



QUALITY HEALTH & OUTCOMES AGENDA

December 11, 2023

Everyone is welcome to the meetings. For questions about accessibility or to request an accommodation, please call 971-304-6236 or write OHA.qualityquestions@oha.oregon.gov.

Requests should be made at least 48 hours prior to the event. Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, please call 971-304-6236 or write OHA.qualityquestions@oha.oregon.gov

MEETING INFORMATION

Location: Zoom

Call in information: 1-669-254-5252 / Meeting ID: 160 947 8177 / Passcode: 729792

Click the join link: [Zoom join link](#)

All meeting materials are posted on the [QHOC website](#)

Clinical Director Work Group
10:05 a.m. – 12:30 p.m.

TIME	TOPIC	PRESENTER	MATERIALS
10:05 a.m.	Welcome & Announcements	Jeanne Savage Lisa Bui	TC TA handout
10:15 a.m.	PCPCH Standards Update	Lisa Bui	PPT Slide
10:30 a.m.	PCPCH Infrastructure Payments and VBP [Value Based Payments]	Summer Boslaugh Karolyn Campbell	PPT Slides
10:50 a.m.	Waiver Updates	Steph Jarem	PPT Slide
11:10 a.m.	Gender Affirming Care Rules	Nathan Roberts	PPT Slide
11:25 a.m.	BREAK		
11:40 a.m.	HERC	Ariel Smits	PPT Slides
12:10 p.m.	CCO Engagement: Oregon's Vaccine Finance Summit	Kelly McDonald	PPT Slides
12:30 p.m.	LUNCH		

Quality and Performance Improvement Session



QUALITY HEALTH & OUTCOMES AGENDA

December 11, 2023

1:05 p.m. – 2:20 p.m.			
1:05 p.m.	QPI Intros & Announcements	Laura Matola Lisa Bui	
1:15 p.m.	TQS <ul style="list-style-type: none"> • Future State Federal Quality Initiatives <ul style="list-style-type: none"> • Medical Quality Strategy Update • RISE to Health Discussion • CCOs Technical System Rules 	Laura Matola Courtney Whidden-Rivera Lisa Bui	PPT slides
2:15 p.m.	Items from the floor	All	
2:20 p.m.	ADJOURN	All	

QHOC website:

<https://www.oregon.gov/oha/HPA/DSI/Pages/Quality-Health-Outcomes-Committee.aspx>

Static Zoom link and meeting information for the year

2024 Zoom Meeting Series

Join the meeting:

<https://www.zoomgov.com/j/1601020093?pwd=V0h4di92ZitPRWdCVWEvdThSUHE1Zz09>

Meeting ID: 160 102 0093 / Passcode: 742150

Meeting Cadence: 2nd Monday of the month [10:05 am – 3:00 pm]

Planning	12/29/23	2/5/24	3/4/24	4/1/24	5/6/24	6/3/24	7/1/24	8/5/24	9/2/24	10/7/24	11/4/24
Actual	01/08/24	2/12/24	3/11/24	4/8/24	5/13/24	6/10/24	7/8/24	8/12/24	9/9/24	10/14/24	11/11/24



SPEAKER CONTACT SHEET

December 2023

AGENDA TOPIC	SPEAKER	CONTACT INFO
Welcome & Announcements	Jeanne Savage Lisa Bui	Jeanne.Savage@trilliumchp.com LISA.T.BUI@oha.oregon.gov
PCPCH Standards Update	Lisa Bui	LISA.T.BUI@oha.oregon.gov
PCPCH Infrastructure Payments and VBP [Value Based Payments]	Summer Boslaugh Karolyn Campbell	summer.h.boslaugh@oha.oregon.gov Karolyn.Campbell@oha.oregon.gov
Waiver Updates	Steph Jarem	STEPHANIE.JAREM@oha.oregon.gov
Gender Affirming Care Rules	Nathan Roberts	Nathan.w.roberts@oha.oregon.gov
HERC update	Ariel Smits, MD, MPH	ariel.smits@oha.oregon.gov
CCO Engagement: Oregon's Vaccine Finance Summit	Kelly McDonald	Kelly.f.McDonald@oha.oregon.gov
QPI Introductions & Announcements	Laura Matola Lisa Bui	laura.matola@allcarehealth.com LISA.T.BUI@oha.oregon.gov
TQS <ul style="list-style-type: none"> • Future State Federal Quality Initiatives <ul style="list-style-type: none"> • Medical Quality Strategy Update • RISE to Health Discussion • CCOs Technical System Rules 	Laura Matola Courtney Whidden-Riveria Lisa Bui	laura.matola@allcarehealth.com crivera@umpquahealth.com LISA.T.BUI@oha.oregon.gov
QHOC Chairs		
Medical	Jeanne Savage	Jeanne.Savage@trilliumchp.com
Medical	Douglas Carr Vice Chair	dcarr@umpquahealth.com
Behavioral Health	Jeremy Koehler	koehlerj@healthshareoregon.org
Oral Health	Laura McKeane	Laura.mckeane@allcarehealth.com
Quality	Laura Matola	laura.matola@allcarehealth.com
QHOC Leads		
Medical	Dawn Mautner	Dawn.Mautner@oha.oregon.gov
Behavioral Health	TBD	
Oral Health	TBD	
Quality	Lisa Bui	LISA.T.BUI@oha.oregon.gov

QHOC Website:

<https://www.oregon.gov/oha/HPA/DSI/Pages/Quality-Health-Outcomes-Committee.aspx>

Questions:

OHA.qualityquestions@oha.oregon.gov or call Lisa Bui at 971-673-3397

OHA Transformation Center Technical Assistance for CCOs

Everyone has a right to know about and use OHA programs and services. Some examples of the services and accommodations OHA can provide: sign language and spoken language interpreters, written materials in other languages, braille, large print, audio and other formats. If you need help or have questions, **please email the person listed as “Contact” for the relevant item below.** If it’s a meeting or event, please reach out at least 48 hours ahead.

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Metrics TA

[HbA1c poor control and oral evaluations for adults with diabetes](#)

Updated Diabetes Prevention Program (DPP) companion guide

The *2023 DPP Companion Guide for CCOs and Oregon Health System Partners* is now available here:
<https://www.oregon.gov/oha/HPA/dsi-tc/Documents/National-DPP-Companion-Guide.pdf>

Webinars: Oregon Health Plan coverage and payment for the National Diabetes Prevention Program

OHA’s Health Promotion and Chronic Disease Prevention unit, in partnership with the Oregon Rural Practice-based Research Network, is hosting two webinars to support CCOs, clinical providers and community-based organizations interested in learning more about the National DPP program and payment opportunities. [See webinar flier.](#)

National DPP 101

- [Slides / Recording](#) (October 24)
- Topics: key program elements necessary for payment including member/patient eligibility, program modalities, current program providers and their credentials, and CDC-recognition.

Billing Medicaid for National DPP Payment

- [Slides / Recording](#) (November 7)
- Topics: important parameters around billing for the National DPP program for timely payment. These include billing cadence and rates, diagnosis codes, rendering and supervising providers, and the two provider types to bill under.

Contact: Marissa McCartney (mccartnm@ohsu.edu)

Social-emotional health

Office hours

CCO staff working on the social-emotional health metric are invited to drop-in office hours to ask OHA staff questions about attestation.

January 11, 2024 (12-12:30 p.m.)

- [Join meeting](#)
- Call in: +1 971-277-2343
- Phone ID: 277 892 919#

January 22, 2024 (3-3:30 p.m.)

- [Join meeting](#)
- Call in: +1 971-277-2343
- Phone ID: 270 181 719#

Attestation and social-emotional health asset map templates

The attestation survey and deliverables are due February 29, 2024. The attestation survey link and pdf are available here:

- [2023 attestation survey PDF](#)
- [2023 attestation survey](#)

The two SE health metric asset map templates are available here:

- [Years 1, 2, 3](#) (to summarize contracted specialty behavioral health)
- [Year 3](#) (to summarize PCPCH integrated behavioral health)

Input sessions for child-level metric

In 2025, the **system-level** social-emotional health metric will be replaced by a **child-level** metric. The Oregon Pediatric Improvement Partnership (OPIP) will be facilitating input sessions to seek feedback on options for the new metric. [See full details here.](#)

- [Slides about input sessions](#) (presented 11/16/23 to Metrics and Scoring Technical Advisory Group)
- **Behavioral health provider input sessions** (same content both sessions)
 - January 18, noon–1:30 p.m. [Register here](#)
 - January 23, noon–1:30 p.m. [Register here](#)
- **Primary care provider and team input sessions** (same content both sessions)
 - February 1, noon–1:30 p.m. [Register here](#)
 - February 6, 7:30–9 a.m. [Register here](#)
- **CCO input sessions** (same content both sessions)
 - February 15, noon–1:30 p.m. [Register here](#)
 - February 21, noon–1:30 p.m. [Register here](#)

Contact: Metrics.Questions@odhsoha.oregon.gov

Social-emotional health metric technical assistance schedule

The Transformation Center is contracting with OHSU-ORPRN (Oregon Rural Practice-based Research Network) for the next two years to facilitate technical assistance and support for implementation of the system-level social-emotional health metric. **See full details and registration:** <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Social-Emotional-Health-Metric-TA-Flier.pdf>

Webinars, learning collaboratives and resources for CCOs and partners will focus on the following areas:

- Communications for parents and providers about social-emotional health for children 0–5 years old
 - Webinar: [Slides](#) / [Recording](#) (11/6/23)
 - [Parent flyer](#) (Publisher file)
 - [Provider flyer](#) (Publisher file)
 - CCO learning collaborative: [Slides](#) / [Discussion](#) (11/29/23)
- Understanding the social-emotional health system and making improvements
 - January 10 – Webinar
 - February 1 – Learning collaborative
- Engaging new social-emotional health partners with the health system (could include billing/coding, community information exchange, using data for community engagement, etc.)
 - April 9 – Webinar
 - April 30 – Webinar
 - May 29 – Learning collaborative

Contact: Rachel.E.Burdon@oha.oregon.gov

Social determinants of health (SDOH): social needs screening and referral

SDOH screening metric FAQ

An updated FAQ is available for the SDOH screening and referral CCO incentive metric: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/SDOH-Screening-Metric-FAQ.pdf>

New questions are identified with “(Updated 9/19/23).”

SDOH social needs screening and referral metric technical assistance

The Transformation Center is partnering with OHSU’s Oregon Rural Practice-based Research Network (ORPRN) to support CCOs and their partners to implement the social needs screening measure. See technical assistance flier for full details: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/2023-2024-SDOH-Metric-TA.pdf>. Recordings and slides will be posted here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SDOH-metric.aspx>

Café Connect Series

[Register here](#)

Audience: CCOs, CBOs and providers

Opportunities to hear from experts and allow for CCOs, CBOs and providers to strengthen partnerships and support successful metric implementation. All sessions are 1–2 p.m.

- September 18, 2023 - Orientation and overview of metric requirements: [Slides](#) / [Recording](#)
- October 24, 2023 - Health and social care integration: sustainable partnerships: [Slides](#) / [Recording](#)
- January 23, 2024 - Payment arrangements for social needs screening and referral
- March 18, 2024 - Establishing data sharing approaches and agreements
- May 23, 2024 - Optimizing data sharing systems

CCO learning collaborative

[Register here](#)

Audience: CCO measure leads

CCOs will share strategies to address high-priority needs and metric must-pass elements. All sessions are 3–4 p.m.

- September 28, 2023 - SDOH metric grounding: [Slides](#) / [Recording](#)
- November 13, 2023 - Protocols and practices to prevent over-screening: [Slides](#) / [Recording](#)
- February 29, 2024 - Social needs screening training and resources
- April 25, 2024 - Addressing referral resources and gaps
- June 18, 2024 - Data sharing approaches: challenges and solutions

CCO office hours

[Register here](#)

Audience: CCO measure leads

Drop-in office hours are an opportunity to discuss pressing questions with TA providers and other CCO measure leads. TA and information on a specific topic area will also be featured.

- October 27: [Recording](#)
- December 8, February 16, April 12, June 14; all sessions are 10–11 a.m.

Individualized CCO technical assistance

One-on-one technical assistance is available to all CCO staff responsible for metric implementation throughout the year. Support will be tailored to the needs of individual CCOs. To request technical assistance, email Claire Londagin (londagin@ohsu.edu).

Contact: Claire Londagin (londagin@ohsu.edu)

Tobacco cessation

Tobacco cessation counseling training for providers; free and online (with CME); On demand, 45 minutes

- **What:** This short online course will improve your care team’s ability to help patients quit tobacco. The course focuses on brief tobacco intervention and motivational interviewing techniques.
- **Who:** All members of the care team committed to supporting their patients to quit tobacco.
- **When:** The course is self-paced and takes approximately 45 minutes. The course can be started, paused and resumed later as needed.
- **CMEs:** This training has been reviewed and is accepted for up to 1.0 prescribed credit from the American Academy of Family Physicians (AAFP). For other licensing boards that may not pre-approve continuing education credits (for example, the Board of Licensed Professional Counselors and Therapists), please submit the certificate of participation to your accrediting body.
- **Access the training:** <https://learn.optum.com/redeem/or>

Non-metrics TA

[Community advisory council \(CAC\) supports](#)

OHA Medicaid Waiver: Evaluation feedback session for CAC members (new dates)

Contacts: OR1115WaiverEval@providence.org or Tom Cogswell (thomas.cogswell@oha.oregon.gov).

Background: Oregon is required to do an independent evaluation of its Medicaid Waiver. The Oregon Health Authority (OHA) has contracted with CORE — the Center for Outcomes Research and Education — to develop the evaluation design for the current Medicaid Waiver. The federal government has a list of evaluation requirements, and OHA wants to be sure that the priorities of community partners are also represented in the final evaluation plan.

Invitation for feedback: CORE will be hosting two virtual waiver evaluation feedback sessions for CCO community advisory council members and we’d love to have you join! We’ll start with a brief reminder of what’s new in this waiver,

as well as some background on the evaluation planning process and federal requirements. Then we'll ask what questions or topics YOU think are most important to include when evaluating how the waiver is going and what impact it is having.

Please join the meeting that works best for your calendar:

- January 5, 9–10:30 a.m. Register
here: https://www.zoomgov.com/meeting/register/vJltdumtqTMpG_nJvPnPf7ZzrXGUKpj9Ns
- January 8, 5–6:30 p.m. Register
here: <https://www.zoomgov.com/meeting/register/vJltdemgqz8iE855Y7L78R9ZG4SI6Gpcspk>
- Meetings will be held via Zoom. Live Spanish interpretation and ASL interpretation will be available.
- Consumer CAC members attending either session are eligible to receive a \$25 electronic visa gift card. Staff from CORE will coordinate the distribution of gift cards after each session.

Unable to attend, but want to provide feedback?

Email CORE at OR1115WaiverEval@providence.org and we'll follow up in mid-December with materials and instructions for written feedback.

Have questions about the waiver?

Email 1115Waiver.Renewal@odhsoha.oregon.gov.

Exención de Medicaid de OHA: Sesión de Comentarios de Evaluación para Miembros del CAC

Contactos: OR1115WaiverEval@providence.org o Tom Cogswell (thomas.cogswell@oha.oregon.gov).

Antecedentes breves: Oregón está obligado a hacer una evaluación independiente de su extensión de Medicaid. La Autoridad de Salud de Oregón (OHA) ha contratado con CORE – el Centro de Educación e Investigación de Resultados – para desarrollar el diseño de la evaluación para la extensión de Medicaid actual. El gobierno federal tiene una lista de requisitos de evaluación y OHA quiere estar seguro de que las prioridades de socios de la comunidad también están representadas en el plan de evaluación final.

Invitación para comentarios: CORE va a celebrar dos sesiones virtuales para comentarios sobre la evaluación de la extensión para miembros de los consejos asesores comunitarios (CAC) de las CCO, y ¡nos encantaría que se uniera a una sesión! Vamos a empezar con un breve recordatorio sobre las novedades de esta extensión además de algunos antecedentes sobre el proceso de planificación de la evaluación y requisitos federales. Después vamos a preguntar a USTED que preguntas o temas considera más importantes para incluir cuando se evalúan cómo va la exención y el impacto que está haciendo.

Favor de unirse a la reunión que funcione mejor para su calendario

- 5 de enero, 09:00 a 10:30 horas. Regístrese aquí:
https://www.zoomgov.com/meeting/register/vJltdumtqTMpG_nJvPnPf7ZzrXGUKpj9Ns
- 8 de enero, 17:00 a 18:30 horas. Regístrese aquí:
<https://www.zoomgov.com/meeting/register/vJltdemgqz8iE855Y7L78R9ZG4SI6Gpcspk>
- Las reuniones se celebrarán por Zoom. Interpretación en vivo en español y en lengua de signos americana será disponible.
- Los miembros consumidores del CAC que asistan a cualquiera de las sesiones son elegibles para recibir una tarjeta de regalo Visa electrónica de \$25. El personal de CORE coordinará la distribución de tarjetas de regalo después de cada sesión.

¿No puede asistir, pero quiere proporcionar comentarios?

Mande un email a OR1115WaiverEval@providence.org y damos seguimiento a mediados de diciembre con materiales e instrucciones para comentarios escritos.

¿Tiene preguntas sobre la exención?

Mande un email a 1115Waiver.Renewal@odhsoha.oregon.gov.

Next CAC coordinator meeting

The Transformation Center will be hosting quarterly CAC coordinator meetings in 2024, with the next meeting taking place on January 12 from 10:00-11:30 a.m. These meetings are open to CAC coordinators and other CCO & Health Council staff who support CACs.

- **January 12, 10–11:30 a.m.**
- **Join meeting:** <https://www.zoomgov.com/j/1608179303?pwd=N2QwSHJZUGpRYXdhSHk3eUNmTXFQQT09>
- Meeting ID: 1608179303. Passcode: CAC. Join by phone only: 1-669-254-5252. Participant: 1608179303#

CAC Best Practices Workshop (save the date)

The Transformation Center will be hosting a hybrid CAC best practices workshop next April for CAC coordinators and other CCO and Health Council staff who support CACs.

- **April 24, 9 a.m.–3 p.m.**

Contact: Tom Cogswell (thomas.cogswell@oha.oregon.gov).

Community health assessment and community health improvement plans

CHA/CHP deliverables presentation

The Transformation Center will be sharing a proposal for redesigning the CHA/CHP deliverables at the December 12 CCO Operations Collaborative Meeting. [See meeting details.](#)

Contact: Staci DeLeon-Davis (Staci.DeLeonDavis@oha.oregon.gov); Tom Cogswell (thomas.cogswell@oha.oregon.gov).

Health-related services (HRS)

2024 office hours

CCO staff working on HRS are invited to quarterly drop-in office hours.

- January 5, April 5, July 12, October 5 (9:05-9:30 a.m. all sessions)
- [Join meeting](#)
- Call in: +1 971-277-2343
- Phone ID: 649 358 553#

Spending programs 101 for community partners

Join us to learn about communicating with your CCO's community partners about various Medicaid spending programs — including health-related services (HRS), Supporting Health for All through REinvestment (SHARE) and in lieu of services (ILOS). We will share a new resource for CCOs that aims to simplify the program requirements and descriptions. webinar is sponsored by the OHA Transformation Center in partnership with Oregon Rural Practice-based Research Network (ORPRN)

- **Audience:** This webinar will be most beneficial for CCO staff who oversee these spending programs and programmatic work with community partners.
- **Monday, January 8, 1–2 p.m.**
- **Register here:** <https://us02web.zoom.us/meeting/register/tZModOmopzMjE9GGPS0HbPGSoqYAtCjOI7TR>
After registering, you will receive a confirmation email from Zoom containing information about joining the meeting.
- **Contact:** Marissa McCartney (mccartnm@ohsu.edu)

2022 HRS spending updates webinar

Join us for an overview of 2022 HRS spending, updates to frequently asked HRS questions, and updates to examples of past-approved HRS expenditures.

- **Audience:** The content of this webinar will be most useful to CCO staff who implement HRS.
- **Tuesday, December 12, 1–2 p.m.**
- **Registration is required to attend:** <https://us02web.zoom.us/meeting/register/tZcqdu-gqz4tG9Hr1onL8nrBaadEclvT2KSd>

After registering, you will receive an email from Zoom containing information about joining the meeting.

Contact: Marissa McCartney (mccartnm@ohsu.edu)

Peer group – HRS, SHARE and braided funding

The ORPRN HRS/SHARE/ILOS technical assistance team is hosting a monthly peer group for CCO community health, quality or population health managers and directors. Staff in these roles are often leading the HRS, SHARE and ILOS programs for their CCO, and we have heard they would like more time to discuss program strategy and implementation in an informal setting with their peers. ORPRN staff will facilitate the meetings, and agendas will be set by the group based on group member interests and could include best practices, current challenges and emerging issues. The goal is to provide a space for discussion that is most relevant to your work.

- **What:** Drop-in, monthly peer discussion group about Medicaid spending programs, with a focus on HRS, SHARE and braided funding
- **Audience:** CCO community/quality/population health managers or directors
- **Purpose:** Peer sharing, best practice sharing, increase technical knowledge, overcome programmatic barriers, learn what peers are thinking
- **Timing:** First Fridays of the month, 10–11 a.m. Pacific
- **Duration:** November 2023–June 2024
- **Format:** Drop-in style. No obligation to attend each session.
- **Register here:** <https://us02web.zoom.us/meeting/register/tZcpfuGrqzouHNZPqtLcpms0sjaWL9e0lthh>
- **Contact:** Hannah Bryan (bryanh@ohsu.edu)

Contact: Anona Gund (Anona.E.Gund@oha.oregon.gov)

In lieu of services (ILOS)

Oregon in lieu of services design sessions

OHA staff, coordinated care organizations (CCO) and their community partners are invited to collaborate in developing Oregon’s proposed 2025 in lieu of services (ILOS). OHA requests your ideas and feedback through a series of topic-based discussions. These sessions are sponsored by the OHA Transformation Center in partnership with Oregon Rural Practice-based Research Network (ORPRN).

Update: The schedule has been updated, and the topics of the upcoming design sessions were chosen by consensus among CCOs, community-based organizations and OHA staff. The high-priority topics are: respite, community paramedicine, climate-related services and behavioral health services. Many of the remaining proposals are more straightforward and can be reviewed without a design session.

CCOs, community partners, and OHA staff ILOS design sessions

- November 29 – Postponed
- December 6 – Postponed
- December 8, 10:30 a.m.–noon - [Register here](#)
 - Topic: **Respite ILOS**

- December 11, 2–3:30 p.m. - [Register here](#)
 - Topic: **Community paramedicine ILOS**
- January 23, 3-4:30 p.m. - [Register here](#)
 - Topic: **Climate-related ILOS**
- Fourth design session - *date to be determined*
 - Topic: **Behavioral health services ILOS**

Contact: Hannah Bryan (bryanh@ohsu.edu)

ILOS billing guide

In Lieu Of Services (ILOS) Billing Guide is available on the [OHA ILOS webpage](#). The [ILOS Billing Guide](#) is a resource intended for CCOs that outlines the process of billing through ILOS, including:

- Answers to frequently asked billing questions
- Details on a reduced dataset for ILOS providers
- List of OHA-recommended procedure codes and modifiers
- Guidance on ILOS provider requirements
- Review of ILOS reporting requirements

Contact: ILOS.info@oha.oregon.gov

ILOS 101 webinar

The ILOS 101 webinar is an opportunity to learn about the background and basic criteria of In Lieu Of Services (ILOS). CCO Operations Director Dave Inbody will present highlights of ILOS guidance updates, share upcoming opportunities and answer questions. This webinar is for anyone interested in learning about ILOS.

- [Slides](#) / [recording](#) (10/12/23)

CCO ILOS technical assistance

Individualized technical assistance is available to CCOs interested in implementing ILOS. Please reach out to Bethany Linscott-Lowe (lowbe@ohsu.edu) and Hannah Bryan (bryanh@ohsu.edu) with any questions or to set up a meeting.

[SHARE Initiative \(supporting health for all through reinvestment\)](#)

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- **Contact:** Marissa McCartney (mccartnm@ohsu.edu)

SHARE guidance updates

Join us for an overview of updates to SHARE guidance documents and reporting templates from OHA. All CCO staff are welcome to attend. The content of this webinar may be most useful for CCO staff and leadership who work with

implementing the SHARE Initiative within their communities, are involved in spending plan development, or responsible for financial reporting on SHARE.

- **January 17, 10–11 a.m.**
- **Register here:**
<https://us02web.zoom.us/meeting/register/tZEpdqqrDojGNUPLcLvSMGaJqFn3wkovNjC#/registration>
- After registering, you will receive a confirmation email from Zoom containing information about joining the meeting.
- **Contact:** Marissa McCartney (mccartnm@ohsu.edu)

Peer group – HRS, SHARE and braided funding

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- **Contact:** Hannah Bryan (bryanh@ohsu.edu)

Transformation and quality strategies (TQS)

See this 12/1/23 CCO memo regarding timelines for TQS guidance and submission: [Due date update for 2024 Transformation and Quality Strategy](#).

See also the [11/28/23 CCO Contracts and Compliance Work Group slides](#), where TQS was discussed.

More information will be shared when it's available.

Value-based payment (VBP)

Palliative care interviews and VBP model development

HB 2981 (2021) directs OHA to administer a program to provide palliative care services through coordinated care organizations starting January 1, 2025. To support this work, the Transformation Center will be convening a work group to develop a palliative care VBP model beginning in early 2024. In preparation for this work, Transformation Center staff will be reaching out in early November to schedule conversations with CCO medical directors to better understand current palliative care service delivery and payment structures.

Contact: Karolyn Campbell (Karolyn.Campbell@oha.oregon.gov) or Summer Boslaugh (Summer.H.Boslaugh@oha.oregon.gov)

Value-based Payment Toolkit for Oregon providers and payers

VBP link provider payments to improved quality and performance instead of to the volume of services. Successful VBP arrangements require an active partnership between payers and provider entities as they shift from a volume to a value focus. A new [VBP Toolkit](#) developed by the [VBP Compact](#) Workgroup is available to **help clinicians, provider entities, and their payer partners prepare for VBP arrangements, implement these arrangements, and overcome specific challenges to operating successfully within increasingly advanced VBP models.**

The Toolkit includes instructive content and case studies illustrating how VBP arrangements have been implemented by payers and provider entities in Oregon. Topics include descriptions of VBP models and terms, ways to assess readiness, steps to get ready for VBP, how to go live with VBP models and the description of a primary care VBP model developed by providers and payers for widespread adoption across Oregon.

Contact: Summer Boslaugh (Summer.H.Boslaugh@oha.oregon.gov)

Transformation Center technical assistance updates

For updates, [sign up for the Transformation Center's events, resources and learning opportunities distribution list](#).

See the [Transformation Center's 2022 annual report](#).

Minutes
Health Evidence Review Commission (HERC)
Online meeting & Wilsonville Training Center, Room 112
November 9, 2023

Members Present: Kevin Olson, MD, Chair; Lynnea Lindsey, PhD; Adriane Irwin, PharmD; Max Kaiser, DO; Mike Collins; Deborah Espesete, LAc, MAcOM, MPH; Cris Pinzon, MPH, BSN, BS, RN Stacy Geisler, DDS, PhD; Devan Kansagara, MD, Vice-Chair; Kathryn Schabel, MD; Holly Jo Hodges, MD, MBA; Larry Lyon, MD.

Members Absent: Ben Hoffman, MD; Leslie Sutton.

Staff Present: Ariel Smits, MD, MPH; Amy Cantor, MD, MPH, Jason Gingerich; Liz Walker, PhD, MPH; Daphne Peck.

Also Attending: Chris DeMars, Rachel Nickel (Oregon Health Authority); Val King, MD, MPH, Shauna Durbin & Marcus Bachhuber (OHSU Center for Evidence-based Policy); Lisa Nakadate; Sandi Koch; Lisa Kouzes, DC; Jessica Cosato; Rebecca Gale; Seth Johnstone; Steffani Bailey; Yvonne Hubbard; Everett Redente; Kelly Jeske.

Call to Order

Kevin Olson, Chair of the Health Evidence Review Commission (HERC), called the meeting to order; roll was called. A quorum of members was present at the meeting.

Minutes Approval

MOTION: To approve the minutes of the September 28, 2023 meeting as presented. CARRIES 11-0.

Director's Report

Jason Gingerich gave the staff report.

Advisory Panels

He reviewed the purpose of advisory panels, and their role in the HERC process. These panels advise staff, have no chairs, have no votes, and all input will be brought to a public meeting such as Value-based Benefits Subcommittee (VbBS) and HERC in the future.

Membership

Gingerich discussed upcoming membership changes. He said there will be membership changes announced in the coming months related to some terms that are expiring.

MOTION: To approve Kaiser on EbGS and Duty on VbBS. Carries 10-0 (Kaiser abstains)

OHA Director

Gingerich said there is a new OHA director, Dr. Sejal Hathi.

Value-based Benefits Subcommittee (VbBS) Report on Prioritized List Changes

Meeting materials pages 55-223

Ariel Smits reported the VbBS met earlier in the day, November 9, 2023. She summarized the subcommittee's recommendations.

Recommended Code Movement (Changes to the 1/1/24 Prioritized List unless otherwise noted):

- Place the new dental billing codes on various lines
- Add group psychotherapy as a treatment option for autism spectrum disorder
- Add a new procedure code for coordinated care for the first episode of psychosis on 5 funded lines
- Add two diagnosis codes for unspecified and specified problems related to psychosocial circumstances to a funded line
- Add new genetic testing of cancer-related billing codes to the diagnostic file
- Add the procedure code for computer assisted navigational bronchoscopy as a diagnostic test
- Add the 2024 CPT and HCPCS codes to various lines
- Do not place the following PLA codes on the Diagnostic Procedures File (despite VBBS' recommendation)
 - o 0379U Solid Tumor Expanded Panel, Quest Diagnostics®
 - o 0388U InVisionFirst®-Lung Liquid Biopsy
 - o 0391U Strata Select™
 - o 0409U LiquidHALLMARK®
 - o 0413U DH Optical Genome Mapping/Digital Karyotyping Assay
 - o 0329U (Oncology (neoplasia)

Commissioners' discussed the rapidly evolving field of cancer tumor genetics and the limits of the Commission and subcommittees to monitor and study PLA codes. Commissioners did not

approve the VbBS recommendation and decided not to add the PLA codes for tumor biomarkers to the Prioritized List and recommend they not be paid for.

- Add the procedure code for low level laser therapy to lines with chemotherapy and radiation therapy for prevention of severe mouth inflammation
- Add the procedure code for breast reduction as well as the diagnosis code for large breasts to several funded lines
- Make multiple codes changes to enable treatment of acute nasal fractures
 - Requested staff bring back a new guideline proposal limiting acute fractures to the first 14-days after an injury.
- Add several codes for foot and nail care to a funded line
- Delete the diagnosis and treatment codes for central auditory processing disorder from coverage due to lack of clear criteria for this condition
- Add the procedure code for instrument-based eye testing for children to a funded line
- Add multiple diagnosis codes for severe exfoliating skin conditions to a funded line
- Add a code representing the federal refugee screening process to a funded line
- Make various straightforward coding changes

Item Considered but No Recommendations for Changes Made:

The PLA code for the OncoExTra code was initially proposed for coverage, but was not added to coverage at the 11/9/23 HERC meeting.

- Do not place the following PLA codes on the Diagnostic Procedures File (despite VBBS' recommendation)
 - 0379U Solid Tumor Expanded Panel, Quest Diagnostics®
 - 0388U InVisionFirst®-Lung Liquid Biopsy
 - 0391U Strata Select™
 - 0409U LiquidHALLMARK®
 - 0413U DH Optical Genome Mapping/Digital Karyotyping Assay
 - 0329U (Oncology (neoplasia)

Recommended Guideline Changes (Changes to the 1/1/24 Prioritized List unless otherwise noted):

- Edit the non-prenatal genetic testing guideline to add additional testing for certain patients on the autism spectrum or with intellectual or developmental disabilities; also edit to clarify coverage of testing for cystic fibrosis, and adding a new code for cytochrome P450 testing; update the references to the current American College of Medical Genetics (ACMG) standards

- Edit the PET scan guideline to include prostate cancer
- Edit the hereditary cancer genetic testing guideline to clarify that many types of familial cancer testing are covered and allow coverage of these tests when ordered by professionals without board certification in genetics if they are suitably trained and experienced.
- Edit the severe inflammatory skin disease guideline to include specifications for coverage of severe exfoliative dermatitis
- Edit the frenulectomy guideline to specify that coverage is limited to patients under age 21
- Edit the guideline for testing for liver fibrosis to specify that the enhanced liver fibrosis test is covered in certain clinical circumstances
- Edit the smoking and spinal fusion guideline to require cessation from all tobacco products for only 6 weeks prior to surgery and require only one objective test of cessation
- Edit the transcranial magnetic stimulation guideline to only require a trial and failure of 2 medications (no trial of psychotherapy), and allow 6 taper treatments
- Edit the lung volume reduction surgery guideline to clarify the smoking cessation requirements
- Edit the gender dysphoria treatment guideline to specify that WPATH 8 is the standard of care to guide coverage
- Edit the guideline for implantable cardiac defibrillators to remove references to cardiac resynchronization therapy and add a new guideline for cardiac resynchronization therapy
- Extensively edit the guideline regarding breast reduction surgery to allow coverage in the funded region under certain conditions
- Add a new guideline specifying when a patient qualifies for foot and nail care
- Add new guidelines regarding computer assisted navigational bronchoscopy, phrenic nerve stimulation, suprachoroidal injections and low-level laser therapy
- Add a new diagnostic guideline note for Next Generation Sequencing of Malignancies. HERC added this language to the guideline note approved by VBBS:
 - Whole exome sequencing of cancer tissue (for example, 0329U or 0211U) is covered ONLY when all of the following criteria are met:
 - The patient has advanced or metastatic cancer; AND
 - The test is used to assess tumor mutation burden and identify candidates for checkpoint inhibition immunotherapy; AND
 - The patient has progressed following prior treatment; AND
 - There are no satisfactory alternative treatment options.
- Make various straightforward guideline note corrections

MOTION: To accept the VbBS recommendations on *Prioritized List changes* as modified. [See the VbBS minutes of 11/9/2023](#) for a full description. Carries: 11-0.

Public Comment

There was no public comment at this time.

Adjournment

Meeting adjourned at 3:30 pm. Next meeting will be from 1:30-4:30 pm on Thursday, 1/18/2024, Online and at Wilsonville Training Center.

DRAFT

Value-based Benefits Subcommittee (VbBS) Summary

For Presentation to:

Health Evidence Review Commission on November 9, 2023

For specific coding recommendations and guideline wording, please see the text of the November 9, 2023 VbBS minutes.

Recommended Code Movement (Changes to the 1/1/2024 Prioritized List unless otherwise noted):

- Place the new dental billing codes on various lines
- Add group psychotherapy as a treatment option for autism spectrum disorder
- Add a new procedure code for coordinated care for the first episode of psychosis on 5 funded lines
- Add two diagnosis codes for unspecified and specified problems related to psychosocial circumstances to a funded line
- Add new genetic testing of cancer-related billing codes to the diagnostic file
- Add the procedure code for computer assisted navigational bronchoscopy as a diagnostic test
- Add the 2024 CPT, PLA and HCPCS codes to various lines
- Add the procedure code for low level laser therapy to lines with chemotherapy and radiation therapy for prevention of severe mouth inflammation
- Add the procedure code for breast reduction as well as the diagnosis code for large breasts to several funded lines
- Make multiple codes changes to facilitate coverage for the treatment of acute nasal fractures
- Add several codes for foot and nail care to a funded line
- Delete the diagnosis and treatment codes for central auditory processing disorder from coverage due to lack of clear criteria for this condition
- Add the procedure code for instrument-based eye testing for children to a funded line
- Add multiple diagnosis codes for severe exfoliating skin conditions to a funded line
- Add a code representing the federal refugee screening process to a funded line
- Make various straightforward coding changes

Item Considered but No Recommendations for Changes Made:

The PLA code for the OncoExTra code was initially proposed for coverage, but was not added to coverage at the 11/9/23 HERC meeting

Recommended Guideline Changes (Changes to the 1/1/24 Prioritized List unless otherwise noted):

- Edit the non-prenatal genetic testing guideline to add additional testing for certain patients on the autism spectrum or with intellectual or developmental disabilities; also edit to clarify coverage of testing for cystic fibrosis, and adding a new code for cytochrome P450 testing; update the references to the current ACMG standards
- Edit the PET scan guideline to include prostate cancer
- Edit the hereditary cancer genetic testing guideline to clarify that many types of familial cancer testing are covered and allow coverage of these tests when ordered by professionals without board certification in genetics if they are suitably trained and experienced.
- Edit the severe inflammatory skin disease guideline to include criteria for coverage of severe exfoliative dermatitis
- Edit the frenulectomy guideline to specify that coverage is limited to patients under age 21
- Edit the guideline for testing for liver fibrosis to specify that the enhanced liver fibrosis test is covered in certain clinical circumstances
- Edit the smoking and spinal fusion guideline to require cessation from all tobacco products for only 6 weeks prior to surgery and require only one objective test of cessation
- Edit the transcranial magnetic stimulation guideline to only require a trial and failure of 2 medications (no trial of psychotherapy), and allow 6 taper treatments.
- Edit the lung volume reduction surgery guideline to clarify the smoking cessation requirements
- Edit the gender affirming treatment guideline to specify that WPATH 8 is the standard of care to guide coverage
- Edit the guideline for implantable cardiac defibrillators to remove references to cardiac resynchronization therapy and add a new guideline for cardiac resynchronization therapy
- Extensively edit the guideline regarding breast reduction surgery to allow coverage in the funded region under certain conditions
- Add a new guideline specifying when a patient qualifies for foot and nail care
- Add new guidelines regarding computer assisted navigational bronchoscopy, phrenic nerve stimulation, suprachoroidal injections, and low-level laser therapy
- Make various straightforward guideline note corrections

Minutes Value-based Benefits Subcommittee (VbBS)

Online meeting
November 9, 2023

Members Present: Holly Jo Hodges, MD, MBA, Chair; Kevin Olson, MD; Cris Pinzon, MPH, RN; Kathryn Schabel, MD; Mike Collins; Adriane Irwin, PharmD; David Saenger, MD; Sara Love, ND.

Members Absent: Brian Duty, MD, Vice-Chair.

Staff Present: Ariel Smits, MD, MPH; Jason Gingerich; Liz Walker, PhD, MPH; Daphne Peck.

Also Attending: Amy Penkin; Shalini Mehta MD; Rebecca Gale; Stephanie Asher; Connie Warner; Lawrence Lyon, MD; Ashley Spivey; Daron Webb; Laura Briggs; Kim Lee; Tim Barr; Jennifer Say; Natasha Harrison; Susan Reehill; Nathalie Huguét; Seth Johnstone; Everett Redente; Steffani Bailey.

Call to Order, Minutes Approval, Staff Report

The meeting was called to order at 8:00 am and roll was called. A quorum of members was present at the meeting. Minutes from the September 28, 2023 VbBS meeting were reviewed and approved with the modification of noting that Dr. Sara Love was present at that meeting.

Jason Gingerich gave the staff report. He reviewed the purpose of advisory panels, and their role in the HERC process. These panels advise staff, have no chairs, have no votes, and all input will be brought to a public meeting such as VbBS in the future.

Gingerich discussed upcoming HERC membership changes and announced that there is a new OHA director, Dr. Sejal Hathi.

Straightforward/Consent Agenda

Discussion: There was no discussion about the consent agenda items.

Recommended Actions:

- 1) Add 82306 (Vitamin D; 25 hydroxy, includes fraction(s), if performed) to line 59 END STAGE RENAL DISEASE
- 2) Add 26426 (Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger) and 26428 (Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger) to line 377 DYSFUNCTION RESULTING IN LOSS OF ABILITY TO MAXIMIZE LEVEL OF INDEPENDENCE IN SELF-DIRECTED CARE CAUSED BY CHRONIC CONDITIONS THAT CAUSE NEUROLOGICAL DYSFUNCTION
- 3) Add 46922 (Simple removal of growth of anus) to line 166 ANAL, RECTAL AND COLONIC POLYPS
- 4) Add M53.3 (Sacrococcygeal disorders, not elsewhere classified) to line 395 SEVERE SACROILIITIS
- 5) Remove the following HCPCS codes from ANCILLARY PROCEDURES file and add to line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
 - a. A4238 Supply allowance for adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories necessary for use of the device (i.e., sensors, transmitter); 1 month supply = 1 unit of service
 - b. E2102 Adjunctive, non-implanted continuous glucose monitor or receiver; May be covered once every 3 years

Note: this change was not implemented after staff identified that it would have the unintended effect of excluding coverage for adjunctive continuous glucose monitors covered for persons with type 1 diabetes who need them for use in conjunction with insulin pumps.

- 6) Modify Guideline Note 3 as shown in Appendix A
- 7) Modify Guideline Note 106 as shown in Appendix A

MOTION: To approve the recommendations as presented in the consent agenda. CARRIES 8-0.

Oral Health Advisory Panel report

Discussion: Smits presented the meeting materials. The recommended placements for the 2024 CDT codes were approved with minimal discussion.

HERC staff information on listening session discussion and ombuds office concerns regarding dental crowns, dentures and dental implants were reviewed. VBBS members did not have further input or concerns.

The recommended changes to guideline note 48 were approved with minimal discussion.

Recommended Actions:

- 1) Place the 2024 CDT codes as shown in Appendix C
- 2) Advise HSD to place CDT D0470 (Diagnostic casts) to the Diagnostic Procedure File and remove from the Excluded file
- 3) Delete CDT D0801-D0802 (3d dental surface scan) from line 256 DEFORMITIES OF HEAD AND HANDICAPPING MALOCCLUSION and advise HSD to place on the Diagnostic Procedures File
- 4) Place the following HCPCS codes to line 202 SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER
 - a. K1027 (Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment)
 - b. E0486 (Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment)
- 5) Modify Guideline Note 48 as shown in Appendix A

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Behavioral Health Advisory Panel report

Discussion: There was no discussion of the straightforward BHAP code change. There was also minimal discussion regarding the 2024 HCPCS codes related to behavioral health. VBBS members discussed that in addition to adding ICD-10-CM Z65.9 to line 445 that ICD-10-CM code Z65.8 (Other specified problems related to psychosocial circumstances) should also be added to this line.

Smits reviewed the summary document regarding recommended changes to the transcranial magnetic stimulation (TMS) guideline. The group discussed that they did not support continuing to include a requirement for psychotherapy. The studies on TMS did not require a trial of psychotherapy prior to TMS, no other payer requires this, and there were concerns about access to psychotherapy, particularly at the required intensity (once a week for 6 weeks). VBBS members changed the guideline recommendations to require only trial and lack of response to two separate psychoactive medication trials.

Recommended Actions:

- 1) Add CPT 90853 Group psychotherapy (other than of a multiple-family group) to line 193 AUTISM SPECTRUM DISORDERS
- 2) Add HCPCS H2040 (Coordinated specialty care, team-based, for first episode psychosis, per month) and H2041 (Coordinated specialty care, team-based, for first episode psychosis, per encounter) to the following lines:
 - a. 7 MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE

- b. 22 SCHIZOPHRENIC DISORDERS
 - c. 26 BIPOLAR DISORDERS
 - d. 277 OTHER PSYCHOTIC DISORDERS
 - e. 411 OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED
- 3) Add ICD-10-CM Z65.8 (Other specified problems related to psychosocial circumstances) and Z65.9 (Problem related to unspecified psychosocial circumstances) to line 445 ADJUSTMENT DISORDERS
 - 4) Modify Guideline Note 102 as shown in Appendix A

MOTION: To approve the recommendations as modified. CARRIES 7-0 (Schabel absent).

Genetic Advisory Panel report

Discussion: Smits reviewed the meeting materials. The friendly staff amendment to the Diagnostic Guideline D25 note (grammar-related) was approved with no discussion.

There was discussion regarding the topic of genetic testing for developmental disabilities and intellectual disabilities. VBBS members felt that the changes to the non-prenatal genetic guideline that GAP did not recommend were actually very helpful changes for CCO reviewers. The changes presented to GAP were therefore approved by VBBS. The continued non-coverage of fragile X panel testing was approved without discussion.

Regarding the 2024 CPT codes related to genetic testing, there was discussion about how next generation sequencing was an umbrella topic. The individual tests represented by CPT or PLA codes were not reviewed, unlike the usual HERC standard for code approval. Individualized code review is not within the ability of current HERC staff, and this field is rapidly advancing.

Recommended Actions:

- 1) Modify Diagnostic Guideline D25 as shown in Appendix A
- 2) Modify Diagnostic Guideline D1 as shown in Appendix A
- 3) Modify Guideline Note 173 regarding fragile X panel testing as shown in Appendix A
- 4) Place the following CPT codes on the Diagnostic Procedures File subject to the new next generation sequencing of cancer guideline
 - a. 81547 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability
 - b. 81548 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability
 - c. 81549 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy

- number variants, microsatellite instability, tumor mutation burden, and rearrangements
- d. 81462 Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements
 - e. 81463 Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability
 - f. 81464 Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and re
- 5) Place the following PLA codes on the Diagnostic Procedures File—NOTE: this recommendation was NOT approved by HERC at their 11/9/23 meeting
 - a. 0379U Solid Tumor Expanded Panel, Quest Diagnostics®
 - b. 0388U InVisionFirst®-Lung Liquid Biopsy
 - c. 0391U Strata Select™
 - d. 0409U LiquidHALLMARK®
 - e. 0413U DH Optical Genome Mapping/Digital Karyotyping Assay
 - 6) Modify the new guideline regarding next generation sequencing of malignancies as shown in Appendix B
 - 7) There was minimal discussion of the American College of Medical Genetics (ACMG) guideline reference update topic.

MOTION: To approve the recommendations as modified. CARRIES 8-0.

OncoExTra

Discussion: Smits reviewed the summary document. The recommendation was to place PLA 0392U on the Diagnostic File with modifications to the next generation sequencing of cancer tissue guideline.

Recommended Actions:

NOTE: these changes were not approved at the 11/9/23 HERC meeting

- 1) Place PLA 0329U (Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations) on the Diagnostic Procedures File
- 2) Modify the new guideline on cancer genetic sequencing panels as shown in Appendix B

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Computer Assisted Navigational Bronchoscopy

Discussion: Smits presented the meeting summary. There was minimal discussion.

Recommended Actions:

- 1) Remove CPT 31627 from line 662 and modify GN173 as shown in Appendix A
 - a. Advise HSD to add CPT 31627 (Computer assisted bronchoscopy) to the Diagnostic Procedure File
- 2) Add a new diagnostic guideline as shown in Appendix B

MOTION: To approve the recommendations as presented. CARRIES 8-0

2024 CPT/PLA/HCPCS code review

Discussion: Smits reviewed the summary documents. There was no significant discussion on any staff-recommended code placements other than the following:

- 1) 33276-33287 (phrenic nerve stimulation): VBBS added a definition for high spinal cord injury (C3 or above) to the proposed new guideline note. They also removed “alveolar” from the central alveolar hypoventilation disorder entry in that guideline as not the correct name of the condition.
- 2) 92972 (coronary artery lithotripsy): David Saenger recommended coverage of this technology. He said it is not used frequently, but can be useful in patients with severe artery stenosis. As this technology is used for patients with high risk coronary arteries, it is not surprising that the outcomes of the procedure are not as good for ordinary coronary artery stenting. Dr. Saenger noted that some private insurers are covering. This technology has minimal risk of being abused as it makes the procedure significantly longer. As part of this discussion, it was noted that some interventions currently on the coronary artery disease line, like brachytherapy, as no longer used. HERC staff was directed to look at coronary artery lithotripsy more closely, as well as do a broader review of current coverage of interventional cardiology procedures. HERC staff were also directed to look for the current coding of this procedure (possibly a temporary CPT code) and query for utilization. The placement of this code was tabled until a future meeting.
- 3) 81517 (enhanced liver fibrosis test): option 1 was recommended. HERC staff were directed to look up the previous code for this test and query utilization.
- 4) 96547-96548 (HIPEC): VBBS determined that there was no need for a new guideline regarding this treatment as it was highly unlikely to be overused.
- 5) 97037 (low level laser therapy): VBBS requested that an additional code for this type of treatment (0552T) be added to all lines with chemotherapy/radiation therapy and to the new guideline adopted for low level laser therapy
- 6) 99459 (Pelvic examination): VBBS members were unclear about how this code would be used as it only related to practice expenses, unlike any other CPT code. The group

decided to recommend this code for the Excluded File until further clarification on utilization was obtained from CMS.

- 7) 0377U (lipoprotein profile): David Saenger felt that certain of the lipoprotein tests were evidence based and in common use and asked staff to review this and several related tests at a future meeting..
- 8) The January 2024 HCPCS code placement review was a handout. There was no discussion. Please see Appendix E.

Recommended Actions:

- 1) The 2024 CPT codes were placed as shown in Appendix D
- 2) Guideline Note 173 was modified as shown in Appendix A
- 3) Add a new guideline for phrenic nerve stimulation as shown in Appendix B
- 4) Add the following HCPCS codes to line 71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
 1. C1778 Lead, neurostimulator (implantable)
 2. C1816 Receiver and/or transmitter, neurostimulator (implantable)
 3. L8680 Implantable neurostimulator electrode, each
 4. L8682 Implantable neurostimulator radiofrequency receiver
 5. L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
- 5) A new guideline was added for suprachoroidal injections
- 6) Modify Guideline Note 76 as shown in Appendix A
- 7) Remove HCPCS S8948 (Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes) and CPT 0552T (Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional) from line 662 and place on all lines with chemotherapy, radiation therapy or stem cell transplant
- 8) Adopt a new guideline regarding low level laser therapy as shown in Appendix B
- 9) Modify DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE as shown in Appendix A
- 10) Place CPT 0243U (Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia) on line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
- 11) Place 0173U, 0175U, and 0345U on Line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS

MOTION: To approve the recommendations as modified. CARRIES 8-0.

Breast Reduction for Macromastia

Discussion: There was minimal discussion on this topic.

Recommended Actions:

- 1) Add ICD-10-CM N62 (Hypertrophy of breast) and CPT 19318 (Breast reduction) to the following lines:
 - a. 402 CONDITIONS OF THE BACK AND SPINE
 - b. 417 DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 4 THROUGH 6
 - c. 426 SEVERE INFLAMMATORY SKIN DISEASE
- 2) Modify Guideline Note 166 as shown in Appendix A
- 3) Add ICD-10-CM L30.4 (Erythema intertrigo) to line 426 SEVERE INFLAMMATORY SKIN

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Standard of Care for Gender Dysphoria Guideline

Discussion: There was minimal discussion on this topic.

Recommended Actions:

- 1) Modify Guideline Note 127 as shown in Appendix A

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Tobacco Cessation Guidelines

Discussion: Smits reviewed the summary document. The VBBS members generally agreed with the staff recommendations. There was discussion regarding the importance of remaining free from nicotine use for 6 months after spinal fusion surgery. Staff were directed to add wording to this effect to the new Statement of Intent regarding smoking and elective surgery and bring this back to a future meeting.

Recommended Actions:

- 1) Modify Guideline Note 100 as shown in Appendix A
- 2) Modify Guideline Note 112 as shown in Appendix A
- 3) Delete Guideline Note 159 as shown in Appendix A

MOTION: To approve the recommendations as presented. CARRIES 8-0.

PSMA PET for Prostate Cancer

Discussion: There was minimal discussion on this topic.

Recommended Actions:

- 1) Modify Diagnostic Guideline D22 as shown in Appendix A
- 2) Advise HSD to add HCPCS C9156 (Flutufolastat f 18, diagnostic, 1 millicurie) to the Ancillary file

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Cardiac Resynchronization Therapy

Discussion: Smits reviewed the staff summary. David Saenger said that cardiac resynchronization (CRT) can be done together with or separately from implantable defibrillator therapy (ICD). ICD is to prevent sudden death, while resynchronization treats the heart failure. After discussion, the group decided that these services should have separate guidelines. For the ICD guideline, the changes in the meeting materials related to ICDs were retained. The portion of the guideline about CRT alone was approved as well with modifications so that CRT pacemakers would be covered whenever CRT itself is covered.

Recommended Actions:

- 1) Modify Guideline Note 95 as shown in Appendix A
- 2) Adopt a new guideline for cardiac resynchronization therapy as shown in Appendix B

MOTION: To approve the recommendations as modified. CARRIES 8-0.

Nasal Fracture Repair

Discussion: There was minimal discussion at VBBS. Note: HERC approved the staff recommendation but requested that staff bring back a proposal for a new guideline that would limit acute treatment of nasal fractures to the first 14 days after injury.

Recommended Actions:

- 1) Add the following ICD-10-CM codes to line 228 FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES and remove from line 577 DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT
 - a. S02.2XXA Fracture of nasal bones, initial encounter for closed fracture

- b. S02.2XXD Fracture of nasal bones, subsequent encounter for fracture with routine healing
 - c. S02.2XXG Fracture of nasal bones, subsequent encounter for fracture with delayed healing
- 2) Add the following ICD-10-CM codes to line 228 FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES and remove from line 443 MALUNION AND NONUNION OF FRACTURE
 - a. S02.2XXK Fracture of nasal bones, subsequent encounter for fracture with nonunion
- 3) Remove the following CPT codes from line 577 DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT
 - a. 21325 Open treatment of nasal fracture; uncomplicated
 - b. 21330 Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
 - c. 21335 Open treatment of nasal fracture; with concomitant open treatment of fractured septum
- 4) Remove the following CPT codes from line 228 FRACTURE OF FACE BONES; INJURY TO OPTIC AND OTHER CRANIAL NERVES
 - a. 30420 Rhinoplasty, primary; including major septal repair
 - b. 30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
- 5) Modify Guideline Note 118 as shown in Appendix A
 - a. Add line 202 SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER
- 6) Modify Guideline Note 216 as shown in Appendix A
 - a. Remove line 202 SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER and line 246 LIFE-THREATENING EPISTAXIS from this guideline as it does not apply to diagnoses on these lines
 - b. Add line 577 to the guideline

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Hepatic Metastases

Discussion: Tabled until January 2024

Foot and Nail Care

Discussion: There was minimal discussion on this topic.

Recommended Actions:

- 1) Add ICD-10-CM B35. 1 (Tinea unguium), L60.2 (Onychogryphosis), and L60.3 (Nail dystrophy) to line 165 PREVENTIVE FOOT CARE IN HIGH-RISK PATIENTS
- 2) Add CPT 11755 (Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)) to line 165
- 3) Add HCPCS G0127 (Trimming of dystrophic nails, any number) to line 165
- 4) Adopt a new guideline regarding testing and treatment of tinea unguium and dystrophic nails as shown in Appendix B

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Central Auditory Processing Disorder

Discussion: There was minimal discussion on this topic.

Recommended Actions:

- 1) Delete ICD-10-CM H93.25 (Central auditory processing disorder) from line 345 NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC CONDITIONS and add to line 655 NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY
- 2) Modify Guideline Note 173 as shown in Appendix A

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Instrument Based Ocular Screening

Discussion: Smits reviewed the summary and staff recommendations. Cris Pinzon said that that instrument based screening should be covered. She notes that this technology is heavily used by school nurses and community organizations such as the Elks for mass screening. Children really need visual screening, and this is a good population level screening technology. Option 2 in the staff recommendations was unanimously approved.

Recommended Actions:

- 1) Add photoscreening CPT codes to line 3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS and remove from line 502 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS
 - i. CPT 99174 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report
 - ii. CPT 99177 (Instrument based ocular screening (eg, photoscreening, automated-fractions),bilateral; with onsite analysis)
- 2) Remove the entry for photoscreening from GN172 as shown in Appendix A

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Severe Exfoliating Skin Conditions

Discussion: There was minimal discussion on this topic.

Recommended Actions:

- 1) Add the following ICD-10-CM codes to line 426 SEVERE INFLAMMATORY SKIN DISEASE and keep on line 504 ERYTHEMATOUS CONDITIONS

ICD-10 Code	Code Description
L26	Exfoliative dermatitis
L49.7	Exfoliation due to erythematous condition involving 70-79 percent of body surface
L49.8	80-89 percent of BSA
L49.9	90 percent or more of BSA
L53.8	Other specified erythematous conditions
L53.9	Erythematous condition, unspecified
L54	Erythema in diseases classified elsewhere

- 2) Modify GN21 as shown in Appendix A

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Refugee Screening

Discussion: There was minimal discussion on this topic.

Recommended Actions:

- 1) Add ICD-10-CM Z65.5 (Exposure to disaster, war and other hostilities) to line 3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
 - a) Advise HSD to remove ICD-10-CM Z65.5 from the INFORMATIONAL DIAGNOSES file

MOTION: To approve the recommendations as presented. CARRIES 8-0.

Public Comment

No additional public comment was received.

Issues for next meeting

- Hepatic metastases
- Lipoprotein testing
- Coronary artery lithotripsy
- Guideline for acute nasal fracture treatment
- Modifications for the smoking and elective surgery statement of intent recommending smoking cessation after surgery

Next meeting

January 18, 2024, Online and at Clackamas Community College Training Center, Wilsonville, OR

Adjournment

The meeting adjourned at 1:00 PM.

Appendix A

Revised Guideline Notes

DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE

- A) Genetic tests are covered as diagnostic, unless they are listed below in section E1 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 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, 81229 and 81349, Cytogenomic constitutional microarray analysis: 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.
 - 2) 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.
 - 3) [Additional testing that might be appropriate based on physical exam findings include Rett syndrome testing \(CPT 81302-81304\) and PTEN testing \(CPT 81321-81323\). Whole exome sequencing \(81415-81416\) may be considered when all of the testing above is non-diagnostic and after a genetic counseling/geneticist consultation.](#)
 - 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.
- E) Related to preconception testing/carrier screening:
- 1) The following tests are covered for a pregnant patient or patient contemplating pregnancy as well as the male

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reproductive partner:

- a) Screening for genetic carrier status with the minimum testing recommended by the American College of Obstetrics and Gynecology:
 - i) Screening for cystic fibrosis carrier status (CPT 81220-81224)
 - ii) Screening for fragile X status (CPT 81243, 81244, 81171, 81172)
 - iii) Screening for spinal muscular atrophy (CPT 81329)
 - iv) Screening 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.
 - v) Screening for hemoglobinopathies (CPT 83020, 83021)
 - b) Expanded carrier screening (CPT 81443): A genetic counseling/geneticist consultation must be offered prior to ordering test and after test results are reported. Expanded carrier testing is ONLY covered when all of the following are met:
 - i) the panel includes only genes with a carrier frequency of ≥ 1 in 200 or greater per ACMG Guideline (2021)¹, AND
 - ii) the included genes have well-defined phenotype, AND
 - iii) the included genes result in conditions have a detrimental effect on quality of life OR cause cognitive or physical impairment OR require surgical or medical intervention, AND
 - iv) the included genes result in conditions have an onset early in life, AND
 - v) the included genes result in conditions that must be diagnosable prenatally to inform antenatal interventions and/or changes in delivery management and/or education of parents about special needs after birth.
- F) 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 ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS.
 - 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-~~81224, 81221, 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 Genetics² (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.~~

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- c) CPT 81224, CFTR (cystic fibrosis transmembrane conductance regulator) (e.g. cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g. male infertility): Covered only after genetic counseling.
- d) CPT 81225-81227, 81230-81231, 81418, [0380U](#) (cytochrome P450). Covered only for determining eligibility for medication therapy if required or recommended in the FDA labelling for that medication. These tests have unproven clinical utility for decisions regarding medications when not required in the FDA labeling (e.g. psychiatric, anticoagulant, opioids).
- 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.
- k) CPT 81332, 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.

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- l) CPT 81415-81416, exome testing: A genetic counseling/geneticist consultation is required prior to ordering test
- m) CPT 81430-81431, Hearing loss (e.g., 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) CPT 81440, 81460, 81465, mitochondrial genome testing: A genetic counseling/geneticist or metabolic consultation is required prior to ordering test.
- o) CPT 81425-81427, whole genome sequencing: testing is only covered when
 - i) The testing is for a critically ill infant up to one year of age admitted to an inpatient intensive care unit (NICU/PICU) with a complex illness of unknown etiology; AND
 - ii) Whole genome sequencing is recommended by a medical geneticist or other physician sub-specialist, including but not limited to a neonatologist or pediatric intensivist with expertise in the conditions and/or genetic disorder for which testing is being considered.

~~* American College of Medical Genetics Standards and Guidelines for Clinical Genetics Laboratories- 2008 Edition, Revised 7/2018 and found at <http://www.acmg.net/PDFLibrary/Cystic-Fibrosis-Population-Based-Carrier-Screening-Standards.pdf>.~~

¹[Screening for autosomal recessive and X-linked conditions during pregnancy and preconception: a practice resource of the American College of Medical Genetics and Genomics \(ACMG\) 2021, found at https://www.gimjournal.org/action/showPdf?pii=S1098-3600%2821%2905152-2](https://www.gimjournal.org/action/showPdf?pii=S1098-3600%2821%2905152-2)

²[American College of Medical Genetics Statement: updated recommendations for CFTR carrier screening 2023, found at https://www.gimjournal.org/action/showPdf?pii=S1098-3600%2823%2900880-8](https://www.gimjournal.org/action/showPdf?pii=S1098-3600%2823%2900880-8)

DIAGNOSTIC GUIDELINE D22, PET SCANS

Diagnosis:

PET Scans are covered for diagnosis only when:

- A) The PET scan is for evaluation of either:
 - 1) Solitary pulmonary nodules, small cell lung cancer and non-small cell lung cancer, OR
 - 2) Evaluation of cervical lymph node metastases when CT or MRI do not demonstrate an obvious primary tumor, AND
- B) The PET scan will
 - 1) Avoid an invasive diagnostic procedure, OR
 - 2) Assist in determining the optimal anatomic location to perform an invasive diagnostic procedure.

Initial staging:

PET scans are covered for the initial staging when:

- A) The staging is for one of the following cancers/situations:
 - 1) Cervical cancer only when initial MRI or CT is negative for extra-pelvic metastasis

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- 2) Head and neck cancer when initial MRI or CT is equivocal
- 3) Colon cancer
- 4) Esophageal cancer
- 5) Solitary pulmonary nodule
- 6) Non-small cell lung cancer
- 7) Lymphoma
- 8) Melanoma
- 9) Breast cancer ONLY when metastatic disease is suspected AND standard imaging results are equivocal or suspicious
- 10) Small cell lung cancer
- 11) Neuroendocrine tumors
- 12) Multiple myeloma
- 13) Thyroid cancers
- 14) [PSMA PET for unfavorable intermediate, high-risk, or very-high-risk prostate cancer](#)

AND

- B) Clinical management of the patient will differ depending on the stage of the cancer identified and either:
 - 1) the stage of the cancer remains in doubt after standard diagnostic work up, OR
 - 2) PET replaces one or more conventional imaging studies when they are insufficient for clinical management of the patient.

Monitoring:

For monitoring tumor response during active therapy for purposes of treatment planning, PET is covered for

- A) classic Hodgkin's lymphoma treatment
- B) metastatic breast cancer ONLY when a change in therapy is contemplated AND PET scan was the imaging modality initially used to find the neoplasm being monitored.

Restaging:

Restaging is covered only when:

- A) the cancer has staging covered above, AND
- B) initial therapy has been completed, AND
- C) the PET scan is conducted for
 - 1) detecting residual disease, or
 - 2) detecting suspected recurrence, or
 - 3) determining the extent of a known recurrence

Other indications:

PET scans are covered for preoperative evaluation of the brain in patients who have intractable seizures and are candidates for focal surgery. PET scans are covered for patients being considered for treatment with aducanumab or similar FDA approved medications for treatment of Alzheimer's disease.

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Non-covered conditions/situations:

- A) PET scans are NOT covered to monitor tumor response during the planned course of therapy for any cancer other than classic Hodgkin's lymphoma or the limited indication described above for metastatic breast cancer.
- B) PET scans are NOT covered for routine follow up of cancer treatment or routine surveillance in asymptomatic patients.
- C) PET scans are NOT covered for cardiac evaluation.

DIAGNOSTIC GUIDELINE D25, HEREDITARY CANCER GENETIC TESTING

Related to genetic testing for patients with ~~cancers suspected to be hereditary breast/ovarian and colon/endometrial cancer or other related cancers suspected to be hereditary~~, or patients at increased risk to due to family history (~~for example, CPT 81162-81167, 81201-81203, 81212, 81215-81217, 81288, 81292-81300, 81317-81319, 81321-81323, 81435, 81436~~), services are provided according to the Comprehensive Cancer Network Guidelines: [Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic V2.2024 \(9/27/23\) www.nccn.org](https://www.nccn.org)), including the table "Summary of Genes and/or Syndromes Included/Mentioned in Other NCCN Guidelines," or the [Genetic/Familial High-Risk Assessment: Colorectal V1.2023 \(5/30/2023\) www.nccn.org](https://www.nccn.org)).

- ~~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 compr Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Colorectal V1.2022 (6/8/22) www.nccn.org).~~
- ~~B) 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, Ovarian and Pancreatic V1.2023 (9/7/22) www.nccn.org).~~
- ~~C) 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, Ovarian and Pancreatic V1.2023 (9/7/22) www.nccn.org).~~
- ~~D) 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: Ovarian and Pancreatic V1.2023 (9/7/22) or Genetic/Familial High-Risk Assessment: Colorectal V1.2022 (6/8/22) www.nccn.org).~~

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.

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~~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.~~

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~~ health care professional with experience in cancer genetics should be covered.

1) Post-test genetic counseling should be performed as soon as is practical.

~~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).~~

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

~~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 3, PROPHYLACTIC TREATMENT FOR PREVENTION OF BREAST CANCER IN HIGH-RISK WOMEN

Line 191

Bilateral prophylactic breast removal and/or salpingo-oophorectomy are included on Line 191 for women without a personal history of invasive breast cancer who meet the criteria in the NCCN Clinical Practice Guidelines in Oncology (Genetic/Familial High-Risk Assessment: Breast, Ovarian and Pancreatic [V2.2024 \(9/27/23\)](#) ~~V1.2023 (9/7/22)~~ www.nccn.org). Prior to surgery, women without a personal history of breast cancer must have a genetics consultation as defined in section B of the DIAGNOSTIC GUIDELINE D1, NON-PRENATAL GENETIC TESTING GUIDELINE.

Contralateral prophylactic mastectomy is included on Line 191 for women with a personal history of breast cancer.

Hysterectomy is only included on Line 191 for women with a BRCA1 pathogenic/likely pathogenic variant who undergo the procedure at the time of risk reducing salpingo-oophorectomy.

GUIDELINE NOTE 21, SEVERE INFLAMMATORY SKIN DISEASE

Lines 426,482,504,533,542,555,656

Inflammatory skin conditions included in this guideline are:

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- A) Psoriasis
- B) Atopic dermatitis
- C) Lichen planus
- D) Darier disease
- E) Pityriasis rubra pilaris
- F) Discoid lupus
- G) Vitiligo
- H) Prurigo nodularis

The conditions above are included on Line 426 if severe, defined as having functional impairment as indicated by Dermatology Life Quality Index (DLQI) ≥ 11 or Children's Dermatology Life Quality Index (CDLQI) ≥ 13 (or severe score on other validated tool) AND one or more of the following:

- A) At least 10% of body surface area involved
- B) Hand, foot, face, or mucous membrane involvement.

Otherwise, these conditions above are included on Lines 482, 504, 533, 542, 555 and 656.

For severe psoriasis, treatments included on this line are topical agents, phototherapy, targeted immune modulator medications and other systemic medications.

For severe atopic dermatitis/eczema, treatments included on this line are topical moderate- to high-potency corticosteroids, topical calcineurin inhibitors (for example, tacrolimus), narrowband UVB, and oral immunomodulatory therapy (e.g. cyclosporine, methotrexate, or oral corticosteroids). Targeted immune modulators (for example, dupilumab) are included on this line when:

- A) Prescribed in consultation with a dermatologist or allergist or immunologist, AND
- B) The patient has failed (defined as inadequate efficacy, intolerable side effects, or side effects that pose a health risk) a 4 week trial of a combination of topical moderate to high potency topical steroids and a topical non-steroidal agent OR an oral immunomodulator.

JAK inhibitor (for example, upadacitinib or abrocitinib) therapy is included on this line when other immunomodulatory therapy has failed to adequately control disease (defined as inadequate efficacy, intolerable side effects, or side effects that pose a health risk).

ICD-10-CM Q82.8 (Other specified congenital malformations of skin) is included on Line 426 only for Darier disease.

[ICD-10-CM L26 \(Exfoliative dermatitis\), L49.7-L49.9 \(Exfoliation due to erythematous condition involving 70% to >90% of body surface\), L53.8 \(Other specified erythematous conditions\), L53.9 \(Erythematous condition, unspecified\), and L54 \(Erythema in diseases classified elsewhere\) are included on line 426 only when representing erythroderma or when the exfoliation extends over 75% of body surface area. Otherwise, these diagnoses are included on line 504.](#)

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GUIDELINE NOTE 48, FRENULECTOMY/FRENULOTOMY

Lines 344,661

[Labial](#) frenulectomy/frenulotomy (D7961) is included on this line for [patients under age 21 in](#) the following situations:

- A) When deemed to cause gingival recession
- B) When deemed to cause movement of the gingival margin when frenum is placed under tension.
- C) Maxillary labial frenulectomy not covered until age 12 and above.

Otherwise, D7961 is included on Line 661.

GUIDELINE NOTE 76, DIAGNOSTIC TESTING FOR LIVER FIBROSIS TO GUIDE MANAGEMENT IN CHRONIC LIVER DISEASE

Line 198

The following tests are included on this line because of their ability to effectively distinguish F4 from lower levels of fibrosis:

Non-proprietary blood tests:

- Platelet count
- Hyaluronic acid
- Age-platelet index
- AST-platelet ratio
- FIB-4
- FibroIndex
- Forns index
- GUCI
- Lok index
- [Proprietary blood test:](#)
 - [Enhanced Liver Fibrosis \(ELF™\), for patients with indeterminate or high FIB-4 score when liver elastography is not available.](#)

Imaging tests:

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

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

- Real time tissue elastography
- Proprietary blood tests such as:
 - ~~Enhanced Liver Fibrosis (ELF™)~~
 - Fibrometer™
 - FibroTest®

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- Hepascore®
- FIBROSpect® II

Noninvasive tests for liver fibrosis are only indicated for the initial assessment or when monitoring progression from F3 to F4, no more than annually.

Magnetic resonance elastography is included on this line for patients when ALL of the following apply:

- In whom at least one imaging test (FibroScan, ARFI, and SWE) has resulted in indeterminant results, a second one is similarly indeterminant, contraindicated or unavailable
- The patient is suspected to have aggressive disease/advanced fibrosis (e.g. in NAFLD based on older age, diabetes, obesity, high FIB-4, or APRI)
- Cirrhosis is not identified on routine imaging (ultrasound, CT)
- A liver biopsy would otherwise be indicated, but MRE would be an appropriate alternative.

Repeat MR Elastography is not indicated.

GUIDELINE NOTE 95, IMPLANTABLE CARDIAC DEFIBRILLATORS

Lines 97,98,110,281,285

Implantable cardiac defibrillators are included on these lines for patients with one or more of the following:

- A) Patients with a personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation. Patients must have demonstrated one of the following:
 - 1) Documented episode of cardiac arrest due to ventricular fibrillation (VF), not due to a transient or reversible cause
 - 2) Documented sustained ventricular tachyarrhythmia (VT), either spontaneous or induced by an electrophysiology (EP) study, not associated with an acute myocardial infarction
- B) Patients with a prior myocardial infarction and a measured left ventricular ejection fraction (LVEF) ≤ 0.30 . Patients must not have:
 - 1) New York Heart Association (NYHC) classification IV heart failure; or
 - 2) Cardiogenic shock or symptomatic hypotension while in a stable baseline rhythm; or
 - 3) Had a coronary artery bypass graft (CABG) or percutaneous transluminal coronary intervention (PCI) with angioplasty and/or stenting, within past 3 months; or
 - 4) Had a myocardial infarction in the past 40 days; or
 - 5) Clinical symptoms or findings that would make them a candidate for coronary revascularization
- C) Patients who have severe ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF) $\leq 35\%$. Additionally, patients must not have:

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- 1) Had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months; or
 - 2) Had a myocardial infarction within the past 40 days; or
 - 3) Clinical symptoms and findings that would make them a candidate for coronary revascularization.
- D) Patients who have severe non-ischemic dilated cardiomyopathy but no personal history of sustained ventricular tachyarrhythmia or cardiac arrest due to ventricular fibrillation, and have New York Heart Association (NYHA) Class II or III heart failure, left ventricular ejection fraction (LVEF) $\leq 35\%$, been on optimal medical therapy (OMT) for at least 3 months. Additionally, patients must not have:
- 1) Had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months; or
 - 2) Had a myocardial infarction within the past 40 days; or
 - 3) Clinical symptoms and findings that would make them a candidate for coronary revascularization.
- E) Patients with documented familial, or genetic disorders with a high risk of life-threatening tachyarrhythmias (sustained ventricular tachycardia or ventricular fibrillation), to include, but not limited to, long QT syndrome or hypertrophic cardiomyopathy.
- F) Patients with an existing ICD may receive an ICD replacement if it is required due to the end of battery life, elective replacement indicator (ERI) or device/lead malfunction.

For these patients identified in A-E, a formal shared decision making encounter must occur between the patient and a physician or qualified non-physician practitioner using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

All indications above in A-F must meet the following criteria:

- A) Patients must be clinically stable (e.g., not in shock, from any etiology);
- B) Left ventricular ejection fraction (LVEF) must be measured by echocardiography, radionuclide (nuclear medicine) imaging, or catheter angiography;
- C) Patients must not have [significant contraindications](#):
 - 1) ~~Significant, irreversible brain damage; or~~
 - 2) ~~Any disease, other than cardiac disease (e.g., cancer, renal failure, liver failure) associated with a likelihood of survival less than 1 year; or~~
 - 3) ~~Supraventricular tachycardia such as atrial fibrillation with a poorly controlled ventricular rate.~~

Exceptions to waiting periods for patients that have had a coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) with angioplasty and/or stenting, within the past 3 months, or had a myocardial infarction within the past 40 days:

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- A) Cardiac Pacemakers: Patients who meet all CMS coverage requirements for cardiac pacemakers and who meet the criteria in this [guideline national coverage determination](#) for an ICD may receive the combined device in one procedure at the time the pacemaker is clinically indicated;
- B) Replacement of ICDs: Patients with an existing ICD may receive a ICD replacement if it is required due to the end of battery life, elective replacement indicator (ERI) or device/lead malfunction.

Other Indications:

For patients who are candidates for heart transplantation on the United Network for Organ Sharing (UNOS) transplant list awaiting a donor heart, ~~coverage of ICDs, as with cardiac resynchronization therapy, are only included on these lines~~ as a bridge to transplant to prolong survival until a donor becomes available.

GUIDELINE NOTE 100, SMOKING AND SPINAL FUSION

Lines 47,150,200,254,346,361,401,478,530,559

Non-emergent spinal arthrodesis (CPT 22532-22634) is limited to patients who are non-smoking and abstinent from all nicotine products for 6 ~~months~~ [weeks](#) prior to the planned procedure, as shown by [a negative cotinine urine or serum test levels at least 6 months apart, with the second test within 1 month of the surgery date](#). Patients should be given access to appropriate smoking cessation therapy. Non-emergent spinal arthrodesis is defined as surgery for a patient with a lack of myelopathy or rapidly declining neurological exam.

[note additional changes approved at the 11/9/23 HERC meeting shown in purple]

GUIDELINE NOTE 102, ~~REPETITIVE~~ TRANSCRANIAL MAGNETIC STIMULATION

Line 7

~~Repetitive t~~ranscranial magnetic stimulation (CPT 90867-90869) is included on this line only when ALL of the following criteria are met:

- A) The patient has a confirmed diagnosis of severe major depressive disorder based on standardized rating scales, AND
- B) The patient has treatment resistant depression as evidenced by **BOTH of the following:**
~~O~~ngoing symptoms despite treatment with ~~one~~ [two](#) psychopharmacologic regimens ~~each used for 8 weeks administered at both an adequate dose and adequate duration that are consistent with the FDA label and with a duration that would elicit a favorable response~~ unless not tolerated or contraindicated, AND
- C) The patient does not have psychosis, acute suicidal risk, catatonia, significantly impaired essential function, or other condition for which electroconvulsive therapy (ECT) would be clinically superior to TMS; AND

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- D) The patient has no contraindications to rTMS such as implanted devices in or around the head, increased risk of seizure, etc; AND
- E) The therapy is administered by an FDA approved device in accordance to labeled indications; AND
- F) The patient is 18 years of age or older.

Repetitive transcranial magnetic stimulation is covered for a maximum of 30 sessions (once a day, up to 5 times per week for 6 weeks) for initial treatment, followed by up to 6 taper treatments. Repeat treatment may be covered if the patient responded to the initial treatment (defined as at least 50 percent reduction in depression score on standardized rating scale) and at least 3 months have elapsed since the initial treatment.

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

GUIDELINE NOTE 106, PREVENTIVE SERVICES

Lines 3,622

Included on Line 3 are the following preventive services:

- A) US Preventive Services Task Force (USPSTF) “A” and “B” Recommendations in effect and issued prior to January 1, ~~2023~~ 2022.
 - 1) <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations/>
 - a) Treatment of falls prevention with exercise interventions is included on Line 292.
 - 2) USPSTF “D” recommendations are not included on this line or any other line of the Prioritized List.
- B) American Academy of Pediatrics (AAP) Bright Futures Guidelines:
 - 1) <http://brightfutures.aap.org>. Periodicity schedule available at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
 - a) Bright Futures is the periodicity schedule for screening for EPSDT for the Oregon Health Plan.
 - 2) Screening for lead levels is defined as blood lead level testing and is indicated for Medicaid populations at 12 and 24 months. In addition, blood lead level screening of any child between ages 24 and 72 months with no record of a previous blood lead screening test is indicated.
- C) Health Resources and Services Administration (HRSA) Women’s Preventive Services-Required Health Plan Coverage Guidelines (revised ~~December 2022~~ January 2022). Available at <https://www.hrsa.gov/womens-guidelines> as of ~~July 28, 2022~~ October 30, 2023.
- D) Immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP): <http://www.cdc.gov/vaccines/schedules/hcp/index.html> or approved for the Oregon Immunization Program:
<https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Documents/DMApvactable.pdf>

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- 1) COVID-19 vaccines are intended to be included on this line even if the specific administration code(s) do not yet appear on the line when the vaccine has both 1) FDA approval or FDA emergency use authorization (EUA) and 2) ACIP recommendation.
- 2) Other ACIP recommended vaccines not on the routine vaccine schedule are included on Line 3 when administered according to recommendations specified in the Morbidity and Mortality Weekly Review (MMWR) as required by federal law: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html> (retrieved 8/8/2023).

Colorectal cancer screening is included on Line 3 for average-risk adults aged 45 to 75, using one of the following screening programs:

- A) Colonoscopy every 10 years
- B) Flexible sigmoidoscopy every 5 years
- C) Fecal immunochemical test (FIT) every year
- D) Guaiac-based fecal occult blood test (gFOBT) every year

CT colonography (CPT 74263), FIT-DNA (CPT 81528) and mSEPT9 (HCPCS G0327) are included on Line 502 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS.

Colorectal cancer screening for average-risk adults aged 76 to 85 is covered after informed decision making between patients and clinicians which includes consideration of the patient's overall health, prior screening history, and preferences.

Supervised evidence-based exercise programs for fall prevention for persons aged 65 or older OR younger patients who are at increased risk of falls are included on Line 3 using CPT 98961 or 98962 or HCPCS S9451. HCPCS S9451 is only included on Line 3 for the provision of supervised exercise therapy for fall prevention. Programs should be culturally tailored/culturally appropriate when feasible.

Note: CPT 96110 (Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument) can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes.

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

GUIDELINE NOTE 112, LUNG VOLUME REDUCTION SURGERY

Line 283

Lung volume reduction surgery (LVRS, CPT 32491, 32672) is included on Line 283 only for treatment of patients with radiological evidence of severe bilateral upper lobe predominant emphysema (ICD-10-CM J43.9) and all of the following:

- A) BMI ≤ 31.1 kg/m² (men) or ≤ 32.3 kg/m² (women)
- B) Stable with ≤ 20 mg prednisone (or equivalent) dose a day

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- C) Pulmonary function testing showing
 - 1) Forced expiratory volume in one second (FEV 1) \leq 45% predicted and, if age 70 or older, FEV 1 \geq 15% predicted value
 - 2) Total lung capacity (TLC) \geq 100% predicted post-bronchodilator
 - 3) Residual volume (RV) \geq 150% predicted post-bronchodilator
- D) PCO₂, \leq 60 mm Hg (PCO₂, \leq 55 mm Hg if 1-mile above sea level)
- E) PO₂, \geq 45 mm Hg on room air (PO₂, \geq 30 mm Hg if 1-mile above sea level)
- F) Post-rehabilitation 6-min walk of \geq 140 m
- ~~G) Non-smoking and abstinence from all nicotine products for 6 months prior to surgery, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date.~~
- H) Non-smoking for 4 months prior to initial surgical evaluation and throughout the pre-surgical process
 - 1) This must be demonstrated by a negative serum or urine cotinine level (if not using nicotine replacement products), or an arterial carboxyhemoglobin \leq 2.5% if using nicotine replacement) prior to surgical authorization

The procedure must be performed at an approved facility (1) certified by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) under the LVRS Disease Specific Care Certification Program or (2) approved as Medicare lung or heart-lung transplantation hospitals. The patient must have approval for surgery by pulmonary physician, thoracic surgeon, and anesthesiologist post-rehabilitation. The patient must have approval for surgery by cardiologist if any of the following are present: unstable angina; left-ventricular ejection fraction (LVEF) cannot be estimated from the echocardiogram; LVEF $<$ 45%; dobutamine-radionuclide cardiac scan indicates coronary artery disease or ventricular dysfunction; arrhythmia ($>$ 5 premature ventricular contractions per minute; cardiac rhythm other than sinus; premature ventricular contractions on EKG at rest).

GUIDELINE NOTE 118, SEPTOPLASTY

Lines 42,119,202,246,287,312,466,506,525,577

Septoplasty is included on line 312 for gender affirming treatment.

Septoplasty is included on lines 42, 119, 202, 246, 287,466, 506, 525 and 577 when

- A) The septoplasty is done to address symptomatic septal deviation or deformity which
 - 1) Fails to respond to a minimum 6 week trial of conservative management (e.g. nasal corticosteroids, decongestants, antibiotics); AND
 - 2) Results in one or more of the following:
 - a. Persistent or recurrent epistaxis, OR
 - b. Documented recurrent sinusitis felt to be due to a deviated septum and the patient meets criteria for sinus surgery in Guideline Note 35, SINUS SURGERY; OR
 - c. Nasal obstruction with documented absence of other causes of obstruction likely to be responsible for the symptoms (for example, nasal polyps, tumor, etc.) [note: this indication is included only on Line 577; OR
- B) Septoplasty is performed in association with cleft lip or cleft palate repair or repair of other congenital craniofacial anomalies; OR
- C) Septoplasty is performed as part of a surgery for a neoplasm or facial trauma involving the nose.

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Septoplasty is not covered for obstructive sleep apnea.

GUIDELINE NOTE 127 GENDER AFFIRMING TREATMENT

Line 312

Gender-affirming treatments are included on this line according to the provisions of House Bill 2002 (2023), [when provided according to Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, published by the World Professional Association of Transgender Health \(WPATH\)](#), whether or not the code for the service appears on the line. These services are included for gender affirming treatment or for any condition represented on this line. To simplify administration, the line includes a variety of procedures that may be considered medically necessary and prescribed in accordance with the WPATH 8.0 standards of care.

Gender affirming treatments [billed using CPT or HCPCS codes](#) not on this line must also be covered in accordance with the provisions of the bill.

[In addition, the bill prohibits denial or limitation of services determined to be medically necessary by the provider who prescribed the treatment, criteria for medical necessity,](#) prohibits denying or limiting services considered by plans to be ‘cosmetic’ and requires that any denial or limit be reviewed and upheld by a provider with experience prescribing or delivering gender affirming treatment.

~~**GUIDELINE NOTE 159, SMOKING AND SURGICAL TREATMENT OF ERECTILE DYSFUNCTION**~~

~~*Line 523*~~

~~Surgical treatment of erectile dysfunction is only included on this line when patients are non-smoking and abstinent from all nicotine products for 6 months prior to surgery, as shown by negative cotinine levels at least 6 months apart, with the second test within 1 month of the surgery date~~

GUIDELINE NOTE 166, BREAST REDUCTION SURGERY FOR [SYMPTOMATIC](#) MACROMASTIA

Lines 402,417,426,561

~~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.~~

[Breast reduction surgery is included on these lines 402, 417 or 426 only when ALL of the following conditions are met:](#)

- 1) [The patient is aged 15 or older; AND](#)
- 2) [The patient has a diagnosis of macromastia \(size D or higher\); AND](#)

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- 3) At least one of the following criteria (a or b) have been met:
 - a. Back, neck or shoulder pain
 - i. Must be documented to have adverse effects on activities of daily living
 - ii. Must be unresponsive to conservative treatments for three months within a year prior. Conservative treatment must include at least three months of
 1. a documented trial of analgesics, AND
 2. physical therapy or chiropractic/osteopathic manipulation treatment or acupuncture, AND
 3. use of support wear for the breast; OR
 - b. Persistent severe intertrigo in the inframammary fold unresponsive to documented prescribed medication for at least three months within a year prior; AND
- 4) The treating surgeon must document that breast reduction has a high likelihood of improving the symptoms that limit activities of daily living caused by the macromastia; AND
- 5) The expected bilateral reduction volume must be greater than 300 grams (1 cup size) per breast; AND
- 6) Women aged 40 and older are required to have a negative screening mammogram within two years of the planned reduction mammoplasty; AND
- 7) Member should be a non-smoker or should not have smoked within the 6 weeks prior to surgery as documented by the surgeon.

Additional criteria for patients aged 15-17 years:

- 1) The patient must have completed puberty (Tanner stage V)
- 2) The patient must have a one year history of growth stabilization evidenced by a minimum of four visits with documented heights or puberty completion as shown on wrist radiograph read by a radiologist

Otherwise, breast reduction surgery is included on line 561.

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

Line 502

The following interventions are prioritized on Line 502 CONDITIONS FOR WHICH INTERVENTIONS RESULT IN MARGINAL CLINICAL BENEFIT OR LOW COST-EFFECTIVENESS:

Procedure Code	Intervention Description	Rationale	Last Review
99174, 99177	Photoscreening	More costly than equally effective methods of screening	May 2019

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

Line 662

The following Interventions are prioritized on Line 662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
A4238 E2102	Non-therapeutic continuous glucose monitors	Insufficient evidence of effectiveness	November 2023
S8948	Low-level laser therapy and all similar therapies	Insufficient evidence of effectiveness	August 2020
22836-22838	Anterior thoracic vertebral body tethering	Insufficient evidence of effectiveness	November 2023
31242, 31243	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation or cryoablation, posterior nasal nerve	Insufficient evidence of effectiveness	November 2023
31627	Computer-assisted bronchoscopy	Insufficient evidence of effectiveness	March 2021
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis	Insufficient evidence of effectiveness	November 2023
0404T 58580	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency Transcervical ablation of uterine fibroid(s)	Insufficient evidence of effectiveness	August 2021 November 2023
76376-76377 93319, C7557, C9793	3D rendering of imaging studies	No additional proven benefit beyond the standard study, therefore not reimbursed separately	November 2021
81470, 81471	X-linked intellectual disability (XLID) genomic sequence panels	Insufficient evidence of effectiveness	November, 2014 November 2023

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Procedure Code	Intervention Description	Rationale	Last Review
83700-83704, 0377U	Lipoprotein, blood	Insufficient evidence of effectiveness	October 2006
92620-92621	Evaluation of central auditory function	Insufficient evidence of effectiveness	January 2005 November 2023
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Insufficient evidence of effectiveness	November 2023
0173U , 0175U , 0345U , 0392U , 0411U , 0419U	Pharmacogenetics testing for management of psychiatric medications	Insufficient evidence of effectiveness	November 2023
0390U , 0243U	Maternal serum biomarker tests with or without additional algorithmic analysis for prediction of preeclampsia	Insufficient evidence of effectiveness	November 2023

GUIDELINE NOTE 216, RHINOPLASTY

Lines 42,119,~~202,246~~,287,312,466,506,525,[577](#)

Rhinoplasty is included on line 312 for gender affirming treatment.

Rhinoplasty is included on lines ~~42, 119, 202, 246, 287, 466, 506 and 525~~ [42 and 119](#), when A) it is performed to correct a nasal deformity secondary to congenital cleft lip and/or palate or other severe congenital craniofacial anomaly. ~~;~~ ~~OR~~

B) Rhinoplasty is included on lines 228, 287, 506, 525 and 577 when It is performed as part of reconstruction after accidental or surgical trauma or disease (e.g., ~~for example~~ Wegener's granulomatosis, ~~choanal atresia~~, nasal malignancy, abscess, septal infection with saddle deformity, ~~or congenital deformity~~) AND

- 1) There is prolonged, persistent obstructed nasal breathing unresponsive to a six week trial of conservative management (e.g. nasal corticosteroids, decongestants, antibiotics); AND
- 2) Airway obstruction will not respond to septoplasty and turbinectomy alone; AND
- 3) Photographs demonstrate an external nasal deformity; AND

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- 4) There is significant obstruction of one or both nares, documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality. ~~OR~~

C) [Rhinoplasty is included on line 466 when t](#)here is nasal airway obstruction causing chronic rhinosinusitis when all of the following are met:

- 1) The criteria for sinus surgery are met in Guideline Note 35, SINUS SURGERY; AND
- 2) Airway obstruction will not respond to septoplasty and turbinectomy alone; AND
- 3) Photographs demonstrate an external nasal deformity; AND
- 4) There is significant obstruction of one or both nares), documented by nasal endoscopy, computed tomography (CT) scan or other appropriate imaging modality

DRAFT

Appendix B NEW GUIDELINE NOTES

Note: wording shown in purple below was not approved by HERC at their 11/9/23 meeting
DIAGNOSTIC GUIDELINE DX, NEXT GENERATION SEQUENCING OF MALIGNANCIES

Next Generation Sequencing (NGS, for example CPT 81479, 81455, 0037U) is covered when all of the following requirements are met:

- 1) The patient has
 - a. ~~Either recurrent, relapsed, refractory, metastatic, or advanced stage III or IV cancer~~ a tissue diagnosis confirming cancer and has been evaluated by an oncologist or oncologic surgeon; AND
 - b. Has not been previously tested using the same NGS test for the same primary diagnosis of cancer, unless the criteria in 4) below are met; AND
 - c. Decided to seek further cancer treatment (for example, therapeutic chemotherapy) and has adequate performance status (ECOG 0-2) to undergo such treatment; AND
- 2) The diagnostic laboratory test using NGS must have:
 - a. Clinical Laboratory Improvement Amendments (CLIA)-certification; AND
 - b. The test is being used as a companion diagnostic test in accordance with Food & Drug Administration (FDA)-approved therapeutic labeling; AND
 - c. Results provided to the treating physician for management of the patient using a report template to specify treatment options; AND
- 3) A single CPT or HCPCS code is covered for each multigene panel performed on tumor tissue. Additional codes for individual genes and for molecular pathology procedures CPT 81400-81408 are excluded from coverage when the multigene panel is covered under the appropriate CPT or HCPCS code.
- 4) Repeat NGS testing may be required in the setting of patients who have clinically progressed per standardized professional guidelines after therapy. Coverage in this situation is limited to 3 times per primary malignancy unless there is indication for additional testing after individualized review of medical necessity.
- 5) Whole exome sequencing of cancer tissue (for example, 0329U or 0211U) is covered ONLY when all of the following criteria are met:
 - a. The patient has advanced or metastatic cancer; AND
 - b. The test is used to assess tumor mutation burden and identify candidates for checkpoint inhibition immunotherapy; AND
 - c. The patient has progressed following prior treatment; AND
 - d. There are no satisfactory alternative treatment options.

DIAGNOSTIC GUIDELINE DX COMPUTER ASSISTED NAVIGATIONAL BRONCHOSCOPY

Computer assisted navigational bronchoscopy (CPT 31627) is covered for EITHER

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- 1) Patients for whom nonsurgical biopsy is indicated when both transthoracic needle biopsy and conventional bronchoscopy are considered inadequate to accomplish the diagnostic or interventional objective; OR
- 2) The pre-treatment placement of fiducial markers within lung tumor(s).

GUIDELINE NOTE XXX PHRENIC NERVE STIMULATION

Line 71

Phrenic nerve stimulation is included on this line when all of the following criteria are met

- 1) The patient has severe, chronic respiratory failure requiring mechanical ventilation due to EITHER
 - a. A stable high spinal cord injury defined as C3 or above; OR
 - b. Central hypoventilation disorder; AND
- 2) The patient has intact and sufficient function in the phrenic nerve, lungs, and diaphragm; AND
- 3) Stimulation of the diaphragm either directly or through the phrenic nerve results in sufficient muscle activity to accommodate independent breathing without the support of a ventilator for at least 4 continuous hours and day.

GUIDELINE NOTE XXX SUPRACHOROIDAL INJECTION

Line 360

Suprachoroidal space injection (CPT 67516) is only included on this line for treatment of macular edema associated with uveitis with triamcinolone acetonide.

GUIDELINE NOTE XXX LOW LEVEL LASER THERAPY

All lines with chemotherapy/radiation therapy/stem cell transplant

Low level laser therapy (HCPCS S8948, CPT 0552T) is included on these lines only for prevention of oral mucositis for members undergoing cancer treatment associated with increased risk of oral mucositis, including chemotherapy, radiotherapy, and/or hematopoietic stem cell transplantation.

GUIDELINE NOTE XXX CARDIAC RESYNCHRONIZATION THERAPY

Lines 97,98,110,281,285

Cardiac resynchronization therapy (CRT) is only covered for patients with NYHA Class II-III and ambulatory IV heart failure with an ejection fraction \leq 35% as well as one of the following:

Appendix B NEW GUIDELINE NOTES

- 1) left bundle branch block (LBBB) and a QRS complex over 120 msec; OR
- 2) QRS complex \geq 150ms

CRT-pacemaker is covered for the patients for whom CRT is covered.

GUIDELINE NOTE XXX HIGH RISK FOOT CARE

Lines 165, 489

Foot care by a medical professional, including pairing and cutting of corns and calluses, debridement of nails, avulsion of nail plates, trimming of dystrophic nails, and biopsy of nails, is included on line 165 only when:

- 1) The patient is at high risk for complications from nail and foot problems due to a systemic condition that has resulted in severe circulatory insufficiency and/or areas of desensitization in the lower extremities; OR
- 2) The patient resides in a skilled nursing facility, rehabilitation facility, group home or similar institutional setting.

Evaluation for and treatment of tinea unguium (ICD-10-CM B35.1) including biopsy of nails, nail paring, and treatment with topical or oral antifungal medications is included on line 165 only when:

- 1) The patient is in one of the two high risk groups identified above; AND
- 2) There is clinical evidence of mycosis of the toenail; AND
- 3) The patient has documented marked limitation of ambulation, pain, and/or secondary bacterial infection resulting from the thickening and dystrophy of the infected toenail plate.

Otherwise, evaluation and treatment of tinea unguium is included on line 489.

Appendix C
2024 CDT Codes

CDT code	Descriptor	Recommended Placement
D0396	3D printing of a 3D dental surface scan to obtain a physical model.	Diagnostic Procedures File
D1301	A review of a patient's vaccine and medical history, and discussion of the vaccine benefits, risks, and consequences of not obtaining the vaccine. Counseling also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine.	3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
D2976	A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and resistance to fracture until a patient is ready for the full cuspal coverage restoration.	343 DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH) Treatment BASIC RESTORATIVE
D2989		343 DENTAL CONDITIONS (E.G., CARIES, FRACTURED TOOTH) Treatment BASIC RESTORATIVE
D2991	Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.	646 DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT Treatment ELECTIVE DENTAL SERVICES
D6089		619 DENTAL CONDITIONS (E.G., MISSING TEETH) Treatment IMPLANTS
D7284		Diagnostic Procedures File
D7939	A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	619 DENTAL CONDITIONS (E.G., MISSING TEETH) Treatment IMPLANTS
D9938		645 DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS Treatment COSMETIC DENTAL SERVICES
D9939		645 DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS Treatment COSMETIC DENTAL SERVICES

Appendix C
2024 CDT Codes

CDT code	Descriptor	Recommended Placement
D9954	Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes.	202 SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER
D9955	Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's response to treatment, integrity of the device, and management of side effects.	202 SLEEP APNEA, NARCOLEPSY AND REM BEHAVIORAL DISORDER
D9956	Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as allowed by applicable laws. Also, to help the dentist in defining the optimal position of the mandible.	Excluded File
D9957	Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-related breathing disorders.	Excluded File

Appendix D
2024 CPT

Code	Description	Code Placement Recommendation
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	183 FRACTURE OF PELVIS, OPEN AND CLOSED 398 SEVERE SACROILIITIS 530 CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES

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Code	Description	Code Placement Recommendation
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS

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Code	Description	Code Placement Recommendation
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	174 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS 249 PARKINSON'S DISEASE
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	174 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS 249 PARKINSON'S DISEASE 285 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	174 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS 249 PARKINSON'S DISEASE 285 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	327 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION 457 URINARY INCONTINENCE 529 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	327 FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION 457 URINARY INCONTINENCE 529 DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	285 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 424 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT

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Code	Description	Code Placement Recommendation
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	360 CHORIORETINAL INFLAMMATION
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care profes	Diagnostic Procedures File
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Diagnostic Procedures File
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Diagnostic Procedures File
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Diagnostic Procedures File
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Diagnostic Procedures File
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Diagnostic Procedures File
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Diagnostic Procedures File
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Diagnostic Procedures File

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Code	Description	Code Placement Recommendation
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	Diagnostic Procedures File
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	Diagnostic Procedures File
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and re	Diagnostic Procedures File
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk	198 CHRONIC HEPATITIS; VIRAL HEPATITIS
82166	Anti-mullerian hormone (AMH)	Diagnostic Procedures File
86041	Acetylcholine receptor (AChR); binding antibody	Diagnostic Procedures File
86042	Acetylcholine receptor (AChR); blocking antibody	Diagnostic Procedures File
86043	Acetylcholine receptor (AChR); modulating antibody	Diagnostic Procedures File
86366	Muscle-specific kinase (MuSK) antibody	Diagnostic Procedures File
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed	Diagnostic Procedures File
87593	Infectious agent detection by nucleic acid (DNA or RNA); Orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	Diagnostic Procedures File
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Added to line 3 at the September 2023 HERC meeting
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Added to line 3 at the September 2023 HERC meeting

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Code	Description	Code Placement Recommendation
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	Excluded File
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	Added to line 3 in August 2022
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use	Added to line 3 in August 2022
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	Added to line 3 at the September 2023 HERC meeting
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	Added to line 3 at the September 2023 HERC meeting
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	311 HEARING LOSS - AGE 5 OR UNDER 446 HEARING LOSS - OVER AGE OF FIVE
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	311 HEARING LOSS - AGE 5 OR UNDER 446 HEARING LOSS - OVER AGE OF FIVE
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	PENDING
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES

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Code	Description	Code Placement Recommendation
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES
93153	Interrogation without programming of implanted phrenic nerve stimulator system	71 NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS; ATTENTION TO OSTOMIES

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Code	Description	Code Placement Recommendation
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart	45 CORONARY ARTERY ANOMALY 67 VENTRICULAR SEPTAL DEFECT 70 CONGENITAL PULMONARY VALVE ANOMALIES 76 PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY 84 ENDOCARDIAL CUSHION DEFECTS 85 CONGENITAL PULMONARY VALVE ATRESIA 88 DISCORDANT CARDIOVASCULAR CONNECTIONS 89 CONGENITAL MITRAL VALVE STENOSIS/INSUFFICIENCY 104 ETALOGY OF FALLOT (TOF); CONGENITAL VENOUS ABNORMALITIES 105 CONGENITAL STENOSIS AND INSUFFICIENCY OF AORTIC VALVE 110 CONGENITAL HEART BLOCK; OTHER OBSTRUCTIVE ANOMALIES OF HEART 118 ATRIAL SEPTAL DEFECT, SECUNDUM 128 COMMON TRUNCUS 130 TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION 134 INTERRUPTED AORTIC ARCH 138 EBSTEIN'S ANOMALY 176 COMMON VENTRICLE 188 CONGENITAL TRICUSPID ATRESIA AND STENOSIS 232 HYPOPLASTIC LEFT HEART SYNDROME 264 CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, MALIGNANT ARRHYTHMIAS, AND COMPLEX CONGENITAL HEART DISEASE 653CARDIOVASCULAR CONDITIONS WITH NO OR
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	45, 67, 70, 76, 84, 85, 88, 89, 104, 105, 110, 118, 128, 130, 134, 138, 176, 188, 232, 264, 653

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Code	Description	Code Placement Recommendation
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	45, 67, 70, 76, 84, 85, 88, 89, 104, 105, 110, 118, 128, 130, 134, 138, 176, 188, 232, 264, 653
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary	45, 67, 70, 76, 84, 85, 88, 89, 104, 105, 110, 118, 128, 130, 134, 138, 176, 188, 232, 264, 653
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary	45, 67, 70, 76, 84, 85, 88, 89, 104, 105, 110, 118, 128, 130, 134, 138, 176, 188, 232, 264, 653
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	157 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS 238 CANCER OF OVARY 261 CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	157 CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS 238 CANCER OF OVARY 261 CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	All lines with chemotherapy, radiation therapy or stem cell transplant
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, probl	any line with CPT codes for PT, OT or speech therapy services

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Code	Description	Code Placement Recommendation
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, probl	any line with CPT codes for PT, OT or speech therapy services
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, p	any line with CPT codes for PT, OT or speech therapy services
99459	Pelvic examination (List separately in addition to code for primary procedure)	Excluded File
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables))	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	DIAGNOSTIC PROCEDURES
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS

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Code	Description	Code Placement Recommendation
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
0396U	Pre-implantation genetic testing	Excluded
0408U	Omnia COVID test	DIAGNOSTIC PROCEDURES

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HCPC	LONG DESCRIPTION	Recommended Placement
C7556	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed	DIAGNOSTIC PROCEDURES
C7557	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
C7558	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	DIAGNOSTIC PROCEDURES

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HCPC	LONG DESCRIPTION	Recommended Placement
C7560	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)	55 COMPLICATED STONES OF THE GALLBLADDER AND BILE DUCTS; CHOLECYSTITIS 190 NEOPLASMS OF ISLETS OF LANGERHANS 195 ACUTE PANCREATITIS 250 CHRONIC PANCREATITIS 285 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 293 ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER 315 CANCER OF LIVER 316 CANCER OF PANCREAS 363 CYST AND PSEUDOCYST OF PANCREAS 435 CANCER OF GALLBLADDER AND OTHER BILIARY 641 GALLSTONES WITHOUT CHOLECYSTITIS

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HCPC	LONG DESCRIPTION	Recommended Placement
C7561	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less with manual preparation and insertion of drug-delivery device(s), deep (e.g., subfascial)	131 CRUSH INJURIES OTHER THAN DIGITS; COMPARTMENT SYNDROME 160 TRAUMATIC AMPUTATION OF ARM(S), HAND(S), THUMB(S), AND FINGER(S) (COMPLETE)(PARTIAL) WITH AND WITHOUT COMPLICATION 205 SUPERFICIAL ABSCESSSES AND CELLULITIS 207 DEEP OPEN WOUND, WITH OR WITHOUT TENDON OR NERVE INVOLVEMENT 235 LIMB THREATENING VASCULAR DISEASE, INFECTIONS, AND VASCULAR COMPLICATIONS 254 CHRONIC OSTEOMYELITIS 276 CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA 285 COMPLICATIONS OF A PROCEDURE ALWAYS REQUIRING TREATMENT 379 CHRONIC ULCER OF SKIN; VARICOSE VEINS WITH MAJOR COMPLICATIONS 424 COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	All lines with psychotherapy
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	662 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of pet and ct imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	All lines with radiation therapy

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HCPC	LONG DESCRIPTION	Recommended Placement
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	262 CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER RESPIRATORY ORGANS
G0011	Individual counseling for pre-exposure prophylaxis (prep) by physician or qualified health care professional (qhp)to prevent human immunodeficiency virus (hiv), includes hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence, 15-30 minutes	3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
G0012	Injection of pre-exposure prophylaxis (prep) drug for hiv prevention, under skin or into muscle	3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
G0013	Individual counseling for pre-exposure prophylaxis (prep) by clinical staff to prevent human immunodeficiency virus (hiv), includes: hiv risk assessment (initial or continued assessment of risk), hiv risk reduction and medication adherence	3 PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	All lines with psychotherapy
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)	All lines with psychotherapy

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HCPC	LONG DESCRIPTION	Recommended Placement
G0019	<p>Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (sdoh) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: person-centered assessment, performed to better understand the individualized context of the intersection between the sdoh need(s) and the problem(s) addressed in the initiating visit. ++ conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal-setting and establishing an action plan. ++ providing tailored support to the patient as needed to accomplish the practitioner's treatment plan. practitioner, home-, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable). ++ communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the sdoh need(s). health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the sdoh need(s), and educating the patient on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related</p>	All lines with E&M codes
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to g0019)	All lines with E&M codes

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HCPC	LONG DESCRIPTION	Recommended Placement
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities: person-centered assessment, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet sdoh needs (that are not separately billed). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care coordination. ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based service providers; and caregiver (if applicable). ++ communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, likely to promote personalized and effective treatment of their condition. health care access / health system navigation. ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them. ++ providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. facilitating and providing social and emotional support to help the patient cope	All lines with E&M codes
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to g0023)	All lines with E&M codes
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes	DIAGNOSTIC PROCEDURES

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HCPCS Codes

HCPC	LONG DESCRIPTION	Recommended Placement
G0137	<p>Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure</p>	4 SUBSTANCE USE DISORDER

Appendix E
HCPCS Codes

HCPC	LONG DESCRIPTION	Recommended Placement
G0140	<p>Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities: person-centered interview, performed to better understand the individual context of the serious, high-risk condition. ++ conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet sdoh needs (that are not billed separately). ++ facilitating patient-driven goal setting and establishing an action plan. ++ providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan. identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. practitioner, home, and community-based care communication. ++ assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors. ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address sdoh need(s). health education. helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and sdoh need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making. building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition. developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals. facilitating and providing social and emotional support to help the patient cope with the condition, sdoh need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals. leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to</p>	All lines with E&M codes
G0146	Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to g0140)	All lines with E&M codes