conditions other than adult human growth hormone deficiency.

Line: 386

Condition: PITUITARY DWARFISM (See Coding Specification Below) (See Guideline Notes 64,65,74)
Treatment: MEDICAL THERAPY

ICD-10-CM E23.0 is included on this line for conditions other than adult human growth hormone deficiency.

Line: 650

Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Coding Specification Below) (See Guideline Notes 64,65,74)
Treatment: EVALUATION

ICD-10-CM E23.0 is included on this line only for adult human growth hormone deficiency.

ATTACHMENT G

Revised Statements of Intent for the January 1, 2019 Prioritized List of Health Services

STATEMENT OF INTENT 1: PALLIATIVE CARE

It is the intent of the Commission that palliative care services are covered for patients with a life-threatening or serious progressive illness to alleviate symptoms and improve quality of life.

Palliative care services should include culturally appropriate discussions and medical decision making aligned with patient's personal goals of therapy, assessment of symptom burden, assistance with advance care planning, care coordination, emotional, psychosocial and spiritual support for patients and their families. Palliative care services may be provided concurrently with life prolonging/curative treatments.

Some examples of services associated with an encounter for palliative care (ICD-10 Z51.5) that should be available to patients without regard to Prioritized List line placement:

- A) Inpatient palliative care consultations
 - 1) Hospital Care E&M (CPT 99218-99233)
- B) Outpatient palliative care consultations provided in either the office or home setting
 - 1) E&M Services (CPT 99201-99215)
 - 2) Transitional Care Management Services (CPT 99495-6)
 - 3) Advance Care Planning (CPT 99497-8)
 - 4) Chronic Care Management (CPT 99487-99490)
- C) Psychological support and grief counseling (CPT 99201-99215)
- D) Medical equipment and supplies for the management of symptomatic complications or support activities of daily living
- E) Medications or acupuncture to reduce pain and symptom burden
- F) Surgical procedures or therapeutic interventions [\(for example, palliative radiation therapy\)](#) to relieve pain or symptom burden

Other services associated with palliative care includes:

- A) Social Work
- B) Clinical Chaplain/ Spiritual Care
- C) Care Coordination

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 PATIENT-CENTERED CARE OF ADVANCED CANCER WITH LITTLE OR NO BENEFIT](#).

Attachment H

Errata & Revisions to the January 1, 2019 Prioritized List

1. On 11/30/2018 the pending 1/1/2019 Prioritized the List was published. This posting includes an erratum:
 - a. HCPCS T2101 (Human breast milk processing, storage and distribution only) was removed from line 2 BIRTH OF INFANT and line 18 FEEDING PROBLEMS IN NEWBORNS to correspond with the removal of guideline note 183 DONOR BREAST MILK FOR HIGH RISK INFANTS from these lines.

Attachment I

Errata & Revisions to the October 1, 2018 Prioritized List

1. On November 30, 2018 an updated Notice of Interim Modifications was posted. The code counts were deleted from the initial letter, and the pairing changes approved by the Commission in January, 2018 were added to attachments A and B.
2. On October 24, 2018, a new version of the list was posted with corrected URLs for HERC and Pain Management Commission web pages.
3. On October 18, 2018, the following changes and additions were posted.
 - a. CPT codes 52441 and 52442 (Cystourethroscopy, with insertion of permanent adjustable transprostatic implant) were added to line 327 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION.
 - b. Statement of intent 1 PALLIATIVE CARE and guideline note 12 TREATMENT OF CANCER WITH LITTLE OR NO BENEFIT were restored to how they appeared on the April 1, 2018 prioritized list; the changes which appeared on the October list were approved by the commission for January 1, 2019 and they had been made prematurely in the prior versions.
4. On October 2, 2018, the following additions were posted to the list (removal of this content was approved by the Commission for January 1, 2019 and they had been removed prematurely from the prior version).

- a. A row related to implantable buprenorphine was restored to GUIDELINE NOTE 172, INTERVENTIONS WITH MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS FOR CERTAIN CONDITIONS:

11981 G0516 G0518	Implantable buprenorphine for opioid use disorder for patients who are clinically stable on 8 mg daily or less of buprenorphine or equivalent for at least 6 months	Not cost effective compared to equally efficacious alternative formulations	November, 2017
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- b. A row related to implantable buprenorphine was restored to GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS:

11981 G0516 G0518	Implantable buprenorphine for opioid use disorder for patients other than those who are clinically stable on 8 mg daily or less of buprenorphine or equivalent for at least 6 months	Unproven treatment	November, 2017
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- c. Guideline Note 67, Enzyme Replacement Therapy had been omitted and was restored:

GUIDELINE NOTE 67, ENZYME REPLACEMENT THERAPY

Lines 147,660

Enzyme replacement therapy for infantile Pompe's disease is included on Line 147. All other enzyme replacement therapies for inborn errors of metabolism are included on Line 660.

5. On 8/31/2018 the pending 10/1/2018 Prioritized the List was published. This posting includes:
 - a. A corrected version of guideline note 95. The version appearing in the March, 2018 VbBS minutes contains incorrect numbering and wording; the corrected version aligns with the National Coverage Determination upon which it is based.

- b. An annotation reporting the Health System Division's delay in implementation of guideline note 175 until October 1, 2019.

Errata to the 10-1-18 Notice

Attachment I: Revisions to 10-1-18 Notice of Interim Changes



HEALTH POLICY & ANALYTICS DIVISION
Health Evidence Review Commission

Kate Brown, Governor



500 Summer St NE, E-65
Salem, OR 97301
Voice (503) 373-1985
FAX (503) 378-5511

November 30, 2018

The Honorable Peter Courtney
Senate President
Oregon State Senate
900 Court St. NE, S-201
Salem, OR 97301

The Honorable Tina Kotek
Speaker of the House
Oregon House of Representatives
900 Court St NE, Rm 269
Salem, OR 97301

Dear Senator Courtney and Representative Kotek:

The Health Evidence Review Commission of the Oregon Health Authority's Health Policy & Analytics Division respectfully reports to you that, in accordance with ORS 414.690(7), several interim modifications have been made to the Prioritized List of Health Services appearing in the Health Evidence Review Commission's June 2017 Report to the Governor and 79th Oregon Legislative Assembly. Therefore, in accordance with ORS 414.690 (8), the Health Evidence Review Commission is reporting these interim modifications, effective October 1, 2018.

The changes ~~are quantified in the table below~~ and listed in detail in Attachments A and B. [\(The table of code counts in the original notice has been omitted to more efficiently use staff resources\).](#)

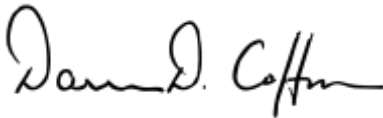
Change Type	Code Type	Unique-codes	Added Pairings	Deleted Pairings
Add new code	CPT	1	1	0
Add new code	HCPCS	5	5	4
Add new code	ICD-10-CM	256	313	256
Add omitted code	CPT	5	5	5
Add appropriate pair	CPT	66	90	0
Add omitted code	HCPCS	70	321	69
Add appropriate pair	HCPCS	4	4	0
Add omitted code	ICD-10-CM	4	8	4
Add appropriate pair	ICD-10-CM	6	6	0
Move code to different line	CPT	4	10	4
Move code to different line	ICD-10-CM	8	8	8
Remove obsolete code	ICD-10-CM	47	0	0
Remove inappropriate pairing	CPT	136	0	256
Remove inappropriate pairing	ICD-10-CM	11	0	11
Remove code; add to HSD file	CPT	9	9	97

In addition to these change, the Commission made changes to practice guidelines and coding specifications associated with the Prioritized List. Attachment C shows five new guidelines, Attachment D includes revisions to 18 existing guidelines and Attachment E lists one deleted guideline. Attachment F lists five new coding specifications. One of the new guidelines and one of the revised guidelines involve changes to reflect recent coverage guidances completed by the Health Evidence Review Commission, developed using systematic reviews of the best evidence available from trusted sources on these topics. Attachment G shows a new statement of intent on the treatment of chronic pain, and Attachment H shows a revised statement of intent on palliative care. Finally, the changes and errata published since the publication of the April 1, 2018 Prioritized List appear in Attachment I.

The changes appearing in this letter are being forwarded to the Health Systems Division which, in consultation with the OHA Actuarial Services Unit, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of the Prioritized List, the HSD will determine the effective date for these changes, which will be no earlier than October 1, 2018. In the event any of these technical changes are determined to impact the funding level of the List as defined by HSD's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

The Health Evidence Review Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,



Darren D. Coffman
Director, Health Evidence Review Commission

cc: Health Evidence Review Commission
Patrick Allen, Director, Oregon Health Authority
Dawn Jagger, Chief of Staff, Oregon Health Authority
David Simmitt, Interim State Medicaid Director, Oregon Health Authority
Margie Stanton, MD, Director, Health Systems Division, Oregon Health Authority
Jeremy Vandehey, Director, Health Policy & Analytics Division, Oregon Health Authority
Dana Hargunani, MD Chief Medical Officer, Oregon Health Authority

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services
Approved ~~on March 8, 2018 through August 9~~ for October 1, 2018 by the Health Evidence
Review Commission

Line: 1
Condition: PREGNANCY
Treatment: MATERNITY CARE

- Add: 10140 Incision and drainage of hematoma, seroma or fluid collection
Add: O30.131 Triplet pregnancy, trichorionic/triamniotic, first trimester
Add: O30.132 Triplet pregnancy, trichorionic/triamniotic, second trimester
Add: O30.133 Triplet pregnancy, trichorionic/triamniotic, third trimester
Add: O30.139 Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
Add: O30.231 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
Add: O30.232 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
Add: O30.233 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
Add: O30.239 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
Add: O30.831 Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
Add: O30.832 Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
Add: O30.833 Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
Add: O30.839 Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
Delete: Z3A.00 Weeks of gestation of pregnancy not specified
Delete: Z3A.01 Less than 8 weeks gestation of pregnancy
Delete: Z3A.08 8 weeks gestation of pregnancy
Delete: Z3A.09 9 weeks gestation of pregnancy
Delete: Z3A.10 10 weeks gestation of pregnancy
Delete: Z3A.11 11 weeks gestation of pregnancy
Delete: Z3A.12 12 weeks gestation of pregnancy
Delete: Z3A.13 13 weeks gestation of pregnancy
Delete: Z3A.14 14 weeks gestation of pregnancy
Delete: Z3A.15 15 weeks gestation of pregnancy
Delete: Z3A.16 16 weeks gestation of pregnancy
Delete: Z3A.17 17 weeks gestation of pregnancy
Delete: Z3A.18 18 weeks gestation of pregnancy
Delete: Z3A.19 19 weeks gestation of pregnancy
Delete: Z3A.20 20 weeks gestation of pregnancy
Delete: Z3A.21 21 weeks gestation of pregnancy
Delete: Z3A.22 22 weeks gestation of pregnancy
Delete: Z3A.23 23 weeks gestation of pregnancy
Delete: Z3A.24 24 weeks gestation of pregnancy
Delete: Z3A.25 25 weeks gestation of pregnancy
Delete: Z3A.26 26 weeks gestation of pregnancy
Delete: Z3A.27 27 weeks gestation of pregnancy
Delete: Z3A.28 28 weeks gestation of pregnancy
Delete: Z3A.29 29 weeks gestation of pregnancy
Delete: Z3A.30 30 weeks gestation of pregnancy
Delete: Z3A.31 31 weeks gestation of pregnancy
Delete: Z3A.32 32 weeks gestation of pregnancy
Delete: Z3A.33 33 weeks gestation of pregnancy
Delete: Z3A.34 34 weeks gestation of pregnancy
Delete: Z3A.35 35 weeks gestation of pregnancy
Delete: Z3A.36 36 weeks gestation of pregnancy
Delete: Z3A.37 37 weeks gestation of pregnancy
Delete: Z3A.38 38 weeks gestation of pregnancy
Delete: Z3A.39 39 weeks gestation of pregnancy
Delete: Z3A.40 40 weeks gestation of pregnancy
Delete: Z3A.41 41 weeks gestation of pregnancy
Delete: Z3A.42 42 weeks gestation of pregnancy
Delete: Z3A.49 Greater than 42 weeks gestation of pregnancy
Add: C1880 Vena cava filter

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

- ~~Delete: P02.7 Newborn affected by chorioamnionitis~~

ATTACHMENT A

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Add: P02.70 Newborn affected by fetal inflammatory response syndrome
Add: P02.78 Newborn affected by other conditions from chorioamnionitis
~~Delete: P04.1 Newborn affected by other maternal medication~~
Add: P04.11 Newborn affected by maternal antineoplastic chemotherapy
Add: P04.12 Newborn affected by maternal cytotoxic drugs
Add: P04.13 Newborn affected by maternal use of anticonvulsants
Add: P04.14 Newborn affected by maternal use of opiates
Add: P04.15 Newborn affected by maternal use of antidepressants
Add: P04.16 Newborn affected by maternal use of amphetamines
Add: P04.17 Newborn affected by maternal use of sedative-hypnotics
Add: P04.18 Newborn affected by other maternal medication
Add: P04.19 Newborn affected by maternal use of unspecified medication
Add: P04.1A Newborn affected by maternal use of anxiolytics
Add: P04.40 Newborn affected by maternal use of unspecified drugs of addiction
Add: P04.42 Newborn affected by maternal use of hallucinogens
~~Delete: P04.8 Newborn affected by other maternal noxious substances~~
Add: P04.81 Newborn affected by maternal use of cannabis
Add: P04.89 Newborn affected by other maternal noxious substances

Line: 3
Condition: PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
Treatment: MEDICAL THERAPY
Add: 90675 Rabies vaccine, for intramuscular use
Add: 90676 Rabies vaccine, for intradermal use
Add: Z13.31 Encounter for screening for depression
Add: Z13.32 Encounter for screening for maternal depression
Add: Z13.39 Encounter for screening examination for other mental health and behavioral disorders
~~Delete: Z13.4 Encounter for screening for certain developmental disorders in childhood~~
Add: Z13.41 Encounter for autism screening
Add: Z13.42 Encounter for screening for global developmental delays (milestones)
Add: Z13.49 Encounter for screening for other developmental delays
Add: Z20.821 Contact with and (suspected) exposure to Zika virus

Line: 4
Condition: SUBSTANCE USE DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY
Add: H0023 Behavioral health outreach service (planned approach to reach a targeted population)

~~Line: 6
Condition: REPRODUCTIVE SERVICES
Treatment: CONTRACEPTION MANAGEMENT; STERILIZATION
Add: 58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)~~

~~Line: 7
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE
Treatment: MEDICAL/PSYCHOTHERAPY
Add: 90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management~~
Add: F53.0 Postpartum depression

Line: 9
Condition: ASTHMA
Treatment: MEDICAL THERAPY
Add: 95012 Nitric oxide expired gas determination

Line: 15
Condition: CONGENITAL INFECTIOUS DISEASES
Treatment: MEDICAL THERAPY
Add: P35.4 Congenital Zika virus disease

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services
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Review Commission

Line:	21
Condition:	VESICoureteral Reflux
Treatment:	MEDICAL THERAPY, SURGERY
Add:	50389 Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
Add:	50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
Add:	50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
Add:	50695 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter

Line:	24
Condition:	ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN
Treatment:	MEDICAL THERAPY
Delete:	P74.2 Disturbances of sodium balance of newborn
Add:	P74.21 Hyponatremia of newborn
Add:	P74.22 Hyponatremia of newborn
Delete:	P74.3 Disturbances of potassium balance of newborn
Add:	P74.31 Hyperkalemia of newborn
Add:	P74.32 Hypokalemia of newborn
Delete:	P74.4 Other transitory electrolyte disturbances of newborn
Add:	P74.41 Alkalosis of newborn
Add:	P74.421 Hyperchloremia of newborn
Add:	P74.422 Hypochloremia of newborn
Add:	P74.49 Other transitory electrolyte disturbance of newborn

Line:	25
Condition:	DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL CONDYLOMA
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	57420 Colposcopy of the entire vagina, with cervix if present;
Add:	57421 Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix

Line:	<u>35</u>
Condition:	<u>TERMINATION OF PREGNANCY</u>
Treatment:	<u>INDUCED ABORTION</u>
Delete:	A34 Obstetrical tetanus
Delete:	O03.87 Sepsis following complete or unspecified spontaneous abortion
Delete:	O08.0 Genital tract and pelvic infection following ectopic and molar pregnancy
Delete:	O08.1 Delayed or excessive hemorrhage following ectopic and molar pregnancy
Delete:	O08.2 Embolism following ectopic and molar pregnancy
Delete:	O08.3 Shock following ectopic and molar pregnancy
Delete:	O08.4 Renal failure following ectopic and molar pregnancy
Delete:	O08.5 Metabolic disorders following an ectopic and molar pregnancy
Delete:	O08.6 Damage to pelvic organs and tissues following an ectopic and molar pregnancy
Delete:	O08.7 Other venous complications following an ectopic and molar pregnancy
Delete:	O08.81 Cardiac arrest following an ectopic and molar pregnancy
Delete:	O08.82 Sepsis following ectopic and molar pregnancy
Delete:	O08.83 Urinary tract infection following an ectopic and molar pregnancy
Delete:	O08.89 Other complications following an ectopic and molar pregnancy
Delete:	O08.9 Unspecified complication following an ectopic and molar pregnancy
Delete:	O36.8120 Decreased fetal movements, second trimester, not applicable or unspecified
Delete:	O36.8121 Decreased fetal movements, second trimester, fetus 1
Delete:	O36.8122 Decreased fetal movements, second trimester, fetus 2
Delete:	O36.8123 Decreased fetal movements, second trimester, fetus 3
Delete:	O36.8124 Decreased fetal movements, second trimester, fetus 4
Delete:	O36.8125 Decreased fetal movements, second trimester, fetus 5
Delete:	O36.8129 Decreased fetal movements, second trimester, other fetus
Delete:	O36.8130 Decreased fetal movements, third trimester, not applicable or unspecified
Delete:	O36.8131 Decreased fetal movements, third trimester, fetus 1

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services Approved ~~on March 8, 2018 through August 9~~ for October 1, 2018 by the Health Evidence Review Commission

[Delete: O36.8132 Decreased fetal movements, third trimester, fetus 2](#)
[Delete: O36.8133 Decreased fetal movements, third trimester, fetus 3](#)
[Delete: O36.8134 Decreased fetal movements, third trimester, fetus 4](#)
[Delete: O36.8135 Decreased fetal movements, third trimester, fetus 5](#)
[Delete: O36.8139 Decreased fetal movements, third trimester, other fetus](#)
[Delete: O36.8190 Decreased fetal movements, unspecified trimester, not applicable or unspecified](#)
[Delete: O36.8191 Decreased fetal movements, unspecified trimester, fetus 1](#)
[Delete: O36.8192 Decreased fetal movements, unspecified trimester, fetus 2](#)
[Delete: O36.8193 Decreased fetal movements, unspecified trimester, fetus 3](#)
[Delete: O36.8194 Decreased fetal movements, unspecified trimester, fetus 4](#)
[Delete: O36.8195 Decreased fetal movements, unspecified trimester, fetus 5](#)
[Delete: O36.8199 Decreased fetal movements, unspecified trimester, other fetus](#)
[Delete: Z3A.00 Weeks of gestation of pregnancy not specified](#)
[Delete: Z3A.01 Less than 8 weeks gestation of pregnancy](#)
[Delete: Z3A.08 8 weeks gestation of pregnancy](#)
[Delete: Z3A.09 9 weeks gestation of pregnancy](#)
[Delete: Z3A.10 10 weeks gestation of pregnancy](#)
[Delete: Z3A.11 11 weeks gestation of pregnancy](#)
[Delete: Z3A.12 12 weeks gestation of pregnancy](#)
[Delete: Z3A.13 13 weeks gestation of pregnancy](#)
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[Delete: Z3A.16 16 weeks gestation of pregnancy](#)
[Delete: Z3A.17 17 weeks gestation of pregnancy](#)
[Delete: Z3A.18 18 weeks gestation of pregnancy](#)
[Delete: Z3A.19 19 weeks gestation of pregnancy](#)
[Delete: Z3A.20 20 weeks gestation of pregnancy](#)
[Delete: Z3A.21 21 weeks gestation of pregnancy](#)
[Delete: Z3A.22 22 weeks gestation of pregnancy](#)

Line: 37

Condition: [ECTOPIC PREGNANCY; HYDATIDIFORM MOLE; CHORIOCARCINOMA](#)

Treatment: [MEDICAL AND SURGICAL TREATMENT](#)

[Add: O08.0 Genital tract and pelvic infection following ectopic and molar pregnancy](#)
[Add: O08.1 Delayed or excessive hemorrhage following ectopic and molar pregnancy](#)
[Add: O08.2 Embolism following ectopic and molar pregnancy](#)
[Add: O08.3 Shock following ectopic and molar pregnancy](#)
[Add: O08.4 Renal failure following ectopic and molar pregnancy](#)
[Add: O08.5 Metabolic disorders following an ectopic and molar pregnancy](#)
[Add: O08.6 Damage to pelvic organs and tissues following an ectopic and molar pregnancy](#)
[Add: O08.7 Other venous complications following an ectopic and molar pregnancy](#)
[Add: O08.81 Cardiac arrest following an ectopic and molar pregnancy](#)
[Add: O08.82 Sepsis following ectopic and molar pregnancy](#)
[Add: O08.83 Urinary tract infection following an ectopic and molar pregnancy](#)
[Add: O08.89 Other complications following an ectopic and molar pregnancy](#)
[Add: O08.9 Unspecified complication following an ectopic and molar pregnancy](#)

Line: 45

Condition: [CORONARY ARTERY ANOMALY](#)

Treatment: [REIMPLANTATION OF CORONARY ARTERY](#)

[Add: C9600 Percutaneous transcatheter placement of drug eluting intracoronary stent\(s\), with coronary angioplasty when performed; single major coronary artery or branch](#)
[Add: C9601 Percutaneous transcatheter placement of drug-eluting intracoronary stent\(s\), with coronary angioplasty when performed; each additional branch of a major coronary artery \(list separately in addition to code for primary procedure\)](#)
[Add: C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch](#)
[Add: C9603 Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery \(list separately in addition to code for primary procedure\)](#)
[Add: C9604 Percutaneous transluminal revascularization of or through coronary artery bypass graft \(internal mammary, free arterial, venous\), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel](#)

ATTACHMENT A

Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services Approved ~~on March 8, 2018 through August 9~~ for October 1, 2018 by the Health Evidence Review Commission

- Add: C9605 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
- Add: C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
- Add: C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
- Add: C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

Line: 47
 Condition: DEEP ABSCESSSES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS
 Treatment: MEDICAL AND SURGICAL TREATMENT

- Add: 11004 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
- Add: 11006 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
- Add: 11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
- Add: 13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
- Add: 13132 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
- Add: 13133 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
- Add: 15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
- Add: 15005 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)
- ~~Delete: 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day~~
- Add: 55150 Resection of scrotum
- ~~Delete: K35.2 Acute appendicitis with generalized peritonitis~~
- Add: K35.20 Acute appendicitis with generalized peritonitis, without abscess
- Add: K35.21 Acute appendicitis with generalized peritonitis, with abscess
- ~~Delete: K35.3 Acute appendicitis with localized peritonitis~~
- Add: K35.30 Acute appendicitis with localized peritonitis, without perforation or gangrene
- Add: K35.31 Acute appendicitis with localized peritonitis and gangrene, without perforation
- Add: K35.32 Acute appendicitis with perforation and localized peritonitis, without abscess
- Add: K35.33 Acute appendicitis with perforation and localized peritonitis, with abscess
- ~~Delete: K35.89 Other acute appendicitis~~
- Add: K35.890 Other acute appendicitis without perforation or gangrene
- Add: K35.891 Other acute appendicitis without perforation, with gangrene

Line: 49
 Condition: CONGENITAL HYDRONEPHROSIS
 Treatment: NEPHRECTOMY/REPAIR

- Add: 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Line: 51
 Condition: ACUTE PELVIC INFLAMMATORY DISEASE
 Treatment: MEDICAL AND SURGICAL TREATMENT

- Add: 49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
- Add: 49322 Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
- Add: 49406 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous
- Add: 49407 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

ATTACHMENT A

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Line:	55
Condition:	COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	K82.A1 Gangrene of gallbladder in cholecystitis
Add:	K82.A2 Perforation of gallbladder in cholecystitis
Delete:	K83.0 Cholangitis
Add:	K83.01 Primary sclerosing cholangitis
Add:	K83.09 Other cholangitis

Line:	56
Condition:	ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	96900 Actinotherapy (ultraviolet light)
Delete:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line:	57
Condition:	BURN, FULL THICKNESS GREATER THAN 10% OF BODY SURFACE
Treatment:	FREE SKIN GRAFT, MEDICAL THERAPY
Add:	C5271 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Add:	C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line:	59
Condition:	END STAGE RENAL DISEASE
Treatment:	MEDICAL THERAPY INCLUDING DIALYSIS
Add:	N18.5 Chronic kidney disease, stage 5
Add:	C1750 Catheter, hemodialysis/peritoneal, long-term
Add:	C1752 Catheter, hemodialysis/peritoneal, short-term
Add:	C1881 Dialysis access system (implantable)

Line:	<u>62</u>
Condition:	<u>SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS</u>
Treatment:	<u>MEDICAL/PSYCHOTHERAPY</u>
Add:	<u>H0038 Self-help/peer services, per 15 minutes</u>

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Line:	63
Condition:	SPONTANEOUS ABORTION; MISSED ABORTION
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	59425 Antepartum care only; 4-6 visits
Add:	59426 Antepartum care only; 7 or more visits
Add:	O03.87 Sepsis following complete or unspecified spontaneous abortion

Line:	64
Condition:	CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C9727 Insertion of implants into the soft palate; minimum of three implants

Line:	65
Condition:	SUBSTANCE-INDUCED DELIRIUM; SUBSTANCE INTOXICATION AND WITHDRAWAL
Treatment:	MEDICAL/PSYCHOTHERAPY
Add:	F12.23 Cannabis dependence with withdrawal
Add:	F12.93 Cannabis use, unspecified with withdrawal

Line:	66
Condition:	LARYNGEAL STENOSIS OR PARALYSIS WITH AIRWAY COMPLICATIONS
Treatment:	INCISION/EXCISION/ENDOSCOPY
Add:	C1878 Material for vocal cord medialization, synthetic (implantable)

Line:	69
Condition:	ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	C1721 Cardioverter-defibrillator, dual chamber (implantable)
Add:	C1722 Cardioverter-defibrillator, single chamber (implantable)
Add:	C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add:	C1779 Lead, pacemaker, transvenous vdd single pass
Add:	C1785 Pacemaker, dual chamber, rate-responsive (implantable)
Add:	C1786 Pacemaker, single chamber, rate-responsive (implantable)
Add:	C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add:	C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add:	C1898 Lead, pacemaker, other than transvenous vdd single pass
Add:	C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Add:	C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
Add:	C2620 Pacemaker, single chamber, non rate-responsive (implantable)
Add:	C2621 Pacemaker, other than single or dual chamber (implantable)
Add:	C9600 Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9601 Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9603 Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9604 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Add:	C9605 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Add:	C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel

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- Add: C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
- Add: C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

Line: 71
 Condition: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
 Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., G-TUBES, J-TUBES, RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

~~Delete: E72.8 — Other specified disorders of amino-acid metabolism~~

Add: 96150 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment

Add: 96151 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment

Add: 96152 Health and behavior intervention, each 15 minutes, face-to-face; individual

Add: 96153 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

Add: 96154 Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)

Add: 96155 Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

Add: 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes

Add: 97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

Add: E72.81 Disorders of gamma aminobutyric acid metabolism

Add: E72.89 Other specified disorders of amino-acid metabolism

Add: E75.26 Sulfatase deficiency

~~Delete: G71.0 — Muscular dystrophy~~

Add: G71.00 Muscular dystrophy, unspecified

Add: G71.01 Duchenne or Becker muscular dystrophy

Add: G71.02 Facioscapulohumeral muscular dystrophy

Add: G71.09 Other specified muscular dystrophies

Add: I63.81 Other cerebral infarction due to occlusion or stenosis of small artery

Add: I63.89 Other cerebral infarction

Add: I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy

Add: I67.858 Other hereditary cerebrovascular disease

Add: P35.4 Congenital Zika virus disease

~~Delete: I63.8 — Other cerebral infarction~~

~~Delete: I63.81 — Other cerebral infarction due to occlusion or stenosis of small artery~~

~~Delete: I63.89 — Other cerebral infarction~~

~~Delete: I67.850 — Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy~~

~~Delete: I67.858 — Other hereditary cerebrovascular disease~~

~~Delete: P35.4 — Congenital Zika virus disease~~

~~Delete: Q93.5 — Other deletions of part of a chromosome~~

Add: Q93.51 Angelman syndrome

Add: Q93.59 Other deletions of part of a chromosome

Add: Q93.82 Williams syndrome

Add: C1815 Prosthesis, urinary sphincter (implantable)

Line: 72
 Condition: BURN, PARTIAL THICKNESS GREATER THAN 30% OF BODY SURFACE OR WITH VITAL SITE; FULL THICKNESS, LESS THAN 10% OF BODY SURFACE
 Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Add: C5271 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

Add: C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)

Add: C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

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- Add: C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- Add: C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- Add: C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line: ~~79~~77

Condition: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA/WINDOW

Treatment: LIGATION

Add: 33750 Shunt: subclavian to pulmonary artery (Blalock-Taussig type operation)

Line: 79

Condition: PHLEBITIS AND THROMBOPHLEBITIS, DEEP

Treatment: MEDICAL THERAPY

~~Delete: 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day~~

~~Delete: 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;~~

~~Delete: 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method~~

Add: C1880 Vena cava filter

Line: 81

Condition: FRACTURE OF HIP

Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 11012 Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone

Add: 27122 Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)

Line: 87

Condition: CONGENITAL ANOMALIES OF GENITOURINARY SYSTEM

Treatment: RECONSTRUCTION

Add: C1815 Prosthesis, urinary sphincter (implantable)

Line: 92

Condition: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH PERSISTENT SYMPTOMS

Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

Add: 96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

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Line:	98
Condition:	HEART FAILURE
Treatment:	MEDICAL THERAPY

Add:	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
Add:	33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
Add:	33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
Add:	33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
Add:	33221	Insertion of pacemaker pulse generator only; with existing multiple leads
Add:	33222	Relocation of skin pocket for pacemaker
Add:	33223	Relocation of skin pocket for implantable defibrillator
Add:	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
Add:	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
Add:	33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
Add:	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
Add:	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
Add:	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
Add:	33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads
Add:	33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
Add:	33233	Removal of permanent pacemaker pulse generator only
Add:	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
Add:	33235	Removal of transvenous pacemaker electrode(s); dual lead system
Add:	33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
Add:	33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
Add:	33238	Removal of permanent transvenous electrode(s) by thoracotomy
Add:	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead
Add:	33241	Removal of implantable defibrillator pulse generator only
Add:	33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
Add:	33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
Add:	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
Add:	33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
Add:	33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
Add:	33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
Add:	33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
Add:	33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
Add:	33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
Add:	33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
Add:	33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
Add:	33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
Add:	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
Add:	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
Add:	33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system

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Add: 33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
Add: 33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
Add: 33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
Add: 33271	Insertion of subcutaneous implantable defibrillator electrode
Add: 33272	Removal of subcutaneous implantable defibrillator electrode
Add: 33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
Add: 93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system
Add: 93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system
Add: 93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system
Add: 93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system
Add: 93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system
Add: 93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
Add: 93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
Add: 93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
Add: 93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
Add: 93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
Add: 93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
Add: 93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
Add: 93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
Add: 93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
Add: C1721	Cardioverter-defibrillator, dual chamber (implantable)
Add: C1722	Cardioverter-defibrillator, single chamber (implantable)
Add: C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add: C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add: C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add: C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)

Line: 99
Condition: CARDIOMYOPATHY
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: C1721 Cardioverter-defibrillator, dual chamber (implantable)

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Add: C1722 Cardioverter-defibrillator, single chamber (implantable)
 Add: C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
 Add: C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
 Add: C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
 Add: C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)

Line: 102
 Condition: HEMOLYTIC DISEASE DUE TO ISOIMMUNIZATION, ANEMIA DUE TO TRANSPLACENTAL HEMORRHAGE, AND FETAL AND NEONATAL JAUNDICE
 Treatment: MEDICAL THERAPY
 Delete: 96900 Actinotherapy (ultraviolet light)
 Add: E0202 Phototherapy (bilirubin) light with photometer

Line: 103
 Condition: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS
 Treatment: MEDICAL THERAPY
 Add: T43.641A Poisoning by ecstasy, accidental (unintentional), initial encounter
 Add: T43.641D Poisoning by ecstasy, accidental (unintentional), subsequent encounter
 Add: T43.641S Poisoning by ecstasy, accidental (unintentional), sequela
 Add: T43.642A Poisoning by ecstasy, intentional self-harm, initial encounter
 Add: T43.642D Poisoning by ecstasy, intentional self-harm, subsequent encounter
 Add: T43.642S Poisoning by ecstasy, intentional self-harm, sequela
 Add: T43.643A Poisoning by ecstasy, assault, initial encounter
 Add: T43.643D Poisoning by ecstasy, assault, subsequent encounter
 Add: T43.643S Poisoning by ecstasy, assault, sequela
 Add: T43.644A Poisoning by ecstasy, undetermined, initial encounter
 Add: T43.644D Poisoning by ecstasy, undetermined, subsequent encounter
 Add: T43.644S Poisoning by ecstasy, undetermined, sequela
 Add: C1752 Catheter, hemodialysis/peritoneal, short-term
 Add: C1881 Dialysis access system (implantable)

Line: 111
 Condition: CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART
 Treatment: MEDICAL THERAPY
 Add: C1721 Cardioverter-defibrillator, dual chamber (implantable)
 Add: C1722 Cardioverter-defibrillator, single chamber (implantable)
 Add: C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
 Add: C1779 Lead, pacemaker, transvenous vdd single pass
 Add: C1785 Pacemaker, dual chamber, rate-responsive (implantable)
 Add: C1786 Pacemaker, single chamber, rate-responsive (implantable)
 Add: C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
 Add: C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
 Add: C1898 Lead, pacemaker, other than transvenous vdd single pass
 Add: C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
 Add: C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
 Add: C2620 Pacemaker, single chamber, non rate-responsive (implantable)
 Add: C2621 Pacemaker, other than single or dual chamber (implantable)

Line: 113
 Condition: CANCER OF EYE AND ORBIT
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
 Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line: 116
 Condition: HODGKIN'S DISEASE
 Treatment: BONE MARROW TRANSPLANT
 Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
 Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
 Delete: 78813 Positron emission tomography (PET) imaging; whole body

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Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line: ~~421~~118
Condition: NUTRITIONAL DEFICIENCIES
Treatment: MEDICAL THERAPY

<u>Add:</u>	<u>99217</u>	<u>Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]</u>
<u>Add:</u>	<u>99218</u>	<u>Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>Add:</u>	<u>99219</u>	<u>Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>Add:</u>	<u>99220</u>	<u>Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>Add:</u>	<u>99221</u>	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>Add:</u>	<u>99222</u>	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>Add:</u>	<u>99223</u>	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>Add:</u>	<u>99224</u>	<u>Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>

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- Add: 99225 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99226 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Add: 99238 Hospital discharge day management; 30 minutes or less
- Add: 99239 Hospital discharge day management; more than 30 minutes
- Add: 99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
- Add: 99292 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
- Add: 99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

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Add: 99305	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99306	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99307	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99308	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99309	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99310	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99315	<u>Nursing facility discharge day management: 30 minutes or less</u>
Add: 99316	<u>Nursing facility discharge day management: more than 30 minutes</u>
Add: 99318	<u>Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
Add: 99324	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99325	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.</u>
Add: 99326	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.</u>

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- Add: 99327 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
- Add: 99328 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.
- Add: 99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.
- Add: 99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.
- Add: 99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.
- Add: 99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.
- Add: 99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- Add: 99340 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
- Add: 99379 Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- Add: 99380 Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

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Add: 99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Add: 99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Add: 99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Add: 99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age

Line: 121
Condition: ABUSE AND NEGLECT
Treatment: MEDICAL/PSYCHOTHERAPY

Add: 96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
Add: 96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
Add: 96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
Add: 96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
Add: 96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
Add: 96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
Add: T74.51XA	Adult forced sexual exploitation, confirmed, initial encounter
Add: T74.51XD	Adult forced sexual exploitation, confirmed, subsequent encounter
Add: T74.51XS	Adult forced sexual exploitation, confirmed, sequela
Add: T74.52XA	Child sexual exploitation, confirmed, initial encounter
Add: T74.52XD	Child sexual exploitation, confirmed, subsequent encounter
Add: T74.52XS	Child sexual exploitation, confirmed, sequela
Add: T74.61XA	Adult forced labor exploitation, confirmed, initial encounter
Add: T74.61XD	Adult forced labor exploitation, confirmed, subsequent encounter
Add: T74.61XS	Adult forced labor exploitation, confirmed, sequela
Add: T74.62XA	Child forced labor exploitation, confirmed, initial encounter
Add: T74.62XD	Child forced labor exploitation, confirmed, subsequent encounter
Add: T74.62XS	Child forced labor exploitation, confirmed, sequela
Add: T76.51XA	Adult forced sexual exploitation, suspected, initial encounter
Add: T76.51XD	Adult forced sexual exploitation, suspected, subsequent encounter
Add: T76.51XS	Adult forced sexual exploitation, suspected, sequela
Add: T76.52XA	Child sexual exploitation, suspected, initial encounter
Add: T76.52XD	Child sexual exploitation, suspected, subsequent encounter
Add: T76.52XS	Child sexual exploitation, suspected, sequela
Add: T76.61XA	Adult forced labor exploitation, suspected, initial encounter
Add: T76.61XD	Adult forced labor exploitation, suspected, subsequent encounter
Add: T76.61XS	Adult forced labor exploitation, suspected, sequela
Add: T76.62XA	Child forced labor exploitation, suspected, initial encounter
Add: T76.62XD	Child forced labor exploitation, suspected, subsequent encounter
Add: T76.62XS	Child forced labor exploitation, suspected, sequela
Add: Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Add: Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Add: H2014	Skills training and development, per 15 minutes

Line: 126
Condition: [BENIGN NEOPLASM OF THE BRAIN AND SPINAL CORD](#)
Treatment: [MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY](#)

Add: 64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
Add: 64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve
Add: 64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
Add: 92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
Add: 92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
Add: 92250	Fundus photography with interpretation and report

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Line:	127
Condition:	ACUTE KIDNEY INJURY
Treatment:	MEDICAL THERAPY INCLUDING DIALYSIS
Add:	C1752 Catheter, hemodialysis/peritoneal, short-term
Add:	C1881 Dialysis access system (implantable)
Line:	133
Condition:	CANCER OF CERVIX
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Delete:	78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813 Positron emission tomography (PET) imaging; whole body
Delete:	78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	134
Condition:	<u>INTERRUPTED AORTIC ARCH</u>
Treatment:	<u>TRANSVERSE ARCH GRAFT</u>
Add:	<u>33606 Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)</u>
Add:	<u>75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)</u>
Line:	135
Condition:	HODGKIN'S DISEASE
Treatment:	MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Delete:	78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813 Positron emission tomography (PET) imaging; whole body
Delete:	78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	148
Condition:	ACQUIRED HEMOLYTIC ANEMIAS
Treatment:	MEDICAL THERAPY
Add:	C1752 Catheter, hemodialysis/peritoneal, short-term
Add:	C1881 Dialysis access system (implantable)
Line:	157
Condition:	CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add:	<u>44202 Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis</u>
Add:	<u>44203 Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)</u>
Add:	<u>44950 Appendectomy;</u>
Add:	<u>44955 Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)</u>
Delete:	78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813 Positron emission tomography (PET) imaging; whole body
Delete:	78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

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- Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
- Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

- Line: 158
Condition: NON-HODGKIN'S LYMPHOMAS
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
- Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
- Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
- Delete: 78813 Positron emission tomography (PET) imaging; whole body
- Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
- Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
- Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
- Add: 96900 Actinotherapy (ultraviolet light)
- Add: 96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
- Add: 96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
- Add: 96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

- Line: 160
Condition: TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION
Treatment: MEDICAL AND SURGICAL TREATMENT
- Delete: 20910 Cartilage graft; costochondral

- Line: 163
Condition: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT
- Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
- Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
- Delete: 78813 Positron emission tomography (PET) imaging; whole body
- Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
- Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
- Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

- Line: 165
Condition: PREVENTIVE FOOT CARE IN HIGH RISK PATIENTS
Treatment: MEDICAL AND SURGICAL TREATMENT OF TOENAILS AND HYPERKERATOSES OF FOOT
- Add: 11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- Add: 11056 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions
- Add: 11057 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
- Delete: 28011 Tenotomy, percutaneous, toe; multiple tendons
- Delete: 28100 Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
- Delete: 28102 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
- Delete: 28103 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
- Delete: 28104 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
- Delete: 28106 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
- Delete: 28107 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
- Delete: 28108 Excision or curettage of bone cyst or benign tumor, phalanges of foot
- Delete: 28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
- Delete: 28122 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus

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Delete:	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
Delete:	28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
Delete:	28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
Delete:	28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
Delete:	28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
Delete:	99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling
Delete:	99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
Delete:	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

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- Delete: 99226 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99238 Hospital discharge day management; 30 minutes or less
- Delete: 99239 Hospital discharge day management; more than 30 minutes
- Delete: 99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
- Delete: 99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
- Delete: 99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

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- Delete: 99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
- Delete: 99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
- Delete: 99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)
- Delete: 99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)
- Delete: 99358 Prolonged evaluation and management service before and/or after direct patient care; first hour
- Delete: 99359 Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)
- Delete: 99360 Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)
- Delete: 99468 Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
- Delete: 99469 Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
- Delete: 99471 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- Delete: 99472 Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- Delete: 99475 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- Delete: 99476 Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- Delete: 99477 Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
- Delete: 99478 Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
- Delete: 99479 Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
- Delete: 99480 Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)

Line: 173
 Condition: POSTTRAUMATIC STRESS DISORDER
 Treatment: MEDICAL/PSYCHOTHERAPY

- Add: 96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- Add: 96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
- Add: 96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

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Line: 174
Condition: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS
Treatment: SINGLE FOCAL SURGERY

- ~~Delete: 61863~~ [Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site \(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray\), without use of intraoperative microelectrode recording; first array](#)
- ~~Delete: 61864~~ [Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site \(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray\), without use of intraoperative microelectrode recording; each additional array \(List separately in addition to primary procedure\)](#)
- ~~Delete: 61867~~ [Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site \(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray\), with use of intraoperative microelectrode recording; first array](#)
- ~~Delete: 61868~~ [Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site \(eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray\), with use of intraoperative microelectrode recording; each additional array \(List separately in addition to primary procedure\)](#)
- ~~Delete: 61880~~ [Revision or removal of intracranial neurostimulator electrodes](#)
- ~~Delete: 61886~~ [Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays](#)
- ~~Add: 64553~~ [Percutaneous implantation of neurostimulator electrode array; cranial nerve](#)
- Delete: 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation
- Delete: 78609 Brain imaging, positron emission tomography (PET); perfusion evaluation
- Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
- Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
- Add: C1767 Generator, neurostimulator (implantable), non-rechargeable
- Add: C1778 Lead, neurostimulator (implantable)
- Add: C1816 Receiver and/or transmitter, neurostimulator (implantable)
- Add: C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
- Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
- Add: C1897 Lead, neurostimulator test kit (implantable)

Line: 177
Condition: DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM (NON PKU); HEREDITARY FRUCTOSE INTOLERANCE
Treatment: MEDICAL THERAPY

- ~~Delete: E72.8~~ ~~Other specified disorders of amino-acid metabolism~~
- Add: E72.81 Disorders of gamma aminobutyric acid metabolism

~~Line: 180~~
~~Condition: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER~~
~~Treatment: MEDICAL AND SURGICAL TREATMENT~~

- ~~Add: 50590~~ ~~Lithotripsy, extracorporeal shock wave~~

Line: 181
Condition: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (E.G., LIGHTNING STRIKE, HEATSTROKE)
Treatment: MEDICAL THERAPY, BURN TREATMENT

- Add: C5271 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- Add: C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- Add: C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

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- Add: C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line: 182
Condition: SEPTICEMIA
Treatment: MEDICAL THERAPY

- Add: O86.04 Sepsis following an obstetrical procedure
Add: T81.44XA Sepsis following a procedure, initial encounter
Add: T81.44XD Sepsis following a procedure, subsequent encounter
Add: T81.44XS Sepsis following a procedure, sequela

Line: 189
Condition: CHRONIC ISCHEMIC HEART DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT

- Add: C1721 Cardioverter-defibrillator, dual chamber (implantable)
Add: C1722 Cardioverter-defibrillator, single chamber (implantable)
Add: C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add: C1779 Lead, pacemaker, transvenous vdd single pass
Add: C1785 Pacemaker, dual chamber, rate-responsive (implantable)
Add: C1786 Pacemaker, single chamber, rate-responsive (implantable)
Add: C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add: C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add: C1898 Lead, pacemaker, other than transvenous vdd single pass
Add: C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Add: C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
Add: C2620 Pacemaker, single chamber, non rate-responsive (implantable)
Add: C2621 Pacemaker, other than single or dual chamber (implantable)
Add: C9600 Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Add: C9601 Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add: C9602 Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Add: C9603 Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add: C9604 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Add: C9605 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Add: C9606 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
Add: C9607 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Add: C9608 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

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Line:	191	
Condition:	CANCER OF BREAST; AT HIGH RISK OF BREAST CANCER	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION THERAPY AND BREAST RECONSTRUCTION	
Add:	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Add:	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Add:	C1789	Prosthesis, breast (implantable)
Add:	S3854	Gene expression profiling panel for use in the management of breast cancer treatment
Line:	193	
Condition:	AUTISM SPECTRUM DISORDERS	
Treatment:	MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS	
Add:	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Add:	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
Line:	197	
Condition:	BURN, PARTIAL THICKNESS WITHOUT VITAL SITE REQUIRING GRAFTING, UP TO 30% OF BODY SURFACE	
Treatment:	FREE SKIN GRAFT, MEDICAL THERAPY	
Add:	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Add:	C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Add:	C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
Add:	C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Add:	C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
Line:	200	
Condition:	CANCER OF SOFT TISSUE	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

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Line:	201	
Condition:	CANCER OF BONES	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	202	
Condition:	CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS	
Treatment:	MEDICAL THERAPY	
Add:	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Add:	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
Add:	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Add:	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Add:	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Add:	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Line:	204	
Condition:	DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE	
Treatment:	MEDICAL/PSYCHOTHERAPY	
Delete:	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Delete:	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Delete:	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
Delete:	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
Delete:	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

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- Delete: 99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99224 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99225 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99226 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

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- Delete: 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99238 Hospital discharge day management; 30 minutes or less
- Delete: 99239 Hospital discharge day management; more than 30 minutes
- Add: 99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
- Add: 99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
- Add: 99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
- Add: 99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
- Add: 99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

Line: 206
Condition: SUPERFICIAL ABSCESES AND CELLULITIS
Treatment: MEDICAL AND SURGICAL TREATMENT

- Delete: 96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
- Delete: 96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
- Delete: 96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
- Delete: ~~K61.3~~ Ischiorectal abscess
- Add: K61.31 Horseshoe abscess
- Add: K61.39 Other ischiorectal abscess
- Add: K61.5 Suprlevator abscess

Line: 208
Condition: DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT
Treatment: MEDICAL AND SURGICAL TREATMENT

Add: 11740 Evacuation of subungual hematoma

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Line:	211	
Condition:	CANCER OF THYROID	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	213	
Condition:	BULLOUS DERMATOSES OF THE SKIN	
Treatment:	MEDICAL THERAPY	
Delete:	96900	Actinotherapy (ultraviolet light)
Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
Line:	214	
Condition:	ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	C1880	Vena cava filter
Line:	221	
Condition:	DYSLIPIDEMIAS	
Treatment:	MEDICAL THERAPY	
Delete:	E78.4	Other hyperlipidemia
Add:	E78.49	Other hyperlipidemia
Line:	222	
Condition:	DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE	
Treatment:	MEDICAL THERAPY, DIALYSIS	
Add:	C1752	Catheter, hemodialysis/peritoneal, short-term
Add:	C1881	Dialysis access system (implantable)
Line:	230	
Condition:	MALIGNANT MELANOMA OF SKIN	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Delete:	C43.11	Malignant melanoma of right eyelid, including canthus
Add:	C43.111	Malignant melanoma of right upper eyelid, including canthus
Add:	C43.112	Malignant melanoma of right lower eyelid, including canthus
Delete:	C43.12	Malignant melanoma of left eyelid, including canthus
Add:	C43.121	Malignant melanoma of left upper eyelid, including canthus
Add:	C43.122	Malignant melanoma of left lower eyelid, including canthus
Delete:	D03.11	Melanoma in situ of right eyelid, including canthus
Add:	D03.111	Melanoma in situ of right upper eyelid, including canthus
Add:	D03.112	Melanoma in situ of right lower eyelid, including canthus

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~~Delete: D03.12 Melanoma in situ of left eyelid, including canthus~~
Add: D03.121 Melanoma in situ of left upper eyelid, including canthus
Add: D03.122 Melanoma in situ of left lower eyelid, including canthus

Line: 237
Condition: TETANUS
Treatment: MEDICAL THERAPY
Add: A34 Obstetrical tetanus

Line: 242
Condition: ACUTE AND SUBACUTE NECROSIS OF LIVER; SPECIFIED INBORN ERRORS OF METABOLISM (E.G., MAPLE SYRUP URINE DISEASE, TYROSINEMIA)
Treatment: LIVER TRANSPLANT
~~Delete: E72.8 Other specified disorders of amino-acid-metabolism~~
Add: E72.81 Disorders of gamma aminobutyric acid metabolism

Line: 243
Condition: DERMATOLOGICAL PREMALIGNANT LESIONS AND CARCINOMA IN SITU
Treatment: DESTRICT/EXCISION/MEDICAL THERAPY
~~Delete: D04.11 Carcinoma in situ of skin of right eyelid, including canthus~~
Add: D04.111 Carcinoma in situ of skin of right upper eyelid, including canthus
Add: D04.112 Carcinoma in situ of skin of right lower eyelid, including canthus
~~Delete: D04.12 Carcinoma in situ of skin of left eyelid, including canthus~~
Add: D04.121 Carcinoma in situ of skin of left upper eyelid, including canthus
Add: D04.122 Carcinoma in situ of skin of left lower eyelid, including canthus

Line: 250
Condition: PARKINSON'S DISEASE
Treatment: MEDICAL THERAPY

Add: 61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
Add: 61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Add: 61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
Add: 61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Add: 61880 Revision or removal of intracranial neurostimulator electrodes
Add: 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
Add: 61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
Add: Z45.42 Encounter for adjustment and management of neuropacemaker (brain) (peripheral nerve) (spinal cord)
Add: C1767 Generator, neurostimulator (implantable), non-rechargeable
Add: C1778 Lead, neurostimulator (implantable)
Add: C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add: C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add: C1897 Lead, neurostimulator test kit (implantable)

Line: 259
Condition: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Add: 38760 Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)

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Add: 38765 Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)

Line: 260
 Condition: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID; CARCINOID SYNDROME
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
 Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
 Delete: 78813 Positron emission tomography (PET) imaging; whole body
 Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
 Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
 Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line: 263
 Condition: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
 Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
 Delete: 78813 Positron emission tomography (PET) imaging; whole body
 Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
 Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
 Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

Line: 275
 Condition: UROLOGIC INFECTIONS
 Treatment: MEDICAL THERAPY

Add: 50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
 Add: 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Line: 276
 Condition: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA
 Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
 Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
 Delete: 78813 Positron emission tomography (PET) imaging; whole body
 Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
 Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
 Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

~~Delete: C44.102 Unspecified malignant neoplasm of skin of right eyelid, including canthus~~
 Add: C44.1021 Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
 Add: C44.1022 Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
~~Delete: C44.109 Unspecified malignant neoplasm of skin of left eyelid, including canthus~~
 Add: C44.1091 Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
 Add: C44.1092 Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
~~Delete: C44.112 Basal cell carcinoma of skin of right eyelid, including canthus~~
 Add: C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus
 Add: C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus
~~Delete: C44.119 Basal cell carcinoma of skin of left eyelid, including canthus~~
 Add: C44.1191 Basal cell carcinoma of skin of left upper eyelid, including canthus
 Add: C44.1192 Basal cell carcinoma of skin of left lower eyelid, including canthus
~~Delete: C44.122 Squamous cell carcinoma of skin of right eyelid, including canthus~~

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Add: C44.1221 Squamous cell carcinoma of skin of right upper eyelid, including canthus
 Add: C44.1222 Squamous cell carcinoma of skin of right lower eyelid, including canthus
~~Delete: C44.129~~ ~~Squamous cell carcinoma of skin of left eyelid, including canthus~~
 Add: C44.1291 Squamous cell carcinoma of skin of left upper eyelid, including canthus
 Add: C44.1292 Squamous cell carcinoma of skin of left lower eyelid, including canthus
 Add: C44.131 Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
 Add: C44.1321 Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
 Add: C44.1322 Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
 Add: C44.1391 Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
 Add: C44.1392 Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
~~Delete: C44.192~~ ~~Other specified malignant neoplasm of skin of right eyelid, including canthus~~
 Add: C44.1921 Other specified malignant neoplasm of skin of right upper eyelid, including canthus
 Add: C44.1922 Other specified malignant neoplasm of skin of right lower eyelid, including canthus
~~Delete: C44.199~~ ~~Other specified malignant neoplasm of skin of left eyelid, including canthus~~
 Add: C44.1991 Other specified malignant neoplasm of skin of left upper eyelid, including canthus
 Add: C44.1992 Other specified malignant neoplasm of skin of left lower eyelid, including canthus
~~Delete: C4A.11~~ ~~Merkel cell carcinoma of right eyelid, including canthus~~
 Add: C4A.111 Merkel cell carcinoma of right upper eyelid, including canthus
 Add: C4A.112 Merkel cell carcinoma of right lower eyelid, including canthus
~~Delete: C4A.12~~ ~~Merkel cell carcinoma of left eyelid, including canthus~~
 Add: C4A.121 Merkel cell carcinoma of left upper eyelid, including canthus
 Add: C4A.122 Merkel cell carcinoma of left lower eyelid, including canthus

Line: 277
 Condition: OTHER PSYCHOTIC DISORDERS
 Treatment: MEDICAL/PSYCHOTHERAPY

~~Delete: F53~~ ~~Puerperal psychosis~~
 Add: F53.1 Puerperal psychosis

Line: 280
 Condition: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND THROMBOSIS
 Treatment: THROMBECTOMY/LIGATION

Add: C1880 Vena cava filter

Line: 281
 Condition: LIFE-THREATENING CARDIAC ARRHYTHMIAS
 Treatment: MEDICAL AND SURGICAL TREATMENT

Add: C1721 Cardioverter-defibrillator, dual chamber (implantable)
 Add: C1722 Cardioverter-defibrillator, single chamber (implantable)
 Add: C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
 Add: C1779 Lead, pacemaker, transvenous vdd single pass
 Add: C1785 Pacemaker, dual chamber, rate-responsive (implantable)
 Add: C1786 Pacemaker, single chamber, rate-responsive (implantable)
 Add: C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
 Add: C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
 Add: C1898 Lead, pacemaker, other than transvenous vdd single pass
 Add: C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
 Add: C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
 Add: C2620 Pacemaker, single chamber, non rate-responsive (implantable)
 Add: C2621 Pacemaker, other than single or dual chamber (implantable)

Line: 285
 Condition: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
 Treatment: MEDICAL AND SURGICAL TREATMENT

~~Delete: O86.0~~ ~~Infection of obstetric surgical wound~~
Add: 11005 Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
Add: 44180 Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
Add: 61020 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
Add: 62142 Removal of bone flap or prosthetic plate of skull
Add: 66020 Injection, anterior chamber of eye (separate procedure); air or liquid

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Add:	66250	<u>Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure</u>
Add:	68200	<u>Subconjunctival injection</u>
Add:	69602	<u>Revision mastoidectomy; resulting in modified radical mastoidectomy</u>
Add:	92025	<u>Computerized corneal topography, unilateral or bilateral, with interpretation and report</u>
Add:	O86.00	Infection of obstetric surgical wound, unspecified
Add:	O86.01	Infection of obstetric surgical wound, superficial incisional site
Add:	O86.02	Infection of obstetric surgical wound, deep incisional site
Add:	O86.03	Infection of obstetric surgical wound, organ and space site
Add:	O86.09	Infection of obstetric surgical wound, other surgical site
Add:	T81.40XA	Infection following a procedure, unspecified, initial encounter
Add:	T81.40XD	Infection following a procedure, unspecified, subsequent encounter
Add:	T81.40XS	Infection following a procedure, unspecified, sequela
Add:	T81.41XA	Infection following a procedure, superficial incisional surgical site, initial encounter
Add:	T81.41XD	Infection following a procedure, superficial incisional surgical site, subsequent encounter
Add:	T81.41XS	Infection following a procedure, superficial incisional surgical site, sequela
Add:	T81.42XA	Infection following a procedure, deep incisional surgical site, initial encounter
Add:	T81.42XD	Infection following a procedure, deep incisional surgical site, subsequent encounter
Add:	T81.42XS	Infection following a procedure, deep incisional surgical site, sequela
Add:	T81.43XA	Infection following a procedure, organ and space surgical site, initial encounter
Add:	T81.43XD	Infection following a procedure, organ and space surgical site, subsequent encounter
Add:	T81.43XS	Infection following a procedure, organ and space surgical site, sequela
Add:	T81.49XA	Infection following a procedure, other surgical site, initial encounter
Add:	T81.49XD	Infection following a procedure, other surgical site, subsequent encounter
Add:	T81.49XS	Infection following a procedure, other surgical site, sequela
Delete:	T81.4XXA	Infection following a procedure, initial encounter
Delete:	T81.4XXD	Infection following a procedure, subsequent encounter
Add:	C1779	Lead, pacemaker, transvenous vdd single pass
Add:	C1785	Pacemaker, dual chamber, rate-responsive (implantable)
Add:	C1786	Pacemaker, single chamber, rate-responsive (implantable)
Add:	C1898	Lead, pacemaker, other than transvenous vdd single pass
Add:	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)
Add:	C2620	Pacemaker, single chamber, non rate-responsive (implantable)
Add:	C2621	Pacemaker, other than single or dual chamber (implantable)
Add:	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Add:	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Add:	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Add:	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Add:	C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
Add:	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Add:	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

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Line: 287
Condition: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

[Add: 11640](#) [Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less](#)
[Add: 11641](#) [Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm](#)
[Add: 11642](#) [Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm](#)
[Add: 11643](#) [Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm](#)
[Add: 11644](#) [Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm](#)
[Add: 11646](#) [Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm](#)

Delete: 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete: 78812 Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete: 78813 Positron emission tomography (PET) imaging; whole body
Delete: 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete: 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete: 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Add: C9727 Insertion of implants into the soft palate; minimum of three implants

Line: 290
Condition: ACUTE STRESS DISORDER
Treatment: MEDICAL/PSYCHOTHERAPY

Add: 99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

Add: 99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

Add: 99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

Add: 99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

Add: 99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

Line: 292
Condition: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (E.G., DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC PROCEDURE)

~~Delete: E72.8~~ ~~Other specified disorders of amino-acid metabolism~~
Add: E72.81 Disorders of gamma aminobutyric acid metabolism
Add: E75.26 Sulfatase deficiency
Add: F88 Other disorders of psychological development
~~Delete: G71.0~~ ~~Muscular dystrophy~~
Add: G71.00 Muscular dystrophy, unspecified
Add: G71.01 Duchenne or Becker muscular dystrophy

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Add: G71.02 Facioscapulohumeral muscular dystrophy
 Add: G71.09 Other specified muscular dystrophies
~~Add: I63.81 Other cerebral infarction due to occlusion or stenosis of small artery~~
~~Add: I63.81 Other cerebral infarction due to occlusion or stenosis of small artery~~
~~Add: I63.89 Other cerebral infarction~~
~~Add: I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy~~
~~Add: I67.858 Other hereditary cerebrovascular disease~~
~~Add: P35.4 Congenital Zika virus disease~~
~~Delete: Q93.5~~ ~~Add: I63.89~~ ~~Other deletions of part of a chromosome~~ cerebral infarction
Add: I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
Add: I67.858 Other hereditary cerebrovascular disease
Add: P35.4 Congenital Zika virus disease
 Add: Q93.51 Angelman syndrome
 Add: Q93.59 Other deletions of part of a chromosome
 Add: Q93.82 Williams syndrome
 Add: R62.0 Delayed milestone in childhood
 Add: C1767 Generator, neurostimulator (implantable), non-rechargeable
 Add: C1778 Lead, neurostimulator (implantable)
 Add: C1816 Receiver and/or transmitter, neurostimulator (implantable)
 Add: C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
 Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
 Add: C1897 Lead, neurostimulator test kit (implantable)

Line: 296
 Condition: CATARACT
 Treatment: EXTRACTION OF CATARACT
 Add: C1818 Integrated keratoprosthesis

Line: 300
 Condition: CLEFT PALATE AND/OR CLEFT LIP
 Treatment: EXCISION AND REPAIR VESTIBULE OF MOUTH, ORTHODONTICS
 Add: C9727 Insertion of implants into the soft palate; minimum of three implants

Line: 310
Condition: CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA
Treatment: KERATOPLASTY
Add: 65435 Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)

~~Line: 311~~
~~Condition: HEARING LOSS - AGE 5 OR UNDER~~
~~Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY~~
~~Add: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)~~

Line: 312
 Condition: GENDER DYSPHORIA/TRANSEXUALISM
 Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
 Add: C1789 Prosthesis, breast (implantable)
 Add: H0038 Self-help/peer services, per 15 minutes

Line: 313
 Condition: DISORDERS INVOLVING THE IMMUNE SYSTEM
 Treatment: MEDICAL THERAPY
 Add: 96900 Actinotherapy (ultraviolet light)
 Add: 96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
 Add: 96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
 Add: 96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

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Line:	314	
Condition:	CANCER OF ESOPHAGUS; BARRETT'S ESOPHAGUS WITH DYSPLASIA	
Treatment:	MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY	
Delete:	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Delete:	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Delete:	78813	Positron emission tomography (PET) imaging; whole body
Delete:	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
Delete:	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
Delete:	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
Line:	317	
Condition:	STROKE	
Treatment:	MEDICAL THERAPY	
Delete:	163.8	Other cerebral infarction
Delete:	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
Delete:	37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;
Delete:	37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method
Add:	163.81	Other cerebral infarction due to occlusion or stenosis of small artery
Add:	163.89	Other cerebral infarction
Add:	167.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
Add:	167.858	Other hereditary cerebrovascular disease
Line:	320	
Condition:	OBESITY IN ADULTS AND CHILDREN; OVERWEIGHT STATUS IN ADULTS WITH CARDIOVASCULAR RISK FACTORS	
Treatment:	BEHAVIORAL INTERVENTIONS INCLUDING INTENSIVE NUTRITIONAL AND PHYSICAL ACTIVITY COUNSELING; BARIATRIC SURGERY	
Add:	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes
Add:	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
Line:	321	
Condition:	DERMATOLOGIC HEMANGIOMAS, COMPLICATED	
Treatment:	MEDICAL THERAPY	
Add:	C9727	Insertion of implants into the soft palate; minimum of three implants
Line:	327	
Condition:	FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
Add:	52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
Add:	N35.016	Post-traumatic urethral stricture, male, overlapping sites
Add:	N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
Delete:	N35.8	Other urethral stricture
Add:	N35.811	Other urethral stricture, male, meatal
Add:	N35.812	Other urethral bulbous stricture, male

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Add:	N35.813	Other membranous urethral stricture, male
Add:	N35.814	Other anterior urethral stricture, male, anterior
Add:	N35.816	Other urethral stricture, male, overlapping sites
Add:	N35.819	Other urethral stricture, male, unspecified site
Add:	N35.82	Other urethral stricture, female
Delete:	N35.9	Urethral stricture, unspecified
Add:	N35.911	Unspecified urethral stricture, male, meatal
Add:	N35.912	Unspecified bulbous urethral stricture, male
Add:	N35.913	Unspecified membranous urethral stricture, male
Add:	N35.914	Unspecified anterior urethral stricture, male
Add:	N35.916	Unspecified urethral stricture, male, overlapping sites
Add:	N35.919	Unspecified urethral stricture, male, unspecified site
Add:	N35.92	Unspecified urethral stricture, female
Delete:	N43.40	Spermatocele of epididymis, unspecified
Delete:	N43.41	Spermatocele of epididymis, single
Delete:	N43.42	Spermatocele of epididymis, multiple
Add:	N99.116	Postprocedural urethral stricture, male, overlapping sites
Add:	C1815	Prosthesis, urinary sphincter (implantable)
Add:	C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
Add:	C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants
Add:	C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy

Line: [332](#)
 Condition: [CONDITIONS REQUIRING HYPERBARIC OXYGEN THERAPY](#)
 Treatment: [HYPERBARIC OXYGEN](#)
~~Delete:~~ [O08.0](#) [Genital tract and pelvic infection following ectopic and molar pregnancy](#)

Line: [339](#)
 Condition: [CHRONIC KIDNEY DISEASE](#)
 Treatment: [MEDICAL THERAPY INCLUDING DIALYSIS](#)
 Delete: N18.5 Chronic kidney disease, stage 5
 Add: C1750 Catheter, hemodialysis/peritoneal, long-term
 Add: C1752 Catheter, hemodialysis/peritoneal, short-term
 Add: C1881 Dialysis access system (implantable)

Line: [345](#)
 Condition: [NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS](#)
 Treatment: [MEDICAL THERAPY](#)
~~Delete:~~ [E72.8](#) [Other specified disorders of amino-acid metabolism](#)
 Add: E72.81 Disorders of gamma aminobutyric acid metabolism
 Add: E75.26 Sulfatase deficiency
 Add: F80.9 Developmental disorder of speech and language, unspecified
 Add: F88 Other disorders of psychological development
~~Delete:~~ [G71.0](#) [Muscular dystrophy](#)
 Add: G71.00 Muscular dystrophy, unspecified
 Add: G71.01 Duchenne or Becker muscular dystrophy
 Add: G71.02 Facioscapulohumeral muscular dystrophy
 Add: G71.09 Other specified muscular dystrophies
~~Delete:~~ [I63.8](#) [Other cerebral infarction](#)
 Add: I63.81 Other cerebral infarction due to occlusion or stenosis of small artery
 Add: I63.89 Other cerebral infarction
 Add: I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
 Add: I67.858 Other hereditary cerebrovascular disease
 Add: P35.4 Congenital Zika virus disease
~~Delete:~~ [Q93.5](#) [Other deletions of part of a chromosome](#)
 Add: Q93.51 Angelman syndrome
 Add: Q93.59 Other deletions of part of a chromosome
 Add: Q93.82 Williams syndrome
 Add: R62.0 Delayed milestone in childhood

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Line:	346
Condition:	CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS
Treatment:	SURGICAL THERAPY
<u>Delete:</u>	<u>62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar</u>
Add:	C1767 Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778 Lead, neurostimulator (implantable)
Add:	C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add:	C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add:	C1897 Lead, neurostimulator test kit (implantable)
Line:	347
Condition:	CARDIAC ARRHYTHMIAS
Treatment:	MEDICAL THERAPY, PACEMAKER
Add:	C1721 Cardioverter-defibrillator, dual chamber (implantable)
Add:	C1722 Cardioverter-defibrillator, single chamber (implantable)
Add:	C1777 Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Add:	C1779 Lead, pacemaker, transvenous vdd single pass
Add:	C1785 Pacemaker, dual chamber, rate-responsive (implantable)
Add:	C1786 Pacemaker, single chamber, rate-responsive (implantable)
Add:	C1895 Lead, cardioverter-defibrillator, endocardial dual coil (implantable)
Add:	C1896 Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)
Add:	C1898 Lead, pacemaker, other than transvenous vdd single pass
Add:	C1899 Lead, pacemaker/cardioverter-defibrillator combination (implantable)
Add:	C2619 Pacemaker, dual chamber, non rate-responsive (implantable)
Add:	C2620 Pacemaker, single chamber, non rate-responsive (implantable)
Add:	C2621 Pacemaker, other than single or dual chamber (implantable)
Line:	<u>349</u>
<u>Condition:</u>	<u>NON-LIMB THREATENING PERIPHERAL VASCULAR DISEASE</u>
<u>Treatment:</u>	<u>SURGICAL TREATMENT</u>
<u>Delete:</u>	<u>37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day</u>
<u>Delete:</u>	<u>37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed:</u>
<u>Delete:</u>	<u>37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed: cessation of thrombolysis including removal of catheter and vessel closure by any method</u>
Line:	353
Condition:	STRUCTURAL CAUSES OF AMENORRHEA
Treatment:	SURGICAL TREATMENT
Delete:	N93.8 Other specified abnormal uterine and vaginal bleeding
Line:	358
Condition:	BODY INFESTATIONS (E.G., LICE, SCABIES)
Treatment:	MEDICAL THERAPY
Delete:	96900 Actinotherapy (ultraviolet light)
Delete:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

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Line:	361	
Condition:	SCOLIOSIS	
Treatment:	MEDICAL AND SURGICAL THERAPY	
Delete:	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Add:	C1767	Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778	Lead, neurostimulator (implantable)
Add:	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add:	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add:	C1897	Lead, neurostimulator test kit (implantable)

Line:	373	
Condition:	ACNE CONGLOBATA (SEVERE CYSTIC AND ACNE) <u>FULMINANS</u>	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Delete:	96900	Actinotherapy (ultraviolet light)
Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
Delete:	L70.0	Acne vulgaris
Delete:	L70.2	Acne varioliformis
Delete:	L70.3	Acne tropica
Delete:	L70.4	Infantile acne
Delete:	L70.5	Acne excoriee
Delete:	L70.8	Other acne
Delete:	L70.9	Acne, unspecified

Line:	377	
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)	
Delete:	E72.8	Other specified disorders of amino-acid metabolism
Add:	E72.81	Disorders of gamma aminobutyric acid metabolism
Add:	E75.26	Sulfatase deficiency
Add:	F88	Other disorders of psychological development
Delete:	G71.0	Muscular dystrophy
Add:	G71.00	Muscular dystrophy, unspecified
Add:	G71.01	Duchenne or Becker muscular dystrophy
Add:	G71.02	Facioscapulohumeral muscular dystrophy
Add:	G71.09	Other specified muscular dystrophies
Delete:	I63.8	Other cerebral infarction
Add:	I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
Add:	I63.89	Other cerebral infarction
Add:	I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
Add:	I67.858	Other hereditary cerebrovascular disease
Add:	P35.4	Congenital Zika virus disease
Delete:	Q93.5	Other deletions of part of a chromosome
Add:	Q93.51	Angelman syndrome
Add:	Q93.59	Other deletions of part of a chromosome
Add:	Q93.82	Williams syndrome
Add:	R62.0	Delayed milestone in childhood

Line:	379	
Condition:	CHRONIC ULCER OF SKIN	
Treatment:	MEDICAL AND SURGICAL TREATMENT	
Add:	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
Add:	C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area

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- Add: C5272 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5273 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5274 Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- Add: C5275 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- Add: C5276 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
- Add: C5277 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- Add: C5278 Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Line: 391
Condition: PANIC DISORDER; AGORAPHOBIA
Treatment: MEDICAL/PSYCHOTHERAPY

- Add: 99281 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
- Add: 99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
- Add: 99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
- Add: 99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
- Add: 99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

Line: 404
Condition: APHAKIA AND OTHER DISORDERS OF LENS
Treatment: MEDICAL AND SURGICAL THERAPY

- Add: 66682 Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)

Line: 407
Condition: EPIDERMOLYSIS BULLOSA
Treatment: MEDICAL THERAPY

- Delete: 96900 Actinotherapy (ultraviolet light)

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Delete: 96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
 Delete: 96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
 Delete: 96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line: 420
 Condition: MENSTRUAL BLEEDING DISORDERS
 Treatment: MEDICAL AND SURGICAL TREATMENT
 Add: N93.8 Other specified abnormal uterine and vaginal bleeding

Line: 424
 Condition: SEVERE INFLAMMATORY SKIN DISEASE
 Treatment: MEDICAL THERAPY
 Add: A4633 Replacement bulb/lamp for ultraviolet light therapy system, each
 Add: E0691 Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
 Add: E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
 Add: E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
 Add: E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

Line: 436
 Condition: STEREOTYPED MOVEMENT DISORDER WITH SELF-INJURIOUS BEHAVIOR DUE TO NEURODEVELOPMENTAL DISORDER
 Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
 Delete: 99217 Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
 Delete: 99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
 Delete: 99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
 Delete: 99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
 Delete: 99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
 Delete: 99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

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- Delete: 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99224 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99225 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99226 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes
Delete:	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99315	Nursing facility discharge day management; 30 minutes or less
Delete:	99316	Nursing facility discharge day management; more than 30 minutes
Delete:	99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.
Delete:	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.

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- Delete: 99325 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.
- Delete: 99326 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.
- Delete: 99327 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
- Delete: 99328 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.
- Delete: 99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.
- Delete: 99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.
- Delete: 99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.
- Delete: 99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.
- Delete: 99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- Delete: 99340 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
- Delete: 99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)

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Delete: 99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)

Line: 440
Condition: TRIGEMINAL AND OTHER NERVE DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES RADIATION THERAPY

Add: C1767 Generator, neurostimulator (implantable), non-rechargeable
Add: C1778 Lead, neurostimulator (implantable)
Add: C1816 Receiver and/or transmitter, neurostimulator (implantable)
Add: C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add: C1897 Lead, neurostimulator test kit (implantable)

Line: ~~444~~443
Condition: ADJUSTMENT DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY

Add: 96150 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
Add: 96151 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
Add: 96152 Health and behavior intervention, each 15 minutes, face-to-face; individual
Add: 96153 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
Add: 96154 Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
Add: 96155 Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

Line: 444
Condition: HEARING LOSS - OVER AGE OF FIVE
Treatment: MEDICAL THERAPY INCLUDING HEARING AIDS, LIMITED SURGICAL THERAPY

Add: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

Line: 446
Condition: ATHEROSCLEROSIS, AORTIC AND RENAL
Treatment: MEDICAL AND SURGICAL TREATMENT

Delete: 37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
Delete: 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;
Delete: 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method

Line: 448
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD
Treatment: MEDICAL/PSYCHOTHERAPY

Delete: 99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

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- Delete: 99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
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- Delete: 99224 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99225 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99226 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
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- Delete: 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
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- Delete: 99238 Hospital discharge day management; 30 minutes or less
- Delete: 99239 Hospital discharge day management; more than 30 minutes

Line: 454
 Condition: DISORDERS OF PLASMA PROTEIN METABOLISM
 Treatment: MEDICAL THERAPY
 Add: E88.02 Plasminogen deficiency

Line: [467](#)
 Condition: [GONADAL DYSFUNCTION, MENOPAUSAL MANAGEMENT](#)
 Treatment: [OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES OTHER THAN INFERTILITY](#)

[Add: 96150 Health and behavior assessment \(eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires\), each 15 minutes face-to-face with the patient; initial assessment](#)

[Add: 96151 Health and behavior assessment \(eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires\), each 15 minutes face-to-face with the patient; re-assessment](#)

[Add: 96152 Health and behavior intervention, each 15 minutes, face-to-face; individual](#)

[Add: 96153 Health and behavior intervention, each 15 minutes, face-to-face; group \(2 or more patients\)](#)

[Add: 96154 Health and behavior intervention, each 15 minutes, face-to-face; family \(with the patient present\)](#)

[Add: 96155 Health and behavior intervention, each 15 minutes, face-to-face; family \(without the patient present\)](#)

Line: [468](#)
 Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION
 Treatment: MEDICAL/PSYCHOTHERAPY

- Delete: 99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

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- Delete: 99238 Hospital discharge day management; 30 minutes or less
- Delete: 99239 Hospital discharge day management; more than 30 minutes

Line: 469
 Condition: ACQUIRED PTOSIS AND OTHER EYELID DISORDERS WITH VISION IMPAIRMENT
 Treatment: PTOSIS REPAIR

- Add: H02.20A Unspecified lagophthalmos right eye, upper and lower eyelids
 Add: H02.20B Unspecified lagophthalmos left eye, upper and lower eyelids
 Add: H02.20C Unspecified lagophthalmos, bilateral, upper and lower eyelids
 Add: H02.21A Cicatricial lagophthalmos right eye, upper and lower eyelids
 Add: H02.21B Cicatricial lagophthalmos left eye, upper and lower eyelids
 Add: H02.21C Cicatricial lagophthalmos, bilateral, upper and lower eyelids
 Add: H02.22A Mechanical lagophthalmos right eye, upper and lower eyelids
 Add: H02.22B Mechanical lagophthalmos left eye, upper and lower eyelids
 Add: H02.22C Mechanical lagophthalmos, bilateral, upper and lower eyelids
 Add: H02.23A Paralytic lagophthalmos right eye, upper and lower eyelids
 Add: H02.23B Paralytic lagophthalmos left eye, upper and lower eyelids
 Add: H02.23C Paralytic lagophthalmos, bilateral, upper and lower eyelids
 Add: H02.831 Dermatochalasis of right upper eyelid
 Add: H02.832 Dermatochalasis of right lower eyelid
 Add: H02.833 Dermatochalasis of right eye, unspecified eyelid
 Add: H02.834 Dermatochalasis of left upper eyelid
 Add: H02.835 Dermatochalasis of left lower eyelid
 Add: H02.836 Dermatochalasis of left eye, unspecified eyelid
 Add: H02.839 Dermatochalasis of unspecified eye, unspecified eyelid

Line: 473
 Condition: CHRONIC OTITIS MEDIA; OPEN WOUND OF EAR DRUM
 Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY

- Add: 21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)

Line: 476
 Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT NEUROLOGIC INJURY OR STRUCTURAL INSTABILITY
 Treatment: MEDICAL AND SURGICAL TREATMENT

- Add: C1754 Catheter, intradiscal

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Line:	483
Condition:	BELL'S PALSY, EXPOSURE KERATOCONJUNCTIVITIS
Treatment:	TARSORRHAPHY
	Add: G51.3 Clonic hemifacial spasm
Add:	G51.31 Clonic hemifacial spasm, right
Add:	G51.32 Clonic hemifacial spasm, left
Add:	G51.33 Clonic hemifacial spasm, bilateral
Add:	G51.39 Clonic hemifacial spasm, unspecified
Line:	493
Condition:	ECTROPION AND BENIGN NEOPLASM OF EYE
Treatment:	ECTROPION REPAIR
	Add: D22.11 Melanocytic nevi of right eyelid, including canthus
Add:	D22.111 Melanocytic nevi of right upper eyelid, including canthus
Add:	D22.112 Melanocytic nevi of right lower eyelid, including canthus
	Add: D22.12 Melanocytic nevi of left eyelid, including canthus
Add:	D22.121 Melanocytic nevi of left upper eyelid, including canthus
Add:	D22.122 Melanocytic nevi of left lower eyelid, including canthus
	Add: D23.11 Other benign neoplasm of skin of right eyelid, including canthus
Add:	D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus
Add:	D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus
	Add: D23.12 Other benign neoplasm of skin of left eyelid, including canthus
Add:	D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus
Add:	D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus
Add:	H02.151 Paralytic ectropion of right upper eyelid
Add:	H02.152 Paralytic ectropion of right lower eyelid
Add:	H02.153 Paralytic ectropion of right eye, unspecified eyelid
Add:	H02.154 Paralytic ectropion of left upper eyelid
Add:	H02.155 Paralytic ectropion of left lower eyelid
Add:	H02.156 Paralytic ectropion of left eye, unspecified eyelid
Add:	H02.159 Paralytic ectropion of unspecified eye, unspecified eyelid
Line:	499
Condition:	CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS
Treatment:	MEDICAL THERAPY
Add:	H10.821 Rosacea conjunctivitis, right eye
Add:	H10.822 Rosacea conjunctivitis, left eye
Add:	H10.823 Rosacea conjunctivitis, bilateral
Add:	H10.829 Rosacea conjunctivitis, unspecified eye
Line:	500
Condition:	CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS
Treatment:	SPECIFIED INTERVENTIONS
	Add: C2616 Brachytherapy source, non-stranded, yttrium-90, per source
Add:	S2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
Add:	S2900 Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)
Line:	506
Condition:	CIRCUMSCRIBED SCLERODERMA
Treatment:	MEDICAL THERAPY
Add:	96900 Actinotherapy (ultraviolet light)
Add:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Add:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Add:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photosensitive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

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Line:	508
Condition:	DYSFUNCTION OF NASOLACRIMAL SYSTEM IN ADULTS; LACRIMAL SYSTEM LACERATION
Treatment:	MEDICAL AND SURGICAL TREATMENT
Add:	H02.881 Meibomian gland dysfunction right upper eyelid
Add:	H02.882 Meibomian gland dysfunction right lower eyelid
Add:	H02.883 Meibomian gland dysfunction of right eye, unspecified eyelid
Add:	H02.884 Meibomian gland dysfunction left upper eyelid
Add:	H02.885 Meibomian gland dysfunction left lower eyelid
Add:	H02.886 Meibomian gland dysfunction of left eye, unspecified eyelid
Add:	H02.889 Meibomian gland dysfunction of unspecified eye, unspecified eyelid
Add:	H02.88A Meibomian gland dysfunction right eye, upper and lower eyelids
Add:	H02.88B Meibomian gland dysfunction left eye, upper and lower eyelids
Line:	516
Condition:	PARALYSIS OF VOCAL CORDS OR LARYNX
Treatment:	INCISION/EXCISION/ENDOSCOPY
Add:	C1878 Material for vocal cord medialization, synthetic (implantable)
Line:	520
Condition:	ROSACEA; ACNE
Treatment:	MEDICAL AND SURGICAL TREATMENT
Delete:	96900 Actinotherapy (ultraviolet light)
Delete:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)
Line:	521
Condition:	SEXUAL DYSFUNCTION
Treatment:	PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
Delete:	99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.
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- Delete: 99224 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99225 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99226 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.
- Delete: 99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.

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Delete:	99238	Hospital discharge day management; 30 minutes or less
Delete:	99239	Hospital discharge day management; more than 30 minutes
Delete:	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.
Delete:	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
Delete:	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
Delete:	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.
Delete:	99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
Delete:	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
Delete:	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)
Delete:	99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Delete:	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
Delete:	99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Delete:	99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
Add:	C1813	Prosthesis, penile, inflatable
Add:	C2622	Prosthesis, penile, non-inflatable

Line:	522	
Condition:	UNCOMPLICATED HERNIA AND VENTRAL HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA)	
Treatment:	REPAIR	
Add:	K43.0	Incisional hernia with obstruction, without gangrene
Add:	K43.3	Parastomal hernia with obstruction, without gangrene
Add:	K43.6	Other and unspecified ventral hernia with obstruction, without gangrene
Add:	K46.0	Unspecified abdominal hernia with obstruction, without gangrene

Line:	527	
Condition:	CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS	
Treatment:	SURGICAL THERAPY	

<u>Delete:</u>	<u>62287</u>	<u>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar</u>
Add:	C1767	Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778	Lead, neurostimulator (implantable)
Add:	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system

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Add: C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add: C1897 Lead, neurostimulator test kit (implantable)

Line: 530
Condition: MILD ECZEMA
Treatment: MEDICAL THERAPY

Delete: 96900 Actinotherapy (ultraviolet light)
Delete: 96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete: 96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete: 96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line: 531
Condition: CONTACT DERMATITIS AND NON-INFECTIOUS OTITIS EXTERNA
Treatment: MEDICAL THERAPY

Add: A4633 Replacement bulb/lamp for ultraviolet light therapy system, each
Add: E0691 Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
Add: E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
Add: E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
Add: E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

Line: 539
Condition: MILD PSORIASIS; DERMATOPHYTOSIS: SCALP, HAND, BODY
Treatment: MEDICAL THERAPY

Add: A4633 Replacement bulb/lamp for ultraviolet light therapy system, each
Add: E0691 Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
Add: E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
Add: E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
Add: E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

Line: 541
Condition: FOREIGN BODY GRANULOMA OF MUSCLE, SKIN AND SUBCUTANEOUS TISSUE
Treatment: REMOVAL OF GRANULOMA

Add: 11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
Add: 11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
Add: 11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
Add: 11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
Add: 11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
Add: 11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
Add: 11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
Add: 11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
Add: 11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
Add: 11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
Add: 11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
Add: 11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
Add: 11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less

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Add:	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
Add:	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
Add:	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
Add:	11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
Add:	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm

Line: 543
Condition: SYMPTOMATIC URTICARIA
Treatment: MEDICAL THERAPY

Delete:	96900	Actinotherapy (ultraviolet light)
Delete:	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Delete:	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
Delete:	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line: 549
Condition: SOMATIC SYMPTOMS AND RELATED DISORDERS
Treatment: CONSULTATION

Delete:	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.
Delete:	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.
Delete:	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.
Delete:	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.
Delete:	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.
Delete:	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.

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- Delete: 99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.
- Delete: 99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.
- Delete: 99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.
- Delete: 99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.
- Delete: 99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
- Delete: 99340 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
- Add: F68.A Factitious disorder imposed on another

Line: 567
Condition: BLEPHARITIS
Treatment: MEDICAL THERAPY

- Add: H01.00A Unspecified blepharitis right eye, upper and lower eyelids
Add: H01.00B Unspecified blepharitis left eye, upper and lower eyelids
Add: H01.01A Ulcerative blepharitis right eye, upper and lower eyelids
Add: H01.01B Ulcerative blepharitis left eye, upper and lower eyelids
Add: H01.02A Squamous blepharitis right eye, upper and lower eyelids
Add: H01.02B Squamous blepharitis left eye, upper and lower eyelids
Delete: H02.831 Dermatochalasis of right upper eyelid
Delete: H02.832 Dermatochalasis of right lower eyelid
Delete: H02.833 Dermatochalasis of right eye, unspecified eyelid
Delete: H02.834 Dermatochalasis of left upper eyelid
Delete: H02.835 Dermatochalasis of left lower eyelid
Delete: H02.836 Dermatochalasis of left eye, unspecified eyelid
Delete: H02.839 Dermatochalasis of unspecified eye, unspecified eyelid

Line: 578
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment: SURGICAL TREATMENT

- ~~Delete: Q51.2 Other doubling of uterus~~
Add: Q51.20 Other doubling of uterus, unspecified
Add: Q51.21 Other complete doubling of uterus

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Add: Q51.22 Other partial doubling of uterus
Add: Q51.28 Other doubling of uterus, other specified

Line: 601
Condition: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY

~~Delete: M79.1 Myalgia~~
Add: M79.10 Myalgia, unspecified site
Add: M79.11 Myalgia of mastication muscle
Add: M79.12 Myalgia of auxiliary muscles, head and neck
Add: M79.18 Myalgia, other site

Line: 605
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR
Treatment: MEDICAL THERAPY

Add: 27006 Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
Add: 27305 Fasciotomy, iliotibial (tenotomy), open
~~Delete: 27590 Amputation, thigh, through femur, any level;~~
Add: 98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
~~Add: M76.30 Iliotibial band syndrome, unspecified leg~~
~~Add: M76.31 Iliotibial band syndrome, right leg~~
~~Add: M76.32 Iliotibial band syndrome, left leg~~

Line: 625
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES
Treatment: MEDICAL THERAPY

~~Delete: D22.11 Melanocytic nevi of right eyelid, including canthus~~
Add: D22.111 Melanocytic nevi of right upper eyelid, including canthus
Add: D22.112 Melanocytic nevi of right lower eyelid, including canthus
~~Delete: D22.12 Melanocytic nevi of left eyelid, including canthus~~
Add: D22.121 Melanocytic nevi of left upper eyelid, including canthus
Add: D22.122 Melanocytic nevi of left lower eyelid, including canthus
~~Delete: D23.11 Other benign neoplasm of skin of right eyelid, including canthus~~
Add: D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus
Add: D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus
~~Delete: D23.12 Other benign neoplasm of skin of left eyelid, including canthus~~
Add: D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus
Add: D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus
Add: C9727 Insertion of implants into the soft palate; minimum of three implants

Line: 634
Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE
BREAST
Treatment: MEDICAL AND SURGICAL TREATMENT
Add: C1789 Prosthesis, breast (implantable)

Line: 641
Condition: TMJ DISORDERS
Treatment: TMJ SURGERY

Delete: 20910 Cartilage graft; costochondral

Line: 650
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO
TREATMENT NECESSARY
Treatment: EVALUATION

Add: E78.41 Elevated Lipoprotein(a)

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Line:	652
Condition:	SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment:	EVALUATION
Add:	H57.8 Other specified disorders of eye and adnexa
Add:	H57.89 Other specified disorders of eye and adnexa

Line:	654
Condition:	DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment:	EVALUATION
Add:	96900 Actinotherapy (ultraviolet light)
Add:	96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
Add:	96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
Add:	96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photosensitive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Line:	659
Condition:	MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
Treatment:	EVALUATION
Add:	F82 Specific developmental disorder of motor function

Line:	660
Condition:	CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
Treatment:	SPECIFIED INTERVENTIONS
Add:	15820 Blepharoplasty, lower eyelid;
Add:	15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad
Add:	20985 Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
Add:	37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
Add:	37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;
Add:	37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method
Delete:	52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
Delete:	52442 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)
Add:	61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
Add:	61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Add:	61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
Add:	61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
Add:	61880 Revision or removal of intracranial neurostimulator electrodes
Add:	61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays

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Coding Changes to Condition-Treatment Pairs on the Prioritized List of Health Services Approved ~~on March 8, 2018 through August 9~~ for October 1, 2018 by the Health Evidence Review Commission

<u>Add:</u>	62287	<u>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar</u>
Add:	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
<u>Add:</u>	<u>81479</u>	<u>Unlisted molecular pathology procedure</u>
Delete:	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Delete:	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Add:	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
Add:	84999	Unlisted chemistry procedure
Add:	88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
Add:	88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology
<u>Delete:</u>	<u>95012</u>	<u>Nitric oxide expired gas determination</u>
Delete:	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
Delete:	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
Add:	C1767	Generator, neurostimulator (implantable), non-rechargeable
Add:	C1778	Lead, neurostimulator (implantable)
Add:	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Add:	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Add:	C1821	Interspinous process distraction device (implantable)
Add:	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Add:	C1897	Lead, neurostimulator test kit (implantable)
Add:	C2614	Probe, percutaneous lumbar discectomy
Add:	C2616	Brachytherapy source, non-stranded, yttrium-90, per source
Add:	C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure
Add:	C9733	Non-ophthalmic fluorescent vascular angiography
Add:	C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube
Add:	C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
Add:	C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (hifu), including imaging guidance
Add:	C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)
Add:	G0252	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
Add:	G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
Add:	G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed

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- Add: G0483 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, elisa, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
- Add: S2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
- Add: S2348 [Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar](#)
- Add: S3854 Gene expression profiling panel for use in the management of breast cancer treatment
- Add: S8930 Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient

Errata to the 10-1-18 NCHS

ATTACHMENT B

Interim Modifications Affecting Numerous Lines

Add code C9725 (Placement of endorectal intracavitary applicator for high intensity brachytherapy) to the following lines:
93,112,113,115,125,126,129,133,135,157,158,191,200,201,209,211,215,216,230,235,238,239,259,260,262,263,271,276,286,287,
294,314-316,329,342,372,396,397,400,418,433,440,458,556

Add code 79445 (Radiopharmaceutical therapy, by intra-arterial particulate administration) to the following lines:
[500](#),660

Remove code 79445 (Radiopharmaceutical therapy, by intra-arterial particulate administration) from the following lines:
125,126,156-158,161,191,201,211,235,239,259,262,271,276,286,287,294,314,316,329,342,372,400,433,458,556,589,600

Errata to the 10-1-18 Notice