

February 1, 2002

The Honorable Gene Derfler
Senate President
Oregon State Senate
State Capitol S-203
900 Court St NE
Salem, OR 97301

Dear Senator Derfler:

The Health Services Commission of the Department of Administrative Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), several interim modifications have been made to the May 14, 2001, Prioritized List of Health Services.

These changes do not include any alteration in the ranking of line items on the list, nor do they affect the total number of lines on the list, which remains at 736. Therefore, in accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachment A will supersede the previous definition of these lines.

These interim modifications include the placement of ICD-9-CM and CPT-4 codes to indicate appropriate condition/treatment pairings previously not appearing on the list and the placement of new CPT-4 and Health Care Procedure Coding System (HCPCS) codes not previously appearing on the list (all other lines).

Beginning on December 1, 2001, the Office of Medical Assistance Programs (OMAP) began reviewing appropriate ICD-9-CM diagnosis code and CPT-4 procedure code combinations that did not currently pair on the list. This set of interim modifications, and those in the future, will include changes to the Prioritized List adding new pairings of codes, when appropriate, that are forwarded to the Commission by OMAP. This will usually include the addition of a CPT-4 code that already appears elsewhere on the List to another line item. It is not expected that these changes will involve a financial impact as OMAP has been reimbursing for these services in the past. Additionally, most of these services are already included in the capitation rates for contracted managed care plans due to the methodology used by the independent actuary.

The new CPT-4 codes reflect the annual updates made by the American Medical Association to the coding system, representing new procedures, new approaches to existing procedures, or a further delineation of multiple procedures formerly represented by a single code. In previous iterations of the list, the only HCPCS codes appearing on the list were those representing dental services. As the Health Insurance Portability and Accountability Act (HIPAA) is implemented, some HCPCS codes will be incorporated into the list and will take the place of all local codes (OMAP "unique codes") as they are phased out.

The changes appearing in Attachment A are being forwarded to OMAP who, in consultation with an independent actuarial firm, will determine if these changes involve any significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, OMAP will determine the effective date for these changes. In the event the technical changes are determined to impact the funding level of this list as defined by OMAP's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Emergency Board.

The Health Services 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.

Notice of Interim Modifications to Prioritized List
February 1, 2002
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Respectfully submitted,

Darren D. Coffman
Director

Enclosure

cc: Health Services Commission
Hersh Crawford

ATTACHMENT A

Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2001.

Diagnosis: HERNIA WITH OBSTRUCTION AND/OR GANGRENE
Treatment: REPAIR
Line: 6

ADD 49491 REPAIR ING HERN PREMIE REDUC
ADD 49492 RPR ING HERN PREMIE, BLOCKED

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

Diagnosis: TORSION OF OVARY
Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY
Line: 7

ADD 58770 CREATE NEW TUBAL OPENING

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

DELETE 54510 REMOVAL OF TESTIS LESION
ADD 54512 EXCISE LESION TESTIS

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

Diagnosis: PNEUMOCOCCAL PNEUMONIA, OTHER BACTERIAL PNEUMONIA,
BRONCHOPNEUMONIA
Treatment: MEDICAL THERAPY
Line: 17

ADD 32000 DRAINAGE OF CHEST

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment: SURGICAL TREATMENT
Line: 21

ADD 35647 ARTERY BYPASS GRAFT

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

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

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

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

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

Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 24

ADD 35647 ARTERY BYPASS GRAFT

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

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

Treatment: SURGICAL TREATMENT

Line: 29

ADD 35647 ARTERY BYPASS GRAFT

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

Treatment: REMOVAL OF FOREIGN BODY

Line: 32

ADD 40804 REMOVAL, FOREIGN BODY, MOUTH

ADD 43247 OPERATIVE UPPER GI ENDOSCOPY

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY

Line: 40

ADD 11042 DEBRIDE SKIN/TISSUE

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

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 45

ADD 11000 DEBRIDE INFECTED SKIN

ADD 11001 DEBRIDE INFECTED SKIN ADD-ON

ADD 11010 DEBRIDE SKIN, FX

ADD 11011 DEBRIDE SKIN/MUSCLE, FX

ADD 11012 DEBRIDE SKIN/MUSCLE/BONE, FX

ADD 11040 DEBRIDE SKIN, PARTIAL

ADD 11041 DEBRIDE SKIN, FULL

ADD 11042 DEBRIDE SKIN/TISSUE

ADD 11043 DEBRIDE TISSUE/MUSCLE

ADD 11044 DEBRIDE TISSUE/MUSCLE/BONE

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

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

Diagnosis: BIRTH CONTROL
Treatment: CONTRACEPTION MANAGEMENT
Line: 54

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

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 55

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

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION
Treatment: MEDICAL AND SURGICAL THERAPY
Line: 78

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

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

Diagnosis: SPINA BIFIDA
Treatment: SURGICAL TREATMENT
Line: 88

ADD 61343 INCISE SKULL (PRESS RELIEF)

Diagnosis: RUMINATION DISORDER OF INFANCY
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 92

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

NOTE: ADD NEW CPT RANGE "99301-99316"

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

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE

Treatment: MEDICAL AND SURGICAL THERAPY
Line: 99

ADD 43313 ESOPHAGOPLASTY CONGENITAL
ADD 43314 TRACHEO-ESOPHAGOPLASTY CONG

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

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM

Treatment: RECONSTRUCTION
Line: 100

ADD 53431 RECONSTRUCT URETHRA/BLADDER

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

Diagnosis: ANOREXIA NERVOSA

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 145

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

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 146

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

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 148

ADD 10180 COMPLEX DRAINAGE, WOUND
ADD 13160 LATE CLOSURE OF WOUND
ADD 20670 REMOVAL OF SUPPORT IMPLANT

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

Diagnosis: COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 148 (CONT'D)

ADD 20680 REMOVAL OF SUPPORT IMPLANT
ADD 22852 REMOVE SPINE FIXATION DEVICE

Diagnosis: SCHIZOPHRENIC DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 162

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

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: MAJOR DEPRESSION, RECURRENT

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 163

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

NOTE: ADD NEW CPT RANGE "99301-99316"

Diagnosis: BIPOLAR DISORDERS

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 164

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

NOTE: ADD NEW CPT RANGE "99301-99316"

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

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

ADD 11042 DEBRIDE SKIN/TISSUE

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

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

ADD 27125 PARTIAL HIP REPLACEMENT

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

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

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

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

NOTE: ADD NEW CPT RANGE "99301-99316"

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

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

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

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

Treatment: FREE SKIN GRAFT, MEDICAL THERAPY
Line: 200

ADD 11042 DEBRIDE SKIN/TISSUE

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

Diagnosis: CHRONIC OSTEOMYELITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 212

ADD 26951 AMPUTATION OF FINGER/THUMB

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

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

Line: 220

ADD 53431 RECONSTRUCT URETHRA/BLADDER

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

Diagnosis: UNDESCENDED TESTICLE

Treatment: SURGICAL TREATMENT

Line: 231

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

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

Diagnosis: UNDESCENDED TESTICLE
Treatment: SURGICAL TREATMENT
Line: 231 (CONT'D)

DELETE	54435	REVISION OF PENIS
DELETE	54440	REPAIR OF PENIS
DELETE	54510	REMOVAL OF TESTIS LESION
ADD	54512	EXCISE LESION TESTIS

NOTE: DELETE CPT RANGE "54300-54440"

Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS,
TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INLCUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 233

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

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

Diagnosis: CHORIOCARCINOMA, TREATABLE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 234

ADD	58953	TAH, RAD DISSECT FOR DEBULK
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Diagnosis: DIVERTICULITIS OF COLON
Treatment: COLON RESECTION, MEDICAL THERAPY
Line: 260

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

Diagnosis: SUBSTANCE-INDUCED DELIRIUM
Treatment: MEDICAL THERAPY
Line: 264

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

NOTE: ADD CPT CODE RANGE "99301-99316"

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

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL
INFARCTION

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 265

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

Diagnosis: ANAL, RECTAL AND COLONIC POLYPS

Treatment: EXCISION OF POLYP
Line: 270

ADD 44150 REMOVAL OF COLON

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS,
TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 273

ADD 44204 LAPARO PARTIAL COLECTOMY
ADD 45136 EXCISE ILEOANAL RESERVOIR

Diagnosis: CANCER OF CERVIX, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 274

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

Diagnosis: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID, TREATABLE;
CARCINOID SYNDROME

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INLCUDES CHEMOTHERAPY
AND RADIATION THERAPY
Line: 277

ADD 64788 REMOVE SKIN NERVE LESION

Diagnosis: DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND
SHOULDER, OPEN

Treatment: SURGICAL TREATMENT
Line: 290

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

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

Diagnosis: DISLOCATION OF ELBOW, HAND, ANKLE, FOOT, CLAVICLE AND
SHOULDER, OPEN

Treatment: SURGICAL TREATMENT
Line: 290 (CONT'D)

ADD 25431 REPAIR NONUNION CARPAL BONE
ADD 26340 MANIPULATE FINGER W/ANESTH

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

ADD 46020 PLACEMENT OF SETON

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF
INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 296

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

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

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

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

Treatment: INDUCED ABORTION
Line: 300

ADD S2260 INDUCED ABORTION, 17-24 WEEKS

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note)
Treatment: CLEANING AND FLUORIDE
Line: 301

ADD 520.0 ANODONTIA
ADD 520.1 SUPERNUMERARY TEETH
ADD 520.2 ABNORMAL TOOTH SIZE/FORM
ADD 520.3 MOTTLED TEETH
ADD 520.4 TOOTH FORMATION DISTURB
ADD 520.6 TOOTH ERUPTION DISTURB
ADD 520.8 TOOTH DEVEL/ERUP DIS NEC
ADD 520.9 TOOTH DEVEL/ERUP DIS NOS
ADD 521 HARD TISSUE DIS OF TEETH
ADD 522 PULP & PERIAPICAL DIS
ADD 523.0 ACUTE GINGIVITIS

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

Diagnosis: PREVENTIVE DENTAL SERVICES (See Guideline Note)

Treatment: CLEANING AND FLUORIDE

Line: 301 (CONT'D)

ADD	523.1	CHRONIC GINGIVITIS
ADD	523.2	GINGIVAL RECESSION
ADD	523.3	ACUTE PERIODONTITIS
ADD	523.4	CHRONIC PERIODONTITIS
ADD	523.5	PERIODONTOSIS
ADD	523.8	OTHER SPEC PERIODONTAL DIS
ADD	523.9	UNSP GINGIVAL/PERIO DISEASE
ADD	V72.2	DENTAL EXAMINATION
ADD	90788	INJECTION OF ANTIBIOTIC

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

Diagnosis: POSTTRAUMATIC STRESS DISORDER

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 304

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

NOTE: ADD CPT CODE RANGE "99301-99316"

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS

Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY

Line: 345

ADD	31541	OPERATIVE LARYNGOSCOPY
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Diagnosis: ATHEROSCLEROSIS, AORTIC AND RENAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 347

ADD	35647	ARTERY BYPASS GRAFT
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NOTE: CHANGE CPT RANGE "35626-35646" TO "35626-35647"

Diagnosis: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA, TREATABLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 348

ADD	11300	SHAVE SKIN LESION
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Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2001. (Cont'd)

Diagnosis: ABSCESS AND CELLULITIS, NON-ORBITAL

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 354

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

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

Treatment: URGENT AND EMERGENT DENTAL SERVICES

Line: 358

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

Diagnosis: URINARY TRACT CALCULUS; HEMATURIA

Treatment: CYSTOURETHROSCOPY W/FRAGMENTATION OF CALCULUS, MEDICAL THERAPY

Line: 363

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

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL

Treatment: SURGICAL TREATMENT

Line: 370

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

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

Diagnosis: RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES

Treatment: MEDICAL THERAPY, INJECTIONS

Line: 372

ADD 20550 INJECT TENDON/LIGAMENT/CYST

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

Treatment: ARTHROPLASTY/RECONSTRUCTION

Line: 373

ADD 27358 REMOVE FEMUR LESION/FIXATION
ADD 27641 PARTIAL REMOVAL OF FIBULA

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

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS
DISSECCANS, AND ASEPTIC NECROSIS OF BONE

Treatment: ARTHROPLASTY/RECONSTRUCTION
Line: 373 (CONT'D)

ADD 28104 REMOVAL OF FOOT LESION
ADD 28116 REVISION OF FOOT

Diagnosis: BULIMIA NERVOSA
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 376

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

NOTE: ADD CPT RANGE "99301-99316"

Diagnosis: DEEP OPEN WOUNDS
Treatment: REPAIR
Line: 378

ADD 25922 AMPUTATE HAND AT WRIST

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

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

NOTE: ADD NEW CPT RANGE "99301-99316"

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

ADD 67225 EYE PHOTODYNAMIC THER ADD-ON

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

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Diagnosis: SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS;
INTOXICATION

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 424

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

Diagnosis: UROLOGIC INFECTIONS

Treatment: MEDICAL THERAPY
Line: 437

ADD 52260 CYSTOSCOPY AND TREATMENT
DELETE 595.1 CHRONIC INTERSTITIAL CYSTITIS

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

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

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 438

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

Diagnosis: EATING DISORDER NOS

Treatment: MEDICAL/PSYCHOTHERAPY
Line: 458

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

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

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

Line: 460

ADD 99301 NURSING FACILITY CARE

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

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

Line: 460 (CONT'D)

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

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

Diagnosis: SPONTANEOUS ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 462

ADD 59820 CARE OF MISCARRIAGE

Diagnosis: FRACTURE OF SHAFT OF BONE, CLOSED
Treatment: OPEN OR CLOSED REDUCTION
Line: 466

ADD 20680 REMOVAL OF SUPPORT IMPLANT

Diagnosis: ACUTE SINUSITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 479

ADD S2342 NASAL ENDOSCOPY FOLLOWING SINUS SURGERY

Diagnosis: DISLOCATION/DEFORMITY OF ELBOW, HAND, ANKLE, FOOT, JAW,
CLAVICLE AND SHOULDER
Treatment: SURGICAL TREATMENT
Line: 482

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

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

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

Treatment: SURGICAL TREATMENT
Line: 482 (CONT'D)

DELETE	26585	REPAIR FINGER DEFORMITY
DELETE	26597	RELEASE OF SCAR CONTRACTURE
ADD	26770	TREAT FINGER DISLOCATION

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

Diagnosis: FRACTURE OF JOINT, CLOSED (EXCEPT HIP)

Treatment: OPEN OR CLOSED REDUCTION
Line: 503

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

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

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

Treatment: BASIC RESTORATIVE
Line: 507

ADD	90788	INJECTION OF ANTIBIOTIC
ADD	V72.2	DENTAL EXAMINATION

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

Treatment: STABILIZATION OF PERIODONTAL HEALTH, COMPLEX RESTORATIVE,
AND REMOVABLE PROSTHODONTICS
Line: 508

ADD	90788	INJECTION OF ANTIBIOTIC
ADD	V72.2	DENTAL EXAMINATION

Diagnosis: CERUMEN IMPACTION, FOREIGN BODY IN EAR & NOSE

Treatment: REMOVAL OF FOREIGN BODY
Line: 510

ADD	69210	REMOVE IMPACTED EAR WAX
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NOTE: CHANGE CPT CODE RANGE "69200-69205" TO "69200-69210"

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

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

ADD 29807 SHOULDER ARTHROSCOPY/SURGERY

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

ADD 27125 PARTIAL HIP REPLACEMENT

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

ADD S2065 SIMULTANEOUS PANCREAS KIDNEY TRANSPLANT

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

ADD 90788 INJECTION OF ANTIBIOTIC
ADD V72.2 DENTAL EXAMINATION

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

ADD 40650 REPAIR LIP

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

ADD 53431 RECONSTRUCT URETHRA/BLADDER

Diagnosis: HYPOSPADIAS AND EPISPADIAS
Treatment: REPAIR
Line: 535

ADD 53431 RECONSTRUCT URETHRA/BLADDER

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

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

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

Diagnosis: URINARY INCONTINENCE (See Guideline Note)

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 550

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

Diagnosis: CANCER OF LIVER, TREATABLE

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

Line: 555

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

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

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 560

ADD 21555 REMOVE LESION, NECK/CHEST

Diagnosis: DENTAL CONDITIONS (EG. BROKEN APPLIANCES)

Treatment: PERIODONTICS AND COMPLEX PROSTHETICS

Line: 568

ADD 90788 INJECTION OF ANTIBIOTIC
ADD V722 DENTAL EXAMINATION

Diagnosis: SEXUAL DYSFUNCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 570

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

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

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

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

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

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

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

Diagnosis: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
Line: 595

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

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

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

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

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

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

ADD	54162	LYSIS PENIL CIRCUMCIS LESION
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Interim Modifications to October 1, 2001, Prioritized List of Health Services; Approved by the Health Services Commission January 10, 2001. (Cont'd)

Diagnosis: REDUNDANT PREPUCE
Treatment: ELECTIVE CIRCUMCISION
Line: 612 (CONT'D)

ADD 54163 REPAIR OF CIRCUMCISION
ADD 54164 FRENULOTOMY OF PENIS

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

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

ADD 44204 LAPARO PARTIAL COLECTOMY

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

ADD 42830 REMOVAL OF ADENOIDS

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

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

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

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

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

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

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

Diagnosis: GANGLION
Treatment: EXCISION
Line: 687

ADD 20551 INJECT TENDON ORIGIN/INSERT
ADD 20552 INJECT TRIGGER POINT, 1 OR 2

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

Diagnosis: GANGLION
Treatment: EXCISION
Line: 687 (CONT'D)

ADD 20553 INJECT TRIGGER POINTS, >3

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

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

Diagnosis: TMJ DISORDERS
Treatment: TMJ SURGERY
Line: 693

DELETE 29909 ARTHROSCOPY OF JOINT
ADD 29999 ARTHROSCOPY OF JOINT

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

ADD V72.2 DENTAL EXAMINATION

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

DELETE 54510 REMOVAL OF TESTIS LESION
ADD 54512 EXCISE LESION TESTIS

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

ADD V72.2 DENTAL EXAMINATION

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

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

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

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

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