

BEHAVIORAL HEALTH SERVICES
A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES
JANUARY 1, 2017

- Line: 4**
Condition: SUBSTANCE USE DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.10,F10.20-F10.21,F11.10,F11.20-F11.21,F12.10,F12.20-F12.21,F13.10,F13.20-F13.21,F14.10,F14.20-F14.21,F15.10,F15.20-F15.21,F16.10,F16.20-F16.21,F18.10,F18.20-F18.21,F19.10,F19.20-F19.21,Z71.51
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96155,97810-97814,98966-98969,99051,99060,99201-99239,99324-99357,99366,99408,99409,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004-H0006,H0010-H0016,H0018-H0020,H0032-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502
- Line: 5**
Condition: TOBACCO DEPENDENCE (See Guideline Notes 4,64,65,92)
Treatment: MEDICAL THERAPY/BEHAVIORAL COUNSELING
ICD-10: F17.200-F17.228,F17.290-F17.299,Z71.6
CPT: 96150-96155,97810-97814,98966-98969,99078,99201-99215,99224,99324-99355,99366,99406,99407,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: D1320,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G9016,H0038,S9453
- Line: 7**
Condition: MAJOR DEPRESSION, RECURRENT; MAJOR DEPRESSION, SINGLE EPISODE, SEVERE (See Guideline Notes 64,65,69,102)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.2-F32.5,F32.9,F33.0-F33.3,F33.40-F33.42,F33.9
CPT: 90785,90832-90840,90846-90853,90867,90868,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 26**
Condition: SCHIZOPHRENIC DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F20.0-F20.5,F20.81-F20.9,F25.0-F25.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 29**
Condition: BIPOLAR DISORDERS (See Guideline Notes 64,65,69,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F30.10-F30.9,F31.0,F31.10-F31.9
CPT: 90785,90832-90840,90846-90853,90870,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,S9537,T1005,T1016
- Line: 66**
Condition: SUBSTANCE-INDUCED MOOD, ANXIETY, DELUSIONAL AND OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F10.14,F10.150-F10.180,F10.188,F10.24,F10.250-F10.259,F10.280,F10.288,F10.94,F10.950-F10.959,F10.980,F10.988,F11.14,F11.150-F11.159,F11.188,F11.24,F11.250-F11.259,F11.288,F11.94,F11.950-F11.959,F11.988,F12.150-F12.180,F12.250-F12.280,F12.950-F12.980,F13.14,F13.150-F13.180,F13.188,F13.24,F13.250-F13.259,F13.280,F13.288,F13.94,F13.950-F13.959,F13.980,F13.988,F14.14,F14.150-F14.180,F14.188,F14.24,F14.250-F14.280,F14.288,F14.94,F14.950-F14.980,F14.988,F15.14,F15.150-F15.180,F15.188,F15.24,F15.250-F15.280,F15.288,F15.94,F15.950-F15.980,F15.988,F16.14,F16.150-F16.188,F16.24,F16.250-F16.288,F16.94,F16.950-F16.988,F18.14,F18.150-F18.159,F18.180-F18.188,F18.24,F18.250-F18.259,F18.280-F18.288,F18.94,F18.950-F18.959,F18.980-F18.988,F19.14,F19.150-F19.159,F19.180,F19.188,F19.24,F19.250-F19.259,F19.280,F19.288,F19.94,F19.950-F19.959,F19.980,F19.988
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239,99281-99285,99291,99292,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004-H0006,H0010,H0011,H0013-H0016,H0020,H0032-H0035,H0045,H0048,H2013,T1006,T1007

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- Line: 101**
Condition: BORDERLINE PERSONALITY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F6D.3
CPT: 90785,90832-90840,90846,90847,90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 125**
Condition: ABUSE AND NEGLECT (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: T73.0XXA-T73.0XXD,T73.1XXA-T73.1XXD,T74.01XA-T74.01XD,T74.02XA-T74.02XD,T74.11XA-T74.11XD,T74.12XA-T74.12XD,T74.21XA-T74.21XD,T74.22XA-T74.22XD,T74.31XA-T74.31XD,T74.32XA-T74.32XD,T74.4XXA-T74.4XXD,T74.91XA-T74.91XD,T74.92XA-T74.92XD,T76.01XA-T76.01XD,T76.02XA-T76.02XD,T76.11XA-T76.11XD,T76.12XA-T76.12XD,T76.21XA-T76.21XD,T76.22XA-T76.22XD,T76.31XA-T76.31XD,T76.32XA-T76.32XD,T76.91XA-T76.91XD,T76.92XA-T76.92XD,Z04.41-Z04.42,Z04.71-Z04.72,Z69.010-Z69.020,Z69.11,Z69.81
CPT: 46700,46706,46707,56800,56810,57023,57200,57210,57415,90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99404,99408-99449,99468-99480,99487-99498,99605-99607
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508,G0509,H0038,H2027
- Line: 126**
Condition: ATTENTION DEFICIT/HYPERACTIVITY DISORDERS (See Guideline Notes 20,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F90.0-F90.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016
- Line: 153**
Condition: FEEDING AND EATING DISORDERS OF INFANCY OR CHILDHOOD (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.89,F98.21-F98.3
CPT: 90846,90849,90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- ICD-10 F50.89 is included on Line 153 for avoidant/ restrictive food intake disorder and on Line 386 for psychogenic loss of appetite. ICD-10 F50.89 is included on Line 635 for pica in adults and for all other diagnoses using this code.
- Line: 177**
Condition: POSTTRAUMATIC STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.10-F43.12
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 197**
Condition: AUTISM SPECTRUM DISORDERS (See Guideline Notes 65,75)
Treatment: MEDICAL THERAPY/BEHAVIORAL MODIFICATION INCLUDING APPLIED BEHAVIOR ANALYSIS
ICD-10: F84.0,F84.3-F84.9
CPT: 0359T-0374T,90785,90832-90840,90846-90849,90882,90887,96101,96118,98966-98969,99051,99060,99201-99215,99224-99226,99324-99355,99366,99415,99416,99441-99449,99487-99498
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032,H0034,H0038,H2010,H2014,H2027,H2032,S9484,T1016

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A SUBSET OF THE PRIORITIZED LIST OF HEALTH SERVICES
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Line: 206
Condition: CHRONIC ORGANIC MENTAL DISORDERS INCLUDING DEMENTIAS (See Guideline Notes 6,64,65,86,90,121)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/BEHAVIORAL SUPPORT
ICD-10: E51.2,F01.50-F01.51,F02.80-F02.81,F03.90-F03.91,F04,F06.0-F06.2,F06.30-F06.8,F07.0,F07.81,F10.26-F10.27,F10.96-F10.97,F13.26-F13.27,F13.96-F13.97,F18.17,F18.27,F18.97,F19.16-F19.17,F19.26-F19.27,F19.96-F19.97,G30.0-G30.9,G31.01-G31.2,G31.83
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96118,97161-97168,97532,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: 208
Condition: DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE (See Guideline Notes 64,65,92)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F32.0-F32.1,F32.81-F32.89,F33.8,F34.0,F34.81-F34.89,F39,N94.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97810-97814,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 216
Condition: NON-SUBSTANCE-RELATED ADDICTIVE BEHAVIORAL DISORDERS (See Guideline Notes 64,65) (Note: This line is not priced as part of the list as funding comes from non-OHP sources)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0459,G0463-G0467,G0469,G0470,H0004,H0017,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: 257
Condition: PSYCHOLOGICAL FACTORS AGGRAVATING PHYSICAL CONDITION (EG. ASTHMA, CHRONIC GI CONDITIONS, HYPERTENSION) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F54
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S9484,T1005,T1016

Line: 282
Condition: OTHER PSYCHOTIC DISORDERS (See Guideline Notes 64,65,82)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F22-F24,F28-F29,F53
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 287
Condition: ANOREXIA NERVOSA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.00-F50.02
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

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Line: 295
Condition: ACUTE STRESS DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.0,R45.7
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99224,99231-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0023,H0032-H0038,H0045,H2010,H2012,H2013,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016

Line: 317
Condition: GENDER DYSPHORIA/TRANSEXUALISM (See Guideline Note 127)
Treatment: MEDICAL AND SURGICAL TREATMENT/PSYCHOTHERAPY
ICD-10: F64.0-F64.9,Z87.890
CPT: 14000,14001,15200,15201,17110,17111,17380,19303,19304,19316-19325,19340-19350,53415-53430,54120,54125,54520,54690,55150-55180,55866,55970,55980,56620,56625,56800-56810,57106,57107,57110,57111,57291-57296,57335,57426,58150-58180,58260,58262,58275-58291,58541-58544,58550-58554,58570-58573,58660,58661,58720,58940,90785,90832-90840,90846-90853,90882,90887,96101,97110,97140,97161-97164,97530,98966-98969,99051,99060,99070,99078,99201-99215,99281-99285,99341-99355,99358-99378,99381-99404,99408-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0459,G0463-G0467,G0469,G0470,G0490,H0004,H0023,H0032,H0034,H0035,H2010,H2014,H2027,H2032,H2033,S9484,T1016

Line: 386
Condition: BULIMIA NERVOSA AND UNSPECIFIED EATING DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.2,F50.81-F50.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,97802-97804,98966-98969,99051,99060,99201-99239,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 394
Condition: SEPARATION ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F93.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1005,T1016

Line: 397
Condition: PANIC DISORDER; AGORAPHOBIA (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.00-F40.02,F41.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

Line: 412
Condition: DISSOCIATIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F44.0-F44.2,F44.81-F44.89,F48.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016

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- Line: 417**
Condition: SCHIZOTYPAL PERSONALITY DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F21
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0018,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 419**
Condition: OVERANXIOUS DISORDER; GENERALIZED ANXIETY DISORDER; ANXIETY DISORDER, UNSPECIFIED (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F41.1-F41.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016
- Line: 425**
Condition: OPPOSITIONAL DEFIANT DISORDER (See Guideline Notes 64,65,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.3,F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 437**
Condition: PERSISTENT DEPRESSIVE DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F34.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9480,S9484,T1016
- Line: 442**
Condition: STEREOTYPY/HABIT DISORDER AND SELF-ABUSIVE BEHAVIOR DUE TO NEUROLOGICAL DYSFUNCTION (See Guideline Notes 64,65,126)
Treatment: CONSULTATION/MEDICATION MANAGEMENT/LIMITED BEHAVIORAL MODIFICATION
ICD-10: F98.4
CPT: 0359T-0374T,90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99281-99285,99304-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017,H0019,H0023,H0032-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 449**
Condition: ADJUSTMENT DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F43.20-F43.8,F98.9,Z62.810-Z62.898,Z63.4,Z63.8,Z71.89
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032-H0038,H0045,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9484,T1005,T1016
- Line: 451**
Condition: TOURETTE'S DISORDER AND TIC DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F95.0-F95.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96155,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0038,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S9484,T1016

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Line: 454
Condition: REACTIVE ATTACHMENT DISORDER OF INFANCY OR EARLY CHILDHOOD (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.1-F94.2
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: 462
Condition: SIMPLE PHOBIAS AND SOCIAL ANXIETY DISORDER (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F40.10-F40.11,F40.210-F40.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032-H0038,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016

Line: 466
Condition: OBSESSIVE-COMPULSIVE DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F42.2-F42.9,F45.22,F63.3
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S9480,S9484,T1005,T1016

Line: 474
Condition: ENCOPRESIS NOT DUE TO A PHYSIOLOGICAL CONDITION (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F98.1
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004,H0017-H0019,H0023,H0032-H0038,H0045,H2010,H2012-H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,T1005,T1016

Line: 477
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F94.0
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032-H0038,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016

Line: 483
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65,152)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F91.0-F91.2,F91.8-F91.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2012,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016

Line: 498
Condition: PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F65.0-F65.4,F65.50-F65.9,F66
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032,H0034,H0035,H2010,H2014,H2027,H2032,H2033,S9484,T1016

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Line: 526
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65,159)
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT
ICD-10: F10.181,F10.281,F10.981,F11.181,F11.281,F11.981,F12.188,F12.288,F12.988,F13.181,F13.281,F13.981,
F14.181,F14.281,F14.981,F15.181,F15.281,F15.981,F19.181,F19.281,F19.981,F52.0-F52.1,F52.21-F52.4,F52.6-
F52.9,N52.01-N52.9,N53.11-N53.19,R37
CPT: 54235,54400-54417,90785,90832-90840,90846-90853,90882,90887,93980,93981,98966-98969,99051,99060,
99070,99078,99201-99239,99281-99285,99291-99360,99366,99374,99375,99379-99404,99408-99449,99471-
99476,99487-99498,99605-99607
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0490,G0508,
G0509,H0004,H0023,H0032-H0035,H0038,H2014,H2027,H2032,S9484,T1016

Line: 549
Condition: IMPULSE DISORDERS (See Guideline Notes 58,64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F63.1-F63.2,F63.81-F63.9
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-
99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0017-H0019,H0023,
H0032-H0034,H0036-H0039,H0045,H2010,H2013,H2014,H2021,H2022,H2027,H2032,S5151,S9125,S9484,
T1005,T1016

Line: 554
Condition: SOMATIC SYMPTOMS AND RELATED DISORDERS (See Guideline Notes 64,65)
Treatment: CONSULTATION
ICD-10: F44.0-F44.7,F44.81-F44.9,F45.0-F45.1,F45.20-F45.9,F52.5,F68.10-F68.13
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,96150-96155,98966-98969,99051,99060,99201-99215,
99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0017,H0019,H0023,
H0032-H0039,H2010,H2012-H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016

Line: 576
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE AND SCHIZOTYPAL (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F60.0-F60.2,F60.4-F60.7,F60.81-F60.9,F68.8,F69
CPT: 90846,90849,90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99324-99355,
99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463-G0467,G0469,G0470,H0004,H0023,H0032-H0034,H0036-H0039,
H0045,H2010,H2014,H2021,H2022,H2027,H2032,H2033,S5151,S9484,T1005,T1016

Line: 614
Condition: ABUSE OF NONADDICTIVE SUBSTANCES
Treatment: MEDICAL THERAPY
ICD-10: F55.0-F55.8
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99324-99357,
99366,99408,99409,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463-G0467,G0469,G0470,G0508,G0509,H0004-H0006,
H0015,H0016,H0032-H0035,H0038,H0048,H2010,H2013,H2033,H2035,T1006,T1007,T1502

Line: 635
Condition: PICA (See Coding Specification Below) (See Guideline Notes 64,65)
Treatment: MEDICAL/PSYCHOTHERAPY
ICD-10: F50.89,F98.3
CPT: 90785,90832-90840,90847,98966-98969,99051,99060,99201-99215,99224,99324-99355,99366,99415,99416,
99441-99449,99487-99498,99605-99607
HCPCS: G0406-G0408,G0425-G0427,G0459,G0463-G0467,G0469,G0470

ICD-10 F50.89 is included on Line 153 for avoidant/ restrictive food intake disorder and on Line 386 for psychogenic loss of appetite. ICD-10 F50.89 is included on Line 635 for pica in adults and for all other diagnoses using this code.

Line: 653
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)
Treatment: EVALUATION
ICD-10: F11.90,F12.90,F13.90,F14.90,F15.90,F16.90,F18.90,F19.90,F48.8,F93.8
CPT: 98966-98969,99201-99215,99224,99324-99355,99366,99415,99416,99441-99449,99487-99498,99605-99607
HCPCS: G0425-G0427,G0459,G0463-G0467,G0469,G0470

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GUIDELINE NOTE 4, TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY

Lines 1,5

Pharmacotherapy and behavioral counseling are included on this line, alone or in combination, for at least 2 quit attempts per year. A minimum of four counseling sessions of at least 10 minutes each (group or individual, telephonic or in person) are included for each quit attempt. More intensive interventions and group therapy are likely to be the most effective behavioral interventions. During pregnancy, additional intensive behavioral counseling is strongly encouraged. All tobacco cessation interventions during pregnancy are not subject to limits.

Inclusion on this line follows the minimum standard criteria as defined in the Oregon Public Health Division "Standard Tobacco Cessation Coverage" (based on the Patient Protection and Affordable Care Act), available here: <https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx>. The USPSTF has also made "A" recommendations for screening, counseling, and treatment of pregnant and nonpregnant adults, included in Guideline Note 106.

The development of the pregnancy-related portions of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-reduce-tobacco-use-pregnancy.aspx>

GUIDELINE NOTE 6, REHABILITATIVE AND HABILITATIVE THERAPIES

Lines 34,50,61,72,75,76,78,85,95,96,135,136,140,154,157,164,182,187,188,200,201,205,206,212,259,261,276,290,292,297,305,306,314,322,346,350,353,360,361,364,381,382,392,406,413,421,423,427,428,436,447,459,467,470,471,482,490,501,512,558,561,574,592,611

A total of 30 visits per year of rehabilitative therapy and a total of 30 visits per year of habilitative therapy (physical, occupational and speech therapy) are included on these lines when medically appropriate. Additional visits, not to exceed 30 visits per year of rehabilitative therapy and 30 visits per year of habilitative therapy, may be authorized in cases of a new acute injury, surgery, or other significant change in functional status. Children under age 21 may have additional visits authorized beyond these limits if medically appropriate.

Physical, occupational and speech therapy are only included on these lines when the following criteria are met:

- A) therapy is provided by a licensed physical therapist, occupational therapist, speech language pathologist, physician, or other practitioner licensed to provide the therapy,
- B) there is objective, measurable documentation of clinically significant progress toward the therapy plan of care goals and objectives,
- C) the therapy plan of care requires the skills of a medical provider, and
- D) the client and/or caregiver cannot be taught to carry out the therapy regimen independently.

No limits apply while in a skilled nursing facility for the primary purpose of rehabilitation, an inpatient hospital or an inpatient rehabilitation unit.

Spinal cord injuries, traumatic brain injuries, or cerebral vascular accidents are not subject to the visit limitations during the first year after an acute injury.

GUIDELINE NOTE 20, ATTENTION DEFICIT/HYPERACTIVITY DISORDERS IN CHILDREN

Line 126

Use of ICD-10-CM F90.9, Attention deficit/hyperactivity disorder, unspecified type, in children age 5 and under, is appropriate only when the following apply:

- Child does not meet the full criteria for the full diagnosis because of their age.
- For children age 3 and under, when the child exhibits functional impairment due to hyperactivity that is clearly in excess of the normal activity range for age (confirmed by the evaluating clinician's observation, not only the parent/caregiver report), and when the child is very limited in his/her ability to have the sustained periods of calm, focused activity which would be expected for the child's age.

For children age 5 and under diagnosed with disruptive behavior disorders, including those at risk for ADHD, first line therapy is evidence-based, structured "parent-behavior training. Second line therapy is pharmacotherapy.

For children age 6 and over who are diagnosed with ADHD, pharmacotherapy alone or pharmacotherapy with psychosocial/behavioral treatment are included on this line for first line therapy.

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-treatment-adhd.aspx>

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GUIDELINE NOTE 54, CONDUCT DISORDER

Line 483

Conduct disorder rarely occurs in isolation from other psychiatric diagnosis, the patient should have documented screening for attention deficit/hyperactivity disorder (ADHD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 58, IMPULSE DISORDERS

Line 549

Impulse disorders rarely occur in isolation from other psychiatric diagnosis, thus the Patient should have documented screening for attention deficit/hyperactivity disorder (ADHD); chemical dependency (CD); mood disorders such as anxiety and/or depression; and physical, sexual, and family abuse or other trauma (PTSD).

GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT

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

Pharmacy medication management services must be provided by a pharmacist who has:

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

GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS

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

Telephone and email consultations (CPT 98966-98969) must meet the following criteria:

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

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

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

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

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

GUIDELINE NOTE 69, ELECTROCONVULSIVE THERAPY (ECT)

Lines 7,26,29

Electroconvulsive therapy (ECT; CPT 90870) is included on these lines for the treatment of major depressive disorder, bipolar disorder, schizophrenic disorder, or schizoaffective disorder when one or more of the following conditions are present:

- 1) Acute suicidality with high risk of acting out suicidal thoughts
- 2) Psychotic features
- 3) Rapidly deteriorating physical status due to complications from the depression, such as poor oral intake
- 4) Catatonia
- 5) History of poor response to multiple adequate trials of medications and/or combination treatments, or the patient is unable or unwilling to comply with or tolerate side effects of available medications, or has a co-morbid medical condition that prevents the use of available medications
- 6) History of good response to ECT during an earlier episode of the illness

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GUIDELINE NOTE 69, ELECTROCONVULSIVE THERAPY (ECT) (CONT'D)

- 7) The patient is pregnant and has severe mania or depression, and the risks of providing no treatment outweigh the risks of providing ECT

The frequency and number of treatments need to be determined by the severity of illness and by the relative benefits and risks of ECT treatment. During the course of ECT, it is important to monitor therapeutic responses and adverse effects of treatment. Continuation treatment of patients who have responded to ECT consists of treatment with antidepressant medications and/or a tapering schedule of ECT treatments. Continuation treatment reduces the risk of relapse and should be offered to all patients who respond to ECT. Continuation ECT treatments should be tapered and discontinued as the patient's clinical condition allows. Maintenance treatment with ECT is indicated to prevent recurrence of depression in patients whose remission of symptoms cannot be maintained with pharmacologic antidepressant treatment.

GUIDELINE NOTE 75, APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER

Line 197

Applied behavioral analysis (ABA), including early intensive behavioral intervention (EIBI), represented by CPT codes 0359T-0374T, is included on Line 197 AUTISM SPECTRUM DISORDERS for the treatment of autism spectrum disorders.

ABA services are provided in addition to any rehabilitative services (e.g. physical therapy, occupational therapy, speech therapy) included in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES that are indicated for other acute qualifying conditions.

Individuals ages 1-12

Intensive interventions

Specifically, EIBI (for example, UCLA/Lovaas or Early Start Denver Model), is included on this line.

For a child initiating EIBI therapy, EIBI is included for up to six months. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives (objectives should be achieved as a result of the EIBI, over and beyond gains that would be expected to arise from maturation alone) using a standardized, multimodal assessment, no more frequently than every six months. Examples of such assessments include Vineland, IQ tests (Mullen, WPPSI, WISC-R), language measures, behavior checklists (CBCL, ABC), and autistic symptoms measures (SRS).

The evidence does not lead to a direct determination of optimal intensity. Studies of EIBI ranged from 15-40 hours per week. Through Oregon's Senate Bill 365, other payers are mandated to cover a minimum of 25 hours per week of ABA. There is no evidence that increasing intensity of therapy yields improved outcomes. Studies for these interventions had a duration from less than one year up to 3 years.

Less intensive ABA-based interventions

If EIBI is not indicated, has been completed, or there is not sufficient progress toward multidimensional goals, then less intensive ABA-based interventions (such as parent training, play/interaction based interventions, and joint attention interventions) are included on this line to address core symptoms of autism and/or specific problem areas. Initial coverage is provided for six months. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

Effective interventions from the research literature had lower intensity than EIBI, usually a few hours per week to a maximum of 16 hours per week, divided into daily, twice-daily or weekly sessions, over a period of several months.

Parent/caregiver involvement

Parent/caregiver involvement and training is recommended as a component of treatment.

Individuals ages 13 and older

Intensive ABA is not included on this line.

Targeted ABA-based behavioral interventions to address problem behaviors, are included on this line. The quality of evidence is insufficient to support these interventions in this population. However, due to strong caregiver values and preferences and the potential for avoiding suffering and expense in dealing with unmanageable behaviors, targeted interventions may be reasonable. Behaviors eligible for coverage include those which place the member at risk for harm or create significant daily issues related to care, education, or other important functions. Ongoing coverage is based on demonstrated progress towards meaningful predefined objectives, with demonstration of medical appropriateness and/or emergence of new problem behaviors.

Very low quality evidence is available to illustrate needed intensity and duration of intervention. In the single-subject research design literature, frequency and duration of interventions were highly variable, with session duration ranging from 30 seconds to 3 hours, number of sessions ranging from a total of three to 8 times a day, and duration ranging from 1 to 20 weeks. These interventions were often conducted in inpatient or residential settings and studies often included patients with intellectual disabilities, some of which were not diagnosed with autism.

Parent/caregiver involvement and training is encouraged.

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GUIDELINE NOTE 82, EARLY INTERVENTION FOR PSYCHOSIS

Lines 26,29,282

- A) These lines include "early intervention for psychosis," a multidisciplinary specialty team-based intervention that includes:
- B) Psychiatric medication management
- C) Individual counseling
- D) Family group therapy
- E) Family individual therapy

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

GUIDELINE NOTE 86, ORGANIC MENTAL DISORDERS

Line 206

There is limited evidence of the effectiveness of mental health treatment of organic mental disorders. However, case management is can be critical. Effective treatments may be available for co-morbid conditions such as mood disorders. When treating co-morbid conditions associated with organic mental disorder, those conditions should be the primary diagnosis for billing purposes. The treatment of co-morbid mental health conditions should be consistent with the treatment methods, frequency, and duration normally applied to those diagnoses. Treatment of neurologic dysfunctions that may be seen in individuals with organic mental disorder are prioritized according to the four dysfunction lines found on the Prioritized List (Lines 75, 297, 350 and 382).

GUIDELINE NOTE 90, COGNITIVE REHABILITATION

Lines 96,182,200,206,290,322,350,382

Once physical stabilization from acute brain injury has occurred, as determined by an attending physician, cognitive rehabilitation (CPT 97532) is included on this line for a three month period. This three month period does not have to be initiated immediately following stabilization from the injury. For up to 3 years following the acute event, an additional 6 visits of cognitive rehabilitation are included on this line each time the patient has a major change in status resulting in a significantly improved prognosis. Cognitive rehabilitation is not included on this line for those in a vegetative state or for those who are unable or unwilling to participate in therapy.

GUIDELINE NOTE 92, ACUPUNCTURE

Lines 1,5,208,366,407,415,467,543

Inclusion of acupuncture (CPT 97810-97814) on the Prioritized List has the following limitations:

Line 1 PREGNANCY

Acupuncture pairs on Line 1 for the following conditions and codes.

Hyperemesis gravidarum

ICD-10-CM: O21.0, O21.1

Acupuncture pairs with hyperemesis gravidarum when a diagnosis is made by the maternity care provider and referred for acupuncture treatment for up to 12 sessions of acupressure/acupuncture per pregnancy.

Breech presentation

ICD-10-CM: O32.1

Acupuncture (and moxibustion) is paired with breech presentation when a referral with a diagnosis of breech presentation is made by the maternity care provider, the patient is between 33 and 38 weeks gestation, for up to 6 session per pregnancy.

Back and pelvic pain of pregnancy

ICD-10-CM: O99.89

Acupuncture is paired with back and pelvic pain of pregnancy when referred by maternity care provider/primary care provider for up to 12 sessions per pregnancy.

Line 5 TOBACCO DEPENDENCE

Acupuncture is included on this line for a maximum of 12 sessions per quit attempt up to two quit attempts per year; additional sessions may be authorized if medically appropriate.

Line 208 DEPRESSION AND OTHER MOOD DISORDERS, MILD OR MODERATE

Acupuncture is paired with the treatment of post-stroke depression only. Treatments may be billed to a maximum of 30 minutes face-to-face time and limited to 12 total sessions per year, with documentation of meaningful improvement.

Line 366 SCOLIOSIS

Acupuncture is included on this line with visit limitations as in Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE.

Line 407 CONDITIONS OF THE BACK AND SPINE

Acupuncture is included on this line with visit limitations as in Guideline Note 56 NON-INTERVENTIONAL TREATMENTS FOR CONDITIONS OF THE BACK AND SPINE.

Line 415 MIGRAINE HEADACHES

Acupuncture pairs on Line 415 for migraine (ICD-10-CM G43.0, G43.1, G43.5, G43.7, G43.8, G43.9), for up to 12 sessions per year.

Line 467 OSTEOARTHRITIS AND ALLIED DISORDERS

Acupuncture pairs on Line 467 for osteoarthritis of the knee only (ICD-10-CM M17), for up to 12 sessions per year.

***Line 543 TENSION HEADACHES**

Acupuncture is included on Line 543 for treatment of tension headaches (ICD-10-CM G44.2), for up to 12 sessions per year.

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GUIDELINE NOTE 92, ACUPUNCTURE (CONT'D)

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-low-back-non-pharmacologic-intervention.aspx>

*Below the current funding line.

GUIDELINE NOTE 102, REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION

Line 7

Repetitive transcranial magnetic stimulation (CPT 90867-90868) is covered only after failure of at least two antidepressants.

The development of this guideline note was informed by a HERC coverage guidance. See <http://www.oregon.gov/oha/herc/Pages/blog-nonpharmacologic-depression.aspx>

GUIDELINE NOTE 121, CONCUSSION AND POST CONCUSSION SYNDROME

Lines 96,206,615

ICD-10-CM S06.0X0, S06.2X0 and S06.300 are included on Line 96 only for concussions with symptoms that persist for more than 7 days but less than 3 months; otherwise, these diagnoses are included on Line 615. When concussion symptoms last for more than 3 months, the diagnosis of post-concussive syndrome (ICD-10-CM F07.81) should be used, which is included on Line 206.

GUIDELINE NOTE 126, APPLIED BEHAVIOR ANALYSIS INTERVENTIONS FOR SELF-INJURIOUS BEHAVIOR

Line 442

Targeted ABA-based interventions towards self-injurious problem behaviors are included on this line when meeting criteria as defined in Guideline Note 75 APPLIED BEHAVIOR ANALYSIS FOR AUTISM SPECTRUM DISORDER.

GUIDELINE NOTE 127, GENDER DYSPHORIA

Line 317

Hormone treatment with GnRH analogues for delaying the onset of puberty and/or continued pubertal development is included on this line for gender questioning children and adolescents. This therapy should be initiated at the first physical changes of puberty, confirmed by pubertal levels of estradiol or testosterone, but no earlier than Tanner stages 2-3. Prior to initiation of puberty suppression therapy, adolescents must fulfill eligibility and readiness criteria and must have a comprehensive mental health evaluation. Ongoing psychological care is strongly encouraged for continued puberty suppression therapy.

Cross-sex hormone therapy is included on this line for treatment of adolescents and adults with gender dysphoria who meet appropriate eligibility and readiness criteria. To qualify for cross-sex hormone therapy, the patient must:

- A) have persistent, well-documented gender dysphoria
- B) have the capacity to make a fully informed decision and to give consent for treatment
- C) have any significant medical or mental health concerns reasonably well controlled
- D) have a comprehensive mental health evaluation provided in accordance with Version 7 of the World Professional Association for Transgender Health (WPATH) Standards of Care (www.wpath.org).

Sex reassignment surgery is included for patients who are sufficiently physically fit and meet eligibility criteria. To qualify for surgery, the patient must:

- A) have persistent, well documented gender dysphoria
- B) for genital surgeries, have completed twelve months of continuous hormone therapy as appropriate to the member's gender goals unless hormones are not clinically indicated for the individual
- C) have completed twelve months of living in a gender role that is congruent with their gender identity unless a medical and a mental health professional both determine that this requirement is not safe for the patient
- D) have the capacity to make a fully informed decision and to give consent for treatment
- E) have any significant medical or mental health concerns reasonably well controlled
- F) for breast/chest surgeries, have one referral from a mental health professional provided in accordance with version 7 of the WPATH Standards of Care.
- G) For genital surgeries, have two referrals from mental health professionals provided in accordance with version 7 of the WPATH Standards of Care.

Electrolysis (CPT 17380) and laser hair removal (CPT 17110,17111) are only included on this line as part of pre-surgical preparation for chest or genital surgical procedures also included on this line. These procedures are not included on this line for facial or other cosmetic procedures or as pre-surgical preparation for a procedure not included on this line.

Mammoplasty (CPT 19316, 19324-19325, 19340, 19342, 19350) is only included on this line when 12 continuous months of hormonal (estrogen) therapy has failed to result in breast tissue growth of Tanner Stage 5 on the puberty scale OR there is any contraindication to, intolerance of or patient refusal of hormonal therapy.

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GUIDELINE NOTE 127, GENDER DYSPHORIA (CONT'D)

Revisions to surgeries for the treatment of gender dysphoria are only covered in cases where the revision is required to address complications of the surgery (wound dehiscence, fistula, chronic pain directly related to the surgery, etc.). Revisions are not covered solely for cosmetic issues.

Pelvic physical therapy (CPT 97001, 97001, 97110, 97140, and 97530) is included on this line only for pre- and post-operative therapy related to genital surgeries also included on this line and as limited in Guideline Note 6 REHABILITATIVE AND HABILITATIVE THERAPIES.

GUIDELINE NOTE 152, UNSPECIFIED CONDUCT DISORDER

Lines 425, 483

ICD-10-CM F91.9 (Conduct disorder, unspecified) is included on Line 425 only for children ages 5 and younger who cannot be diagnosed with a more specific mental health diagnosis. This diagnosis is included on Line 483 for older children and adolescents.

GUIDELINE NOTE 159, SMOKING AND SURGICAL TREATMENT OF ERECTILE DYSFUNCTION

Line 526

Surgical treatment of erectile dysfunction is only included on this line when patients are non-smoking 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.

1)

MULTISECTOR INTERVENTIONS

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MULTISECTOR INTERVENTIONS: TOBACCO PREVENTION AND CESSATION, INCLUDING DURING PREGNANCY

Benefit coverage for smoking cessation on Line 5 and in Guideline Note 4 TOBACCO DEPENDENCE, INCLUDING DURING PREGNANCY is intended to be offered with minimal barriers, in order to encourage utilization. To further prevent tobacco use and help people quit, additional evidence-based policy and programmatic interventions from a population perspective are available here:

- Oregon Public Health Division's Health Promotion and Chronic Disease Prevention Section: Evidence-Based Strategies for Reducing Tobacco Use A Guide for CCOs
https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/evidence-based_strategies_reduce_tob_use_guide_cco.pdf
- Community Preventive Services Task Force (supported by the CDC) - What Works: Tobacco Use
<http://www.thecommunityguide.org/about/What-Works-Tobacco-factsheet-and-insert.pdf>

The Community Preventive Services Task Force identified the following evidence-based strategies:

TASK FORCE FINDINGS ON TOBACCO USE

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to prevent tobacco use. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings: ● Recommended ◆ Insufficient Evidence ▲ Recommended Against (See reverse for detailed descriptions.)

Intervention	Task Force Finding
Reducing Tobacco Use Initiation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Smoke-free policies	●
Increasing Tobacco Use Cessation	
Increasing the unit price of tobacco products	●
Mass media campaigns when combined with other interventions	●
Mass-reach health communication interventions	●
Mobile phone-based interventions	●
Multicomponent interventions that include client telephone support	●
Smoke-free policies	●
Provider reminders when used alone	●
Provider reminders with provider education	●
Reducing client out-of-pocket costs for cessation therapies	●
Internet-based interventions	◆
Mass media – cessation contests	◆
Mass media – cessation series	◆
Provider assessment and feedback	◆
Provider education when used alone	◆

Intervention	Task Force Finding
Reducing Exposure to Environmental Tobacco Smoke	
Smoke-free policies	●
Community education to reduce exposure in the home	◆
Restricting Minors' Access to Tobacco Products	
Community mobilization with additional interventions	●
Sales laws directed at retailers when used alone	◆
Active enforcement of sales laws directed at retailers when used alone	◆
Community education about youth's access to tobacco products when used alone	◆
Retailer education with reinforcement and information on health consequences when used alone	◆
Retailer education without reinforcement when used alone	◆
Laws directed at minors' purchase, possession, or use of tobacco products when used alone	◆
Decreasing Tobacco Use Among Workers	
Smoke-free policies	●
Incentives and competitions to increase smoking cessation combined with additional interventions	●
Incentives and competitions to increase smoking cessation when used alone	◆

Visit the "Tobacco Use" page of The Community Guide website at www.thecommunityguide.org/tobacco to find summaries of Task Force findings and recommendations on tobacco use. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

To reduce the use of tobacco during pregnancy and improve associated outcomes, the evidence supports the following interventions:

- Financial incentives (incentives contingent upon laboratory tests confirming tobacco abstinence are the most effective)
- Smoke-free legislation
- Tobacco excise taxes