

February 13, 2015

Ms. Vikki Wachino  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
Mailstop: S2-01-16  
7500 Security Boulevard,  
Baltimore, MD 21244-1850

By electronic mail: [Victoria.Wachino1@cms.hhs.gov](mailto:Victoria.Wachino1@cms.hhs.gov)

Dear Ms. Wachino:

In October 2013, CMS approved an amendment to add tribal health programs uncompensated primary care payments to the demonstration. The amendment allows the state to make supplemental payments to Indian Health Service (IHS) and tribal health facilities operating under the Indian Self Determination and Education Assistance Act (ISDEAA) 638 authority: 1) for uncompensated care costs resulting from primary care services on the prioritized list which are no longer funded effective January 1, 2010 for non-pregnant adults enrolled in Medicaid (Oregon Health Plan); and 2) to pay for uncompensated care costs resulting from primary care services on the prioritized list provided to individuals not enrolled in Medicaid, Medicare, CHIP or other coverage who have incomes up to 133 percent of the Federal Poverty Level (FPL).

On December 24, 2013, CMS approved under the State's 1115 Demonstration, the Oregon Health Plan (Numbers 21-W-00013/10 and 11-W-00160/10) a one-year extension of uncompensated care payments to IHS or tribal health facilities operating under the Indian Self Determination and Education Assistance Act (ISDEAA) 638 authority. On December 19, 2014, CMS granted the state an extension of the program through January 31, 2015; and on January 30, 2015, the State was granted an additional extension through March 31, 2015.

The State of Oregon hereby requests that these provisions be extended for the full period of the State's current Demonstration approval through June 30, 2017.

In addition, the State requests that the STCs reflect that OHA is authorized to use appropriate reimbursement rates as established in the state's Medicaid State Plan for supplemental payments made for services covered under the amendment and that the non-federal match required from Tribes will be accomplished through fiscal transfers under the terms of Intergovernmental Agreements with tribes.

Supporting documents are attached including Budget Neutrality, Tribal Consultation, Public Comment and Program Evaluation, and the UCCP List of Health Services  
Based on Oregon's April 1, 2014 Prioritized List.

Thank you again for all of your work and collaboration on these amendments and your consideration of this request.

Sincerely,



Judy Mohr Peterson  
Medicaid Director  
Oregon Health Authority

CC:

Frank Schneider, CMS, Region X  
Lane Terwilliger, JD, CMS, CO  
Eliot Fishman, CMS, CO  
Andrea Casart, CMS, CO  
Vanessa Sammy, CMS, CO,  
Gary Ashby, CMS, Region X  
Lynne Saxton, Director, OHA  
Rhonda Busek, Interim Director, OHA/MAP

# Uncompensated Care Program Extension Request CY 2015 through CY 2017 Budget Neutrality Statement

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## Preliminary Cost Estimates for Proposal

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**Total Potential Budget Impact of Uncompensated Care Amendment  
January 1, 2015 through December 31, 2015** **\$ 18,474,789**

**Total Potential Budget Impact of Uncompensated Care Amendment  
January 1, 2016 through December 31, 2016** **\$ 18,622,587**

**Total Potential Budget Impact of Uncompensated Care Amendment  
January 1, 2017 through December 31, 2017** **\$ 18,771,568**

*utilization and payment estimate worksheet follows*

## Budget Neutrality Statement

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The total computable costs for the waiver amendment will be accounted for on the total computable “with waiver” side of Oregon Health Plan budget neutrality calculations. As a result the Oregon Health Plan demonstration budget neutrality savings will be reduced by the estimated:

\$18.4 million in demonstration year 13 (SFY 2015)

\$18.6 million in demonstration year 14 (SFY 2016)

\$18.7 million in demonstration year 15 (SFY 2017)

Tribe	IHS User Population		Percent of AI/AN Medicaid	Estimated Number of Tribal Medicaid Eligibles	Percent AI/AN Medicaid Adults	Estimated Number of Tribal Medicaid Adults	Percent of AI/AN population under 138% FPL	Estimated Number of Tribal AI/AN Under 138% FPL	Percent of Uninsured AI/AN population under 138% FPL	Estimated Number of Tribal Uninsured AI/AN Eligible for ACA Medicaid Expansion	Estimated Number of ACA Medicaid Expansion Population Services By Tribal Programs					
	Number	%Total									50%	55%	60%	65%	70%	75%
											2014	2015	2016	2107	2018	2019
Burns Paiute Tribe	207	0.8%	25.7%	53	44.0%	23	39.5%	82	36.2%	30	15	16	18	19	21	22
Coos, Siuslaw and Lower Umpqua Tribes	722	2.8%	25.7%	185	44.0%	82	39.5%	285	36.2%	103	52	57	62	67	72	78
Coquille Tribe	1,107	4.4%	25.7%	284	44.0%	125	39.5%	437	36.2%	158	79	87	95	103	111	119
Cow Creek Band of Umpqua	2,448	9.7%	25.7%	628	44.0%	277	39.5%	967	36.2%	350	175	193	210	228	245	263
Grand Ronde Tribes	3,948	15.6%	25.7%	1,014	44.0%	446	39.5%	1,560	36.2%	565	283	311	339	367	396	424
Klamath Tribes	2,950	11.6%	25.7%	757	44.0%	334	39.5%	1,165	36.2%	422	211	232	253	274	296	317
Siletz Tribes	5,275	20.8%	25.7%	1,354	44.0%	596	39.5%	2,084	36.2%	755	377	415	453	491	528	566
Umatilla Tribes	3,052	12.0%	25.7%	784	44.0%	345	39.5%	1,206	36.2%	437	218	240	262	284	306	328
Warm Springs Tribes	5,643	22.3%	25.7%	1,449	44.0%	638	39.5%	2,229	36.2%	808	404	444	485	525	565	606
Total	25,352	100.0%	25.7%	6,508	44.0%	2,867	39.5%	10,015	36.2%	3,629	1,814	1,996	2,177	2,359	2,540	#

#### Calculations for 2014

Tribe	2014 Tribal Medicaid			
	Number	%Total		
Burns Paiute Tribe	90	0.8%	330.00	\$119,171
Coos, Siuslaw and Lower Umpqua Tribes	315	2.8%	661.97	\$833,797
Coquille Tribe	483	4.4%	443.43	\$856,363
Cow Creek Band of Umpqua	1,068	9.7%	471.08	\$2,011,829
Grand Ronde Tribes	1,722	15.6%	347.34	\$2,392,308
Klamath Tribes	1,287	11.6%	500.98	\$2,578,265
Siletz Tribes	2,301	20.8%	410.95	\$3,781,782
Umatilla Tribes	1,331	12.0%	484.37	\$2,578,973
Warm Springs Tribes	2,461	22.3%	330.00	\$3,248,696
<b>Total</b>	<b>11,057</b>			<b>\$18,401,184</b>

High end estimate of non-native population covered

Total Medicaid population served at PT 28 11,610

Total Expenditures for UCCP for 2014 \$18,401,184

Total Expenditures for UCCP for 2013 \$3,090,220

Assumptions:  
Same % of total HNA Adult population per PT 28

x4 encounters (3 dental, 1 optometry) per HNA OHP Adult X Clinic Rate (not just IHS-MOA)

5% HNA x average rate (not including IHS-MOA rate)

Total expenditures

IHS-MOA rate will be increased/backdated to 1/1/14 (and each year)

4 encountersx  
# of ptsxrate =

2014  
Medicaid \$ to THP  
\$19,409,855.96

HNA  
\$18,401,184  
95%

Non HNA  
1,008,672.00  
5%

(MEI estimated at 1.008)

FY14  
\$ 9,200,591.98

FY 15  
9,200,592

FY 16  
9,274,197

FY 17  
9,348,390

9,274,197

9,348,390

9,423,177

18,474,789

18,622,587

18,771,568

\$21,565,008.70

As of 5/1/14 the UCCP Waiver ends 12/31/14, so the total expected expenditure for FY15 = 9,200,592.

# Uncompensated Care Program Extension Request CY 2015 through CY 2017 Tribal Consultation

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The Uncompensated Care Program underwent formal Tribal Consultation in April 2013 before the initial request to CMS for waiver. Since the initial approval, the program has undergone one extension, with minor adjustment of terms, for the period of January 1, 2014 through December 31, 2014.

An expedited Tribal Consultation with written responses requested was undertaken from December 26, 2014 through January 15, 2015 to receive feedback on operational details such as using the IGT methodology and initiation of leveraged provider numbers. This document accompanies this extension request and serves to document the Tribal Consultation undertaken for this extension request.

The responses are attached. OHA received 5 responses from Oregon Tribes and one response from the Northwest Portland Indian Health Board. All responses were positive and encouraged extension. No negative responses were received.



HEALTHCARE PROGRAMS  
Division of Medical Assistance Programs

John A. Kitzhaber, MD, Governor



**Oregon Health Authority**  
*Division of Medical Assistance  
Programs*

500 Summer Street NE  
Salem, OR 97301-1079

**Voice (503) 945-6929**

**FAX (503) 373-7689**

**TTY (503) 378-6791**

December 26, 2014

To: Oregon Tribal Representatives

Subject: Uncompensated Care Program-Expedited Review

This letter is to give you information and an opportunity to

comment on the Uncompensated Care Program (UCCP) that was approved by an amendment to the state's 1115 Demonstration, Waiver Numbers 21-W-00013/10 and 11-W-00160/10, as well as to ask for expedited review. Specifically, this is the state's formal notification of our request to the federal government for extension of the Uncompensated Care Program (UCCP) through June 30, 2017 and to ask for expedited review by the Tribal community of the change.

In requesting from the Centers for Medicare and Medicaid Services (CMS) an extension of the 1115 waiver amendment authorizing payment for Uncompensated Care services, CMS has asked for additional documentation of Tribal Consultation for the extension. To date, we've already requested formal consultation on the waiver through a letter detailing the waiver and the operational aspects dated July 1, 2014 that asked for comments by August 1, 2014, and it has been a topic of consultation and discussion at our Tribal Consultations and SB 770 Health Cluster meetings. Nonetheless, CMS is requiring us to go through this additional consultation on the specific request to extend the waiver the extension of the program through June 30, 2017. For your informational purposes, no comments were received on the Tribal Consultation letter dated July 1.

For your informational purposes, UCCP services to IHS Beneficiaries are reimbursed at the encounter rate at the time of the service. Subsequent to the letter of July 1, 2014, in which various non-federal match payment methods were discussed, we have had specific direction by CMS to use only the Intergovernmental Transfer of Funds (IGT) method for covering the non-federal match when UCCP services are provided to Non-IHS Beneficiaries. Intergovernmental Transfer of Funds (IGT) requires the Tribal Government to transfer the non-federal match, ~37% of the encounter rate, to a State trust account. The State will incorporate those funds into the 100% reimbursement to the Tribal

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**An Equal Opportunity Employer**

Health Program of all UCCP claims involving Non-IHS Beneficiaries. This also entails registering a new leveraged provider number for submission of all uncompensated care claims. Oregon Health Authority MAP staff will assist tribal facilities with the provider number in order to make this process as seamless as possible. Participation in this program by a Tribal Health Program is voluntary, and delivery of services to Non-IHS Beneficiaries is at the discretion of each Tribal Health Program.

Please send written comments on the request to extend this program to June of 2017 by January 16, 2015 to Dennis Eberhardt; Oregon Health Authority; 500 Summer St. NE; Salem, OR 97301-1079; email to [dennis.eberhardt@state.or.us](mailto:dennis.eberhardt@state.or.us); or Fax to the attention of Dennis Eberhardt to 503-373-7689.

Respectfully,

A black rectangular redaction box covering the signature of Judy Mohr Peterson.

Judy Mohr Peterson  
State Medicaid Director



**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

Bums-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Confederated Tribes of Colville  
Confederated Tribes of Tribes of Coos,  
Lower Umpqua, and Siuslaw  
Confederated Tribes of Grand Ronde  
Confederated Tribes of Siletz  
Confederated Tribes of Umatilla  
Confederated Tribes of Warm Springs  
Coquille Tribe  
Cow Creek Tribe  
Cowlitz Tribe  
Hoh Tribe  
Jamestown S'Klallam Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
Lower Elwha Klallam Tribe  
Lummi Tribe  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
NW Band of Shoshone Tribe  
Pon Gamble S'Klallam Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinault Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Upper Skagit Tribe  
Yakama Nation

212 I SW Broadway  
Suite 300  
Portland, OR 97201  
(503) 228-4185  
(503) 228-8182 FAX  
[www.npaihb.org](http://www.npaihb.org)

**SENT VIA EMAIL:** [dennis.eberhardt@state.or.us](mailto:dennis.eberhardt@state.or.us)

January 28, 2015

Judy Mohr-Peterson, Medicaid Director  
Oregon Health Authority  
500 Summer Street, N.E.  
Salem, OR 97301-1079

Dear Ms. Mohr-Peterson,

On behalf of our member Tribes, we are writing to convey our support to extend the Oregon Health Authority's (OHA) Tribal Uncompensated Care (UCC) 1115 Demonstration Waiver. We have discussed this matter with our member Tribes and every tribe supports the continuance of UCC Waiver.

We acknowledge the State's consultative efforts regarding this matter and concur that we have discussed the UCC Waiver with your office on several occasions. In those meetings Oregon Tribes and the Board have explained the importance of continuing this Waiver in order to serve American Indian and Alaska Natives (AI/AN) in the Medicaid program. Tribes and the State recognize if additional services can be provided under the UCC Waiver than higher health care costs can be avoided. This is important for AI/AN who often have a higher incidence of health needs resulting from the effects of health disparities.

Thank you for this opportunity to provide our comments on the UCC Waiver and we recommend and support the State's submission to CMS to extend the UCC Waiver.

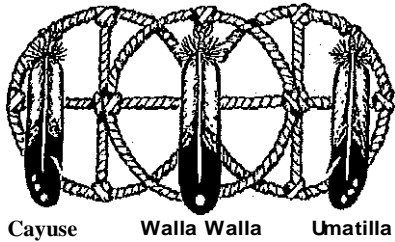
Sincerely,

Joe Finkbonner, MHA, R.Ph.  
Executive Director



# YELLOWHAWK

## TRIBAL HEALTH CENTER



P.O. Box 160  
73265 Confederated Way  
Pendleton, OR 97801  
Phone: (541) 966-9830 Fax: (541) 278-7579  
Website: [www.yellowhawk.org](http://www.yellowhawk.org)

*Sent Via Email: Dennis.Eberlzardt@State.Or.Us*

January 20, 2015

Judy Mohr-Peterson, Medicaid Director  
Oregon Health Authority  
500 Sununer Street, N.E.  
Salem, OR 97301-1079

Dear Ms. Mohr-Peterson,

We are responding to your letter dated December 26, 2014, in which you request our input to continue the Tribal Uncompensated Care (UCC) 1115 Demonstration Waiver. We understand that CMS has requested documentation about the State's consultative efforts regarding the Waiver and concur that we have discussed with your office on several occasions the importance of continuing this Waiver in order to better serve American Indian and Alaska Natives (AI/AN) in the Medicaid program.

We further acknowledge the State has requested formal consultation on the waiver through a letter detailing the waiver and the operational aspects dated July 1, 2014 that asked for comments by August 1, 2014, and has also been a consultative agenda item at our on-going Tribal Consultation meetings, and the SB 770 Health Cluster meetings.

The Tribal UCC Waiver has been beneficial for our Tribes and increased our ability to serve more Medicaid patients. We also believe the benefits of the waiver will be improved as our business office streamlines the administrative and billing requirements of the Waiver. To this end, we concur that the UCC 1115 Waiver should be submitted for CMS approval to extend the Waiver for an additional two years.

Sincerely,

Tim Gilbert  
Chief Executive Officer



**Confederated Tribes of  
Coos, Lower Umpqua & Siuslaw Indians  
Health & Human Services Division  
1245 Fulton Avenue  
Coos Bay, OR 97420  
541-888-9577 1-888-280-0726**

January 16, 2015

Judy Mohr-Peterson, Medicaid Director  
Oregon Health Authority  
500 Summer Street, N.E.  
Salem, OR 97301-1079

Dear Ms. Mohr-Peterson,

We are responding to your letter dated December 26, 2014, in which you request our input to continue the Tribal Uncompensated Care (UCC) 1115 Demonstration Waiver. We understand that CMS has requested documentation about the State's consultative efforts regarding the Waiver and concur that we have discussed with your office on several occasions the importance of continuing this Waiver in order to better serve American Indian and Alaska Natives (AI/AN) in the Medicaid program.

We further acknowledge the State has requested formal consultation on the waiver through a letter detailing the waiver and the operational aspects dated July 1, 2014 that asked for comments by August 1, 2014, and has also been a consultative agenda item at our on-going Tribal Consultation meetings, and the SB 770 Health Cluster meetings.

The Tribal UCC Waiver has been beneficial for our Tribes and increased our ability to serve more Medicaid patients. We also believe the benefits of the waiver will be improved as our business office streamlines the administrative and billing requirements of the Waiver. To this end, we concur that the UCC 1115 Waiver should be submitted for CMS approval to extend the Waiver for an additional two years.

Sincerely,

Vicki Faciane  
Health & Human Services Director  
Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians

**UCCP Waiver****Jeff Lorenz [Jeff.Lorenz@grandronde.org]**

Sent: Thursday, January 15, 2015 2:18 PM

To: Eberhardt Dennis

Dennis,

On behalf of the Confederated Tribes of Grand Ronde Oregon, I want to express our support of the Uncompensated Care Program and the continuation of the waiver. We would request that the waiver be extended for an additional two years.

We know that other tribes in Oregon can benefit from this program. We are currently compiling our data for November and December 2013, but based on the late notice and amount of work involved in compiling the data it, has taken longer than expected.

We see the potential benefit to our Tribe and would like an opportunity to continue to use the UCC program moving forward. Please consider allowing us an appropriate time frame to gather the data going forward and work diligently to have the waiver extended for Grand Ronde and Tribes like us that have people that could benefit from the **UCC** program. Any assistance we can get from this program, now and into the future would be very much appreciated. Thanks for your consideration.

Jeff

Jeffrey D Lorenz  
Executive Director Health Services  
Confederated Tribes of Grand Ronde Oregon  
9605 Grand Ronde Rd  
Grand Ronde, OR 97347  
503-879-2075  
jeff.lorenz@grandronde.org

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**Tribal Uncompensated Care**

Kelle Little [kellelittle@coquilletribe.org]

Sent: Tuesday, January 20, 2015 4:51 PM

To: Eberhardt Dennis

January 20, 2015

Judy Mohr-Peterson, Medicaid Director  
Oregon Health Authority  
500 Summer Street, N.E.  
Salem, OR 97301-1079

Dear Ms. Mohr-Peterson,

We are responding to your letter dated December 26, 2014, in which you request our input to continue the Tribal Uncompensated Care (UCC) 1115 Demonstration Waiver. We understand that CMS has requested documentation about the State's consultative efforts regarding the Waiver and concur that we have discussed with your office on several occasions the importance of continuing this Waiver in order to better serve American Indian and Alaska Natives (AI/AN) in the Medicaid program.

We further acknowledge the State has requested formal consultation on the waiver through a letter detailing the waiver and the operational aspects dated July 1, 2014 that asked for comments by August 1, 2014, and has also been a consultative agenda item at our on-going Tribal Consultation meetings, and the SB 770 Health Cluster meetings.

While the Coquille Indian Tribe is not participating in the Waiver, we recognize that it is extremely beneficial for those Tribes that do. We also want to preserve our ability to participate in the Waiver if things should change for our Tribe and make it beneficial to do so.

To this end, we concur that the UCC 1115 Waiver should be submitted for CMS approval to extend the Waiver for an additional two years.

Sincerely,

Kelle Little  
Health and Human Services Administrator  
Coquille Indian Tribe Community Health Center



**SENT VIA EMAIL:** dennis.eberhardt@state.or.us

January 16, 2015

GOVERNMENT

OFFICES

2 3 7

NE STEPHENS

STREET

SUITE 100

ROSEBURG

OREGON

9 7 4 7 0

(541) 672-9405

FAX NUMBER

(541) 673-0432

Judy Mohr-Peterson, Medicaid Director  
Oregon Health Authority  
500 Summer Street, N.E.  
Salem, OR 97301-1079

Dear Ms. Mohr-Peterson,

The Cow Creek Umpqua Tribe of Indians is grateful for the good work of the State regarding the Tribal Uncompensated Care (UCC) 111S Demonstration Waiver. We understand that CMS has requested documentation about the State's consultative efforts regarding the Waiver. We have met with your department many times regarding this important matter and want to convey to the State the importance of continuing this Waiver in order to better serve American Indian and Alaska Natives (AI/AN) of Oregon in the Medicaid program.

We further acknowledge the State has requested formal consultation on the waiver through a letter detailing the waiver and the operational aspects dated July 1, 2014 that asked for comments by August 1, 2014, and has also been a consultative agenda item at our on-going Tribal Consultation meetings, and the SB 770 Health Cluster meetings.

The Tribal UCC Waiver has been beneficial for our Tribes and increased our ability to serve more Medicaid patients. We also believe the benefits of the waiver will be improved as our business office streamlines the administrative and billing requirements of the Waiver. To this end, the Cow Creek Umpqua Tribe concurs that the UCC 111S Waiver should be submitted for CMS approval to extend the Waiver for an additional two years.

Sincerely,

Sharon Stanphill, DrPH, RD  
Tribal Health Director

The following Public Notice was published for a total of 33 days in the following Oregon newspapers: *Bend Bulletin*, *Corvallis Gazette Times*, *Portland Journal of Commerce*, *Eugene Register Guard*, *Medford Mail Tribune*, *Portland Oregonian*, and *Salem Statesman-Journal*. No comments were received by the State.

REQUEST FOR COMMENTS  
PROPOSAL TO EXTEND THE OREGON HEALTH AUTHORITY'S  
TRIBAL UNCOMPENSATED CARE PROGRAM  
THROUGH JUNE 30, 2017

**COMMENTS DUE:** January 17, 2014

**PROPOSAL:** The Oregon Health Authority (OHA) is proposing to extend the Tribal Uncompensated Care Program through June 30, 2017. The program began in November 2013 and is currently due to expire December 31, 2014.

The Uncompensated Care Program (UCCP) is meant to provide reimbursement to tribal health centers in order for them to broaden the numbers of services that can be reimbursed by Medicaid funds and improve access to health care services for tribal members and their families.

**BACKGROUND:** The Tribal Uncompensated Care Payment Program is intended to financially assist Oregon's Tribal Health Programs in their critical role as essential providers for American Indians/Alaskan Natives who experience disproportionate health disparities. The problem of health disparity in the Tribal population exists due to a mixture of circumstances including historical trauma, disproportionate poverty rates, disproportionate rates of substance abuse and access to culturally competent health care. Federal programs exist that are meant to assure adequate health care for American Indians / Alaskan Natives but do not meet a minimum service level. Other federal programs, such as Medicaid and Medicare, are meant to backfill this shortfall but are an incomplete answer. The Uncompensated Care Program is therefore intended to help to enhance access to health care within tribal populations.

**HOW TO COMMENT:** Send written comments by fax, mail or email to:

Dennis Eberhardt, Tribal Liaison OR Janna Starr, 1115 Demonstration Manager Division of Medical Assistance Programs  
500 Summer Street NE Salem,  
Oregon 97301  
Fax: 503-373-7689  
Email: [dennis.eberhardt@state.or.us](mailto:dennis.eberhardt@state.or.us) OR [janna.starr@state.or.us](mailto:janna.starr@state.or.us)

**NEXT STEPS:** OHA will consider all comments received. A request for an amendment to the state's 1115 Demonstration, the Oregon Health Plan, to extend the Tribal Uncompensated Care Program will be submitted to the Centers for Medicare and Medicaid Services.

# Uncompensated Care Program Extension Request CY 2015 through CY 2017 Evaluation

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## Background

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The Tribal uncompensated care payment program is intended to financially assist Oregon's Tribal Health Programs in their critical role as essential providers for American Indians / Alaskan Natives who experience disproportionate health disparities. These payments are critical to Tribes because IHS funding, which under federal law is the principle source of funding for American Indian / Alaskan Native health care, is only about 55% of the Federal Employees Health Benefits (FEHB) benchmark's estimate of need standard. To address this ongoing funding shortfall, both IHS and CMS have encouraged Tribes to access other federal programs (e.g. Medicare, Medicaid, CHIP and Veteran's Administration) and private insurance to help obtain needed funding to meet the health care needs of their members. Medicaid has now become the second largest funding source for Oregon's Tribal health programs.

In SFY 2013, the Oregon's Tribes provided care to approximately 11,600 Medicaid clients, 11,020 (95%) were American Indian / Alaskan Native clients and 600 (5%) were non-natives. The Medicaid program paid the Tribes \$19.4 million for providing this care - \$18.4 million (95%) for American Indians / Alaskan Natives and \$1 million (5%) for non-natives. Most payments were for medical care (71%), followed by dental care (26%).

The Uncompensated Care Program began in November 2013 and is currently due to expire December 31, 2014.

As indicated in the Medicaid section 1115 demonstration waiver Special Terms and Conditions (STCs), the State of Oregon is required to submit an evaluation of the uncompensated care payments provided to IHS and 638 Tribal facilities. The evaluation must test the following specific hypotheses related to the uncompensated care payments.

- What is the effect on service utilization as a result of the uncompensated care payments broken down by type of service as well as the population served?
- Are the affected facilities able to maintain and/or increase their current staffing levels?

# Problem Statement and Goal of Uncompensated Care Program

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1. The problem of health disparity in the Tribal population exists due to a mixture of circumstances including historical trauma, disproportionate poverty rates, disproportionate rates of substance abuse and access to culturally competent health care.
2. The federal Trust Obligation calls for funding of health care for tribal members but consistently falls short. Federal programs, such as Medicaid and Medicare, are meant to backfill this shortfall but are an incomplete answer since these programs carry their own constraints.
3. The Uncompensated Care Program is intended to broaden the numbers of services which can be reimbursed by Medicaid funds thereby allowing other healthcare funding streams to be used toward the goal of eliminating health disparities in this population.

## Hypotheses

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1. Once fully implemented and operational for greater than 5 years, each participating tribal Health program can demonstrate:
  - a. An increase in percentage of overall budget represented by Medicaid payments, including uncompensated care payments.
  - b. As a result of uncompensated care payments, directly or indirectly, staffing levels at participating Tribal Health Program will be maintained or increased.
  - c. As a result of uncompensated care payments, directly or indirectly, service levels at participating Tribal Health Program will be maintained or increased.
  - d. As a result of uncompensated care payments, directly or indirectly, the diversity of service types at participating Tribal Health Program will be maintained or increased.
  - e. As a result of uncompensated care payments, directly or indirectly, clinic hours at participating Tribal Health Program will be maintained or increased.



# Design

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The Oregon Uncompensated Care Program evaluation design is based upon the participatory process that involves both research (qualitative and quantitative data) and community partners responding to an evaluation survey tool. IHS and 638 tribal health facilities receiving uncompensated care payments are the designated community partners and sample population. To accomplish the CMS evaluation requirement, the State developed an evaluation tool that consisted of the following questions:

- What percentage of your overall budget do Medicaid payments represent?
- Have these supplemental payments allowed you to either maintain or increase your staffing (e.g., were you able to keep podiatrists on staff or increase the number of PCP's or Nurse Practitioners).
- What service reductions were you prepared to make at your facility due to Oregon Health Plan benefit reductions?
- How have these supplemental payments allowed you to either maintain or increase your service levels (e.g., are you able to continue to offer adult dental services or podiatry?).
- Have you been able to maintain or expand your hours of operation at your facility as a result of these supplemental payments? If yes, please explain.

Due to delays in implementation no claims for the period 11/1/13 through 12/31/14 had been processed by OHA. Both Tribal health programs and OHA experienced technology challenges which created the delay. Although the challenges have not been totally resolved, claims are now being received and processed utilizing workarounds on both ends.

Data collection to test each hypothesis and collect the meaningful metrics for program evaluation in accordance with the STCs covered the period of November 1, 2013 through December 31, 2015.

An example of the UCCP Evaluation Questionnaire, deployed online for convenience of Tribal Health programs as well as paper option, follows:

**Q1 – What is the name of your Tribal Health Program?**

**Q2 – What time period does this Questionnaire include?**

**Q3 – For the time period above, what percentage of your overall budget did Oregon Health Plan payments represent?**

- a. Medicaid
- b. SNAP
- c. Uncompensated Care.

**Q4 - For the time period above, what impact have uncompensated care payments had on your Tribal Health Program clinic staffing levels?**

**Q5 - For the time period above, what service reductions were you prepared to make at your Tribal Health Program due to the 2009 Oregon Health Plan reductions?**

**Q6 - For the time period above, what impact have uncompensated care payments had on the types of services offered at your clinic?**

**Q7 - For the time period above, what impact have uncompensated care payments had on your clinic hours of operation?**

## Evaluation Results

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Data collection and evaluation of results is ongoing at the time of this writing. Evaluation results will be available for the 2014 calendar year by March 30, 2015.

## Conclusion

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While the Uncompensated Care Program is not yet fully operationalized within the Oregon Health Plan five clinics are utilizing or plan to utilize the program, one of which provides dental services only. The Evaluation Questionnaire was submitted to eight 638 and two IHS Tribal Health Programs. Although it is too early for analysis of results, anecdotally clinics report that the Uncompensated Care Program have had an overall positive effect on their operations and their patients as a consequence. The participants' overwhelming support through the Tribal Consultation is early evidence of what we expect to bear out in results of the first evaluation period.

## ATTACHMENT

### **LIST OF SERVICES PROPOSAL TO EXTEND THE OREGON HEALTH AUTHORITY'S TRIBAL UNCOMPENSATED CARE PROGRAM THROUGH JUNE 30, 2017**

The Uncompensated Care Program (UCCP) is meant to open reimbursement to tribal health centers in order for them to be reimbursed for procedures and services that would fall below the reimbursement line of the Oregon HERC list. For the initial 15 months of the program (through December 2014), eligible groups include those who are not enrolled in OHP but may be below the 138% FPL and not a tribal member. Usually, the Federal Match (FMAP) to the State for the UCCP services would be 100% except for the above population, that would fall within the regular State FMAP (currently ~64%).

Primary care services include clinic services lines 498-692 on the Prioritized List (Available at this link: <http://www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx>.) Procedure codes and diagnoses still need to “pair”, whether above or below the line.

Diagnostic E&M office visits are always paid - whether above or below the funding line. Additional guidelines may apply.

#### Transportation Note:

Tribal clinics providing transportation to tribal members (adults) - claims will be paid a 100% federal match. Tribal clinics cannot provide transportation to non-tribal members without being an enrolled Transportation Provider .

Transportation will be provided to Medicaid covered Tribal (HNA) individuals to nearest appropriate tribal clinics if the service is not provided at their local tribal clinic (treating clinic agrees to provide services).

*Uninsured do not qualify for transportation to tribal clinics for these services.*

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Funding Level as of January 1, 2012

- Line: 499**  
Condition: KERATOCONJUNCTIVITIS AND CORNEAL NEOVASCULARIZATION (See Guideline Notes 64,65,76)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 370.20-370.54,370.59-370.9,371. 3-371.44,371.48  
CPT: 67515,67880,67882,68200,68760,68761,68801-68840,92002-92060,92067-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487 99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425 0427,G0463
- Line: 500**  
Condition: SELECTIVE MUTISM (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 313.23  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99221-9924-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032,H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016
- Line: 501**  
Condition: THROMBOSED AND COMPLICATED HEMORRHOIDS (See Guideline Notes 64,65,76)  
Treatment: HEMORRHOIDECTOMY, INCISION  
ICD-9: 455.1-455.2,455.4-455.5,455.7-455.8  
CPT: 44391,45317,45320,45334,45335,45339,45381,45382,46083,46220,46221,46250-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 502**  
Condition: CHRONIC OTITIS MEDIA (See Guideline Notes 51,64,65,76)  
Treatment: PE TUBES/ADENOIDECTOMY/TYMPANOPLASTY, MEDICAL THERAPY  
ICD-9: 380.50-380.53,381.10-381.89,382.1-382.3,382.9,383.1,383.20-383.31,383.9,384.20-384.9  
CPT: 42830-42836,69210-69222,69310,69400-69511,69601-69650,69700,69801,69905,69910,69979,92562-92565,92571-92577,92590,92591,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 503**  
Condition: RECTAL PROLAPSE (See Guideline Notes 64,65,76)  
Treatment: SURGICAL TREATMENT  
ICD-9: 569.1-569.2,569.89  
CPT: 44139-44144,44204-44208,44213,44701,45130,45135,45303,45400,45402,45505-45541,45900,46500,46604,46700,46705,46750,46751,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

UCCP List of Health Services  
Based on April 1, 2014 Prioritized List

- Line: 504**  
Condition: OTOSCLEROSIS (See Guideline Notes 64,65,76)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 387.0-387.9  
CPT: 69650-69662,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 505**  
Condition: FOREIGN BODY IN EAR AND NOSE (See Guideline Notes 64,65,76)  
Treatment: REMOVAL OF FOREIGN BODY  
ICD-9: 931-932,V90.01-V90.9  
CPT: 30300-30320,69200,69205,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 506**  
Condition: ANAL FISTULA; CHRONIC ANAL FISSURE (See Guideline Notes 52,64,65,76)  
Treatment: SPHINCTEROTOMY, FISSURECTOMY, FISTULECTOMY, MEDICAL THERAPY  
ICD-9: 565.0-565.1  
CPT: 45905,45910,46020,46030,46080,46200,46270-46288,46700,46706,46707,46940,46942,96150-96154,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 507**  
Condition: CLOSED DISLOCATIONS/FRACTURES OF NON-CERVICAL VERTEBRAL COLUMN WITHOUT SPINAL CORD INJURY (See Guideline Notes 6,64,65,76,100,109)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 733.13,805.2,805.4,805.6,805.8,809.0,839.42-839.49,905.1,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 20930-20938,22305,22310,22325-22328,22520-22819,22840,22855,27216,27218,29035-29046,29700,29710,29720,63001-63011,72291,72292,97001-97004,97012,97013,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 508**  
Condition: CONDUCT DISORDER, AGE 18 OR UNDER (See Guideline Notes 54,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 312.00-312.23,312.4,312.81-312.89  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010-H2012,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 509**  
Condition: BREAST CYSTS AND OTHER DISORDERS OF THE BREAST (See Guideline Notes 64,65,76)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 610.0-610.9,611.2,611.5,611.89  
CPT: 10160,19000,19001,19110-19126,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 510**  
Condition: CERVICITIS, ENDOCERVICITIS, HEMATOMA OF VULVA, AND NONINFLAMMATORY DISORDERS OF THE VAGINA (See Guideline Notes 64,65,76)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 616.0,623.6,623.8-623.9,624.5  
CPT: 56405,56501,56515,57135,57200,57210,57511-57520,57530,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

UCCP List of Health Services  
Based on April 1, 2014 Prioritized List

- Line: 511**  
Condition: CYSTS OF BARTHOLIN'S GLAND AND VULVA (See Guideline Notes 64,65,76)  
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY  
ICD-9: 616.2,616.50-616.9  
CPT: 10060,10061,11004,56440,56501,56515,56740,57135,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 512**  
Condition: LICHEN PLANUS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 697.0-697.9  
CPT: 11900,11901,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 513**  
Condition: RUPTURE OF SYNOVIUM  
Treatment: REMOVAL OF BAKER'S CYST  
ICD-9: 727.51  
CPT: 27345
- Line: 514**  
Condition: ENOPHTHALMOS (See Guideline Notes 64,65)  
Treatment: ORBITAL IMPLANT  
ICD-9: 372.64,376.50-376.52  
CPT: 20902,21076,21077,67550,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D5915,D5928,D5992,D5993,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 515**  
Condition: BELL'S PALSY, EXPOSURE KERATOCOCTAL (See Guideline Notes 64,65)  
Treatment: TARSORRHAPHY  
ICD-9: 351.0-351.9,370.34,374.44-374.45,374.89  
CPT: 15840-15842,64864-64870,67875-67885,67911,67917,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 516**  
Condition: PERIPHERAL ENTHESOPATHIES (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 720.1,726.12,726.30-726.4,726.60-726.91,728.81,V53.02,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 517**  
Condition: DERMATOPHYTOSIS OF NAIL, GROIN, AND FOOT AND OTHER DERMATOMYCOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 110.0-110.9,111.0-111.9  
CPT: 11720-11732,11750,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 518**  
Condition: CONVERSION DISORDER, ADULT (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 300.10-300.11  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0039,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S9484,T1016

UCCP List of Health Services  
Based on April 1, 2014 Prioritized List

- Line: 519**  
Condition: CLOSED FRACTURES OF RIBS, STERNUM AND COCCYX (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 805.6,807.00-807.09,807.2,839.41  
CPT: 21800,21820,27200,29200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 520**  
Condition: SPASTIC DIPLEGIA  
Treatment: RHIZOTOMY  
ICD-9: 343.0  
CPT: 21720,21725,62350-62370,63185,63190,63295,95990
- Line: 521**  
Condition: GENDER IDENTIFICATION DISORDER, PARAPHILIAS AND OTHER PSYCHOSEXUAL DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 302.0-302.4,302.50,302.6,302.85,302.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032,H0034,H0035,H2010,H2011,H2014,H2027,H2032,H2033,S9484,T1016
- Line: 522**  
Condition: DENTAL CONDITIONS (EG. PERIODONTAL DISEASE)  
Treatment: ADVANCED PERIODONTICS (E.G. SURGICAL PROCEDURES AND SPLINTING)  
HCPCS: D4240-D4245,D4260,D4261,D4268-D4321,D4381,D5982
- Line: 523**  
Condition: HEPATORENAL SYNDROME (See Guideline Notes 65)  
Treatment: MEDICAL THERAPY  
ICD-9: 572.4  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 524**  
Condition: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID  
Treatment: ECTROPION REPAIR  
ICD-9: 216.1,224.0-224.9,372.63,374.10-374.14,374.85  
CPT: 21280,21282,67343,67700-67808,67820-67850,67880,67882,67914-67924,67950-67975,68110-68135,68320-68340,68362,68705,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371
- Line: 525**  
Condition: PHIMOSIS  
Treatment: SURGICAL TREATMENT  
ICD-9: 605  
CPT: 54150-54161
- Line: 526**  
Condition: CERUMEN IMPACTION (See Guideline Notes 64,65)  
Treatment: REMOVAL OF EAR WAX  
ICD-9: 380.4  
CPT: 69210,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

UCCP List of Health Services  
Based on April 1, 2014 Prioritized List

- Line: 527**  
Condition: SIALOLITHIASIS, MUCOCELE, DISTURBANCE OF SALIVARY SECRETION, OTHER AND UNSPECIFIED DISEASES OF SALIVARY GLANDS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 527.5-527.9  
CPT: 40810-40816,42300,42305,42330-42340,42408-42425,42440-42510,42600-42665,64611,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D7980-D7982,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 528**  
Condition: CHRONIC CONJUNCTIVITIS, BLEPHAROCONJUNCTIVITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 372.10-372.13,372.20-372.39,372.53,372.73,374.55  
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 529**  
Condition: OTHER DISORDERS OF SYNOVIUM, TENDON AND BURSA, COSTOCHONDROITIS, AND CHONDRODYSTROPHY (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 727.2-727.3,727.50,727.60,727.82,727.9,733.5-733.7,756.4  
CPT: 20550-20553,20600,20610,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 530**  
Condition: TOXIC ERYTHEMA, ACNE ROSACEA, DISCOID LUPUS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 373.34,695.0,695.2-695.4,695.50-695.9  
CPT: 17340,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 531**  
Condition: PERIPHERAL ENTHESOPATHIES  
Treatment: SURGICAL TREATMENT  
ICD-9: 720.1,726.12,726.30-726.4,726.60-726.91,728.81  
CPT: 20550-20553,20600-20610,21032,23931,24105,24357-24359,25109,25447,26035,26060,26121-26180,26320,26440-26596,26820-26863,27060,27062,27096,27097,27100-27122,27140-27185,27306,27307,27448-27455,27466,27468,27475-27485,27715,27730-27742,28119,64702,64704,64718-64727,64774,64856,64857,64872-64907
- Line: 532**  
Condition: NASAL POLYPS, OTHER DISORDERS OF NASAL CAVITY AND SINUSES (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 471.0-471.9,478.11-478.19,993.1  
CPT: 30000,30020,30110-30140,30200-30930,31000-31230,31237-31297,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 533**  
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT BICUSPID/PREMOLAR TOOTH)  
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)  
HCPCS: D3331,D3333,D3347,D3421,D3426,D3430,D3450
- Line: 534**  
Condition: CIRCUMSCRIBED SCLERODERMA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 701.0  
CPT: 11900,11901,17000-17004,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463



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- Line: 535**  
Condition: PERIPHERAL NERVE DISORDERS (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 353.0-353.9,354.1,354.3-354.9,355.0,355.71-355.8,357.2,357.5-357.7,357.81-357.9,723.2  
CPT: 90284,97001-97004,97022,97024,97110,97112,97116,97124,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 536**  
Condition: CLOSED FRACTURE OF GREAT TOE (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 826.0,V54.19,V54.29  
CPT: 11740,28470,28490-28496,29425,29550,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 537**  
Condition: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 375.00-375.9,710.2,743.65,870.2  
CPT: 67880,67882,68530,68760,68761,68801-68840,92002-92060,92071,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 538**  
Condition: BENIGN NEOPLASM OF KIDNEY AND OTHER URINARY ORGANS (See Guideline Notes 64,65,96)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 209.64,223.0-223.3,223.81-223.9  
CPT: 50542,50543,50545,50546,50562,52224,52282,53260,53265,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G
- Line: 539**  
Condition: VERTIGINOUS SYNDROMES AND OTHER DISORDERS OF VESTIBULAR SYSTEM (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 379.54,386.10-386.2,386.40-386.9,994.6  
CPT: 69666,69667,69805,69806,69915,69950,92531-92542,92544-92548,95992,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 540**  
Condition: CLOSED FRACTURE OF ONE OR MORE PHALANGES OF THE FOOT, NOT INCLUDING THE GREAT TOE  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 826.0  
CPT: 28510,28515
- Line: 541**  
Condition: PHLEBITIS AND THROMBOPHLEBITIS, SUPERFICIAL (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 451.0,451.2,451.82,451.84-451.9,453.6,453.71,V58.61  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 542**  
Condition: DISORDERS OF SWEAT GLANDS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 705.0-705.1,705.21-705.9,780.8  
CPT: 11450-11471,64650,64653,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

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- Line: 543**  
Condition: PARALYSIS OF VOCAL CORDS OR LARYNX (See Guideline Notes 64,65)  
Treatment: INCISION/EXCISION/ENDOSCOPY  
ICD-9: 478.30-478.34,478.70  
CPT: 31582,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 544**  
Condition: DELUSIONAL DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 297.0-297.2,297.8-297.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99239,99304-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0410,G0411,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0039,H0045,H2010-H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9480,S9484,T1005,T1016
- Line: 545**  
Condition: CYSTIC ACNE (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 705.83,706.0-706.1  
CPT: 10040-10061,11450-11471,11900,11901,17000,17340,17360,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 546**  
Condition: SEXUAL DYSFUNCTION (See Guideline Notes 64,65)  
Treatment: PSYCHOTHERAPY, MEDICAL AND SURGICAL TREATMENT  
ICD-9: 302.70-302.79,607.84  
CPT: 54400-54417,90785,90832-90840,90846-90853,90882,90887,93980,93981,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0396,G0397,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0035,H0038,H2011,H2014,H2027,H2032,S9484,T1016
- Line: 547**  
Condition: UNCOMPLICATED HERNIA (OTHER THAN INGUINAL HERNIA IN CHILDREN AGE 18 AND UNDER OR DIAPHRAGMATIC HERNIA) (See Guideline Notes 64,65)  
Treatment: REPAIR  
ICD-9: 550.90-550.93,553.00-553.29,553.8-553.9  
CPT: 44050,49250,49505,49520,49525-49550,49555,49560,49565,49568,49570,49580,49585,49590,49650-49659,55540,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 548**  
Condition: BENIGN NEOPLASM OF NASAL CAVITIES, MIDDLE EAR AND ACCESSORY SINUSES  
Treatment: EXCISION, RECONSTRUCTION  
ICD-9: 212.0  
CPT: 30117-30150,30520,31020,31032,31201,69145,69501-69554,69960

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- Line: 549**  
Condition: BENIGN NEOPLASM BONE AND ARTICULAR CARTILAGE INCLUDING OSTEOID OSTEOMAS; BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE (See Guideline Notes 6,64,65,100)  
Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY  
ICD-9: 213.0-213.9,215.0-215.9,526.0-526.3,526.89,719.20-719.29,733.20-733.29,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 11400-11446,12051,12052,13131,17106-17111,20150,20550,20551,20610,20615,20900,20930-20938,20955-20973,21011-21014,21025-21032,21040,21046-21049,21181,21552-21556,21600,21930-21936,22532-22819,22851,23071-23076,23101,23140-23156,23200,24071-24079,24105-24126,24420,24498,25000,25071,25073,25110-25136,25170-25240,25295-25301,25320,25335,25337,25390-25393,25441-25447,25450-25492,25810-25830,26100-26116,26200-26215,26250-26262,26449,27025,27043-27049,27054,27059,27065-27078,27187,27327,27328,27337,27339,27355-27358,27365,27465-27468,27495,27630-27638,27645-27647,27656,27745,28039-28045,28100-28108,28122,28124,28171-28175,28820,28825,32553,36680,49411,63081-63103,64774,64792,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445,96405,96406,96420-96440,96450,96542-96571,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 550**  
Condition: DEFORMITIES OF UPPER BODY AND ALL LIMBS (See Guideline Notes 64,65)  
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY  
ICD-9: 718.02-718.05,718.09,718.13-718.15,718.19,718.52-718.55,718.59-718.65,718.82-718.86,718.89,719.81-719.89,728.79,732.3,732.6,732.8-732.9,733.90-733.91,736.00-736.04,736.07-736.09,736.20,736.29-736.30,736.39-736.42,736.6,736.76-736.79,736.89-736.9,738.6,738.8,754.42-754.44,754.61,754.81-754.89,755.50-755.53,755.56-755.57,755.59-755.60,755.63-755.64,755.69-755.8,756.82-756.89,V49.60-V49.77  
CPT: 11042,11045,14040,14041,14301,14302,15040,15110-15120,15130-15261,20150,20690-20694,20900,20920-20924,21740-21743,24000,24006,24101,24102,25101-25109,25320,25335,25337,25390-25393,25441-25492,25810-25830,26035,26055,26060,26121-26180,26320,26390,26432,26440-26596,26820-26863,27096,27097,27100-27122,27140,27185,27306,27307,27435,27448-27455,27465-27468,27475-27485,27590,27656,27676,27685-27690,27705,27715,27727-27742,28300,29075,29130,29345,29540,29861-29863,64702,64704,64718-64727,64774-64783,64788-64792,64856,64857,64872-64907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 551**  
Condition: DISORDERS OF FUNCTION OF STOMACH AND OTHER FUNCTIONAL DIGESTIVE DISORDERS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 536.0-536.3,536.8-536.9,537.1-537.2,537.5-537.7,537.89-537.9,564.00-564.6,564.89-564.9,839.40  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 552**  
Condition: CHRONIC PELVIC INFLAMMATORY DISEASE, PELVIC PAIN SYNDROME, DYSPAREUNIA (See Guideline Notes 55,64,65,110)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 300.81,614.1-614.2,614.4-614.9,615.1-615.9,620.6,625.0-625.2,625.5,625.70-625.9  
CPT: 49322,58150,58180,58260,58262,58290,58291,58400,58410,58541-58544,58550-58554,58562,58570-58573,58660-58662,58700-58740,58805,58925,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 553**  
Condition: ATOPIC DERMATITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 691.8  
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 554**  
Condition: CONTACT DERMATITIS AND OTHER ECZEMA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 692.0-692.6,692.70,692.72-692.74,692.79-692.9  
CPT: 86486,95004,95018-95180,96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

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- Line: 555**  
Condition: HYPOTENSION (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 337.01,458.0-458.1,458.21-458.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 556**  
Condition: VIRAL, SELF-LIMITING ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS (See Guideline Notes 61,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 056.00-056.71,323.81-323.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 557**  
Condition: PERIPHERAL NERVE DISORDERS  
Treatment: SURGICAL TREATMENT  
ICD-9: 353.0-353.9,354.1,354.3-354.9,355.0,355.4,355.71-355.8,723.2  
CPT: 23397,64702-64719,64722-64727,64774-64792,64820,64856,64857,64872-64907
- Line: 558**  
Condition: DENTAL CONDITIONS (E.G. PULPAL PATHOLOGY, PERMANENT MOLAR TOOTH)  
Treatment: ADVANCED ENDODONTICS (E.G. RETREATMENT OF PREVIOUS ROOT CANAL THERAPY)  
HCPCS: D3331,D3333,D3348,D3425,D3426,D3430,D3450
- Line: 559**  
Condition: ICHTHYOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 757.1  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 560**  
Condition: RAYNAUD'S SYNDROME (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 443.0,443.82-443.9  
CPT: 64821-64823,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 561**  
Condition: LESION OF PLANTAR NERVE; PLANTAR FASCIAL FIBROMATOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, EXCISION  
ICD-9: 355.6,728.71  
CPT: 20550,20605,28008,28060,28080,29893,64455,64632,64726,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 562**  
Condition: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC IMPAIRMENT (See Guideline Notes 6,37,56,64,65,72,92,94,101,105)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 336.0,349.2,720.2,721.0,721.2-721.3,721.7-721.8,721.90,722.0,722.10-722.93,723.1,723.3-723.9,724.1-724.2,724.4-724.6,724.70-724.9,739.0-739.9,742.59,754.1,839.20-839.21,847.0-847.9,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 20550,20660,20661,20665,22856-22865,27035,62367-62370,95990,96150-96154,97001-97004,97022,97110-97124,97140-97530,97535,97542,97760-97762,97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463

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- Line: 563**  
Condition: TENSION HEADACHES (See Guideline Notes 64,65,92)  
Treatment: MEDICAL THERAPY  
ICD-9: 307.81,339.10-339.89,784.0  
CPT: 97810-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 564**  
Condition: MILD PSORIASIS ; DERMATOPHYTOSIS: SCALP, HAND, BODY, DEEP-SEATED (See Guideline Notes 57,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 110.0,110.2,110.5-110.6,696.1-696.2,696.8  
CPT: 11900,11901,96900-96922,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 565**  
Condition: DEFORMITIES OF FOOT (See Guideline Notes 64,65)  
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS  
ICD-9: 718.07,718.57,718.87,727.1,732.5,735.0-735.9,736.70-736.72,754.50,754.59-754.60,754.69-754.70,754.79,755.65-755.67  
CPT: 20920-20924,27612,27690-27692,28008,28010,28035,28050-28072,28086-28092,28110-28119,28126-28160,28220-28341,28360,28705-28760,29405,29425,29450,29750,29904-29907,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 566**  
Condition: GRANULOMA OF MUSCLE, GRANULOMA OF SKIN AND SUBCUTANEOUS TISSUE (See Guideline Notes 64,65,76)  
Treatment: REMOVAL OF GRANULOMA  
ICD-9: 709.4,728.82  
CPT: 21011-21014,21552-21556,21930-21933,22903,23071-23076,24071-24076,25071-25076,26111-26116,27043-27048,27327,27328,27337,27339,27618,27619,27632,27634,28039-28045,28192,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 567**  
Condition: HYDROCELE (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, EXCISION  
ICD-9: 608.84,629.1,778.6  
CPT: 54840,55000-55060,55500,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 568**  
Condition: SYMPTOMATIC URTICARIA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 708.0-708.1,708.5-708.8,995.7  
CPT: 96900-96913,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 569**  
Condition: IMPULSE DISORDERS EXCLUDING PATHOLOGICAL GAMBLING (See Guideline Notes 58,64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 312.32-312.35  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0406-G0408,G0425-G0427,G0459,G0463,H0004,H0017-H0019,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2013,H2014,H2021-H2023,H2027,H2032,S5151,S9125,S9484,T1005,T1016

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- Line: 570**  
Condition: SUBLINGUAL, SCROTAL, AND PELVIC VARICES (See Guideline Notes 64,65)  
Treatment: VENOUS INJECTION, VASCULAR SURGERY  
ICD-9: 456.3-456.5  
CPT: 36470,37241,37242,55530,55535,55550,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 571**  
Condition: ASEPTIC MENINGITIS (See Guideline Notes 61,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 047.0-047.9,048,049,0-049.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 572**  
Condition: TMJ DISORDER (See Guideline Notes 64,65)  
Treatment: TMJ SPLINTS  
ICD-9: 524.60-524.69,848.1  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D7880,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 573**  
Condition: XEROSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 706.8  
CPT: 11010-11047,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 574**  
Condition: CHRONIC DISEASE OF TONSILS AND ADENOIDS (See Guideline Notes 36,64,65)  
Treatment: TONSILLECTOMY AND ADENOIDECTOMY  
ICD-9: 474.00-474.2,474.9  
CPT: 42820-42836,42860,42870,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 575**  
Condition: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS (See Guideline Notes 61,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 558.1-558.3,558.41-558.9  
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 576**  
Condition: SHYNESS DISORDER OF CHILDHOOD OR ADOLESCENCE (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 313.21-313.22  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0038,H2010-H2012,H2014,H2021,H2022,H2027,H2032,H2033,S9484,T1016
- Line: 577**  
Condition: HEMATOMA OF AURICLE OR PINNA AND HEMATOMA OF EXTERNAL EAR (See Guideline Notes 64,65)  
Treatment: DRAINAGE  
ICD-9: 380.30-380.39,380.81-380.89,738.7  
CPT: 10140,69000-69020,69140,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

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- Line: 578**  
Condition: KERATODERMA, ACANTHOSIS NIGRICANS, STRIAE ATROPHICAE, AND OTHER HYPERTROPHIC OR ATROPHIC CONDITIONS OF SKIN (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 373.31-373.33,690.10-690.8,698.0-698.9,701.1-701.3,701.8-701.9  
CPT: 11000-11057,11200,11201,11401-11406,11900,11950-11954,17000-17004,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 579**  
Condition: CHRONIC PROSTATITIS, OTHER DISORDERS OF PROSTATE (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 601.1,601.3,601.9,602.0-602.9  
CPT: 55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 580**  
Condition: CHONDROMALACIA (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 733.92,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 581**  
Condition: DYSMENORRHEA (See Guideline Notes 59,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 625.3  
CPT: 58150,58180,58260,58290,58541-58544,58550-58554,58555-58557,58573,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 582**  
Condition: OPEN WOUND OF EAR DRUM (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 872.61  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 583**  
Condition: SPASTIC DYSPHONIA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 478.79  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S2340,S2341
- Line: 584**  
Condition: MACROMASTIA  
Treatment: BREAST REDUCTION  
ICD-9: 611.1  
CPT: 19318
- Line: 585**  
Condition: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 372.01-372.06,372.14,372.54,372.56,472.0-472.2,477.0-477.9,995.3,V07.1  
CPT: 30420,86486,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

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- Line: 586**  
Condition: CANCER OF LIVER AND INTRAHEPATIC BILE DUCTS (See Guideline Note 12)  
Treatment: LIVER TRANSPLANT  
ICD-9: 155.0-155.1,996.82,V58.0,V58.11,V59.6  
CPT: 47133-47147,86825-86835
- Line: 587**  
Condition: BENIGN NEOPLASM OF EXTERNAL FEMALE GENITAL ORGANS  
Treatment: EXCISION  
ICD-9: 221.1-221.9  
CPT: 56440,56441,56501,57130,57135
- Line: 588**  
Condition: RUMINATION DISORDER OF INFANCY (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.53  
CPT: 90785,90832-90840,90846,90849,90887,99051,99060,99217-99239,99324-99350  
HCPCS: G0406-G0408,G0410,G0411,G0459,H0023,H0035,H0038,H2011,H2027,S9125,S9484
- Line: 589**  
Condition: HORDEOLUM AND OTHER DEEP INFLAMMATION OF EYELID; CHALAZION (See Guideline Notes 64,65)  
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY  
ICD-9: 373.11-373.12,373.2,374.50,374.54,374.56,374.84  
CPT: 67700,67800-67808,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 590**  
Condition: CONDUCTIVE HEARING LOSS  
Treatment: AUDIANT BONE CONDUCTORS  
ICD-9: 389.00-389.08,389.20-389.22  
CPT: 69710,69711,92562-92565,92571-92577, 92591
- Line: 591**  
Condition: ACUTE ANAL FISSURE (See Guideline Notes 64,65)  
Treatment: FISSURECTOMY, MEDICAL THERAPY  
ICD-9: 565.0  
CPT: 46200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 592**  
Condition: PLEURISY (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 511.0  
CPT: 32200-32310,32550,32552,32560-32562,32650-32652,32655,32664,32665,32940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 593**  
Condition: PERITONEAL ADHESION  
Treatment: SURGICAL TREATMENT  
ICD-9: 568.0,568.82-568.9  
CPT: 44005,44180,44603,44604,49423,49424,58660-58662,58740,58940
- Line: 594**  
Condition: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 693.0-693.9  
CPT: 86486,95004,95018-95180,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463



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- Line: 595**  
Condition: BLEPHARITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 373.00-373.02,373.8-373.9,374.87  
CPT: 92002-92060,92071,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 596**  
Condition: UNSPECIFIED URINARY OBSTRUCTION AND BENIGN PROSTATIC HYPERPLASIA WITHOUT OBSTRUCTION (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 599.60-599.69,600.00-600.91  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 597**  
Condition: OTHER COMPLICATIONS OF A PROCEDURE (See Guideline Notes 6,43,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 371.82,457.0,998.81,998.9,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 598**  
Condition: LYMPHEDEMA (See Guideline Notes 43,64,65)  
Treatment: MEDICAL THERAPY, OTHER OPERATION ON LYMPH CHANNEL  
ICD-9: 457.2-457.9,757.0,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 29581-29584,38300-38382,38542-38555,38700-38745,38747,38760,49062,49323,49423,49424,97001-97004,97110,97124,97140,97530,97760,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 599**  
Condition: ACUTE NON-SUPPURATIVE LABYRINTHITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 386.30-386.32,386.34-386.35  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 600**  
Condition: DEVIATED NASAL SEPTUM, ACQUIRED DEFORMITY OF NOSE, OTHER DISEASES OF UPPER RESPIRATORY TRACT (See Guideline Notes 64,65)  
Treatment: EXCISION OF CYST/RHINECTOMY/PROSTHESIS  
ICD-9: 470,478.0,738.0,754.0,802.0  
CPT: 14060,14301,14302,20912,21325-21335,30115,30117,30124-30430,30465,30520,30580,30620,30630,31020-31200,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D7260,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 601**  
Condition: STOMATITIS AND OTHER DISEASES OF ORAL SOFT TISSUES (See Guideline Notes 64,65)  
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY  
ICD-9: 528.00-528.09,528.9  
CPT: 40650,40805,40810-40816,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

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- Line: 602**  
Condition: CAVUS DEFORMITY OF FOOT; FLAT FOOT; POLYDACTYLY AND SYNDACTYLY OF TOES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, ORTHOTIC  
ICD-9: 734.736,73.755.00,755.02-755.10,755.13-755.14  
CPT: 11200,26951,28344,28345,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 603**  
Condition: ERYTHEMA MULTIFORME MINOR (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 695.10-695.11,695.19  
CPT: 65778-65782,68371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 604**  
Condition: INFECTIOUS MONONUCLEOSIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 075  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 605**  
Condition: URETHRITIS, NON-SEXUALLY TRANSMITTED (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 597.80-597.89,599.3-599.5,599.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 606**  
Condition: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-9: 752.0,752.10-752.39,752.41  
CPT: 57135,57720,58400,58540,58559-58562,58660,58662,58700-58740,58940,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 607**  
Condition: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT (See Guideline Notes 60,64,65,100,105)  
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY  
ICD-9: 349.2,721.5-721.6,723.0,724.00-724.02,724.09,731.0,737.0,737.10-737.39,737.8-737.9,738.4-738.5,754.2,756.10-756.19,756.3  
CPT: 20930-20938,21720,21725,22206-22226,22532-22855,63050,63051,97001-97004,97010,97012,97022,97110-97124,97140-97530,97535,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 608**  
Condition: ANTI-SOCIAL PERSONALITY DISORDER (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 301.7  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224-99226,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032,H0034,H2010,H2011,H2014,H2027,H2032,S9484,T1016

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- Line: 609**  
Condition: PERSONALITY DISORDERS EXCLUDING BORDERLINE, SCHIZOTYPAL AND ANTI-SOCIAL (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 301.0,301.10-301.12,301.20-301.21,301.3-301.4,301.50,301.59-301.6,301.81-301.82,301.84-301.9  
CPT: 90785,90832-90840,90846-90853,90882,90887,96101,98966-98969,99051,99060,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0176,G0177,G0425-G0427,G0459,G0463,H0004,H0023,H0032-H0034,H0036-H0039,H0045,H2010,H2011,H2014,H2021-H2023,H2027,H2032,H2033,S5151,S9484,T1005,T1016
- Line: 610**  
Condition: CANDIDIASIS OF MOUTH, SKIN AND NAILS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 112.0,112.3,112.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 611**  
Condition: BENIGN NEOPLASM OF MALE GENITAL ORGANS: TESTIS, PROSTATE, EPIDIDYMISS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 222.0,222.2-222.3,222.8-222.9  
CPT: 54231,54512,54522,54900,54901,55200,55600-55680,55801,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 612**  
Condition: ATROPHY OF EDENTULOUS ALVEOLAR RIDGE  
Treatment: VESTIBULOPLASTY, GRAFTS, IMPLANTS  
ICD-9: 525.20-525.26  
CPT: 15574,20902,21210,21215,21244-21249,40840,40842,40843  
HCPCS: D7340,D7350
- Line: 613**  
Condition: OLD LACERATION OF CERVIX AND VAGINA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 621.5,622.3,624.4  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 614**  
Condition: VULVAL VARICES (See Guideline Notes 64,65)  
Treatment: VASCULAR SURGERY  
ICD-9: 456.6  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 615**  
Condition: DISEASE OF NAILS, HAIR AND HAIR FOLLICLES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 703.8-703.9,704.00-704.3,704.8-704.9,706.3,706.9,757.4-757.5,V50.0  
CPT: 11000,11001,11720-11765,11900,11901,17380,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 616**  
Condition: OBESITY (See Guideline Notes 8,64,65)  
Treatment: NON-INTENSIVE NUTRITIONAL/PHYSICAL ACTIVITY COUNSELING AND BEHAVIORAL INTERVENTIONS; BARIATRIC SURGERY FOR OBESITY WITH A SIGNIFICANT COMORBIDITY OTHER THAN TYPE II DIABETES & BMI  $\geq 35$  OR BMI  $\geq 40$  WITHOUT A SIGNIFICANT COMORBIDITY  
ICD-9: 278.00-278.01  
CPT: 43644,43645,43770-43775,43846-43848,98966-98969,99051,99078,99201-99239,99281-99360,99366,99374,99375,99381-99412,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0447,G0463

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- Line: 617**  
Condition: ACUTE TONSILLITIS OTHER THAN BETA-STREPTOCOCCAL (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 463  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 618**  
Condition: CORNS AND CALLUSES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 700  
CPT: 11055-11057,17000-17004,17110,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S0390
- Line: 619**  
Condition: SYNOVITIS AND TENOSYNOVITIS (See Guideline Notes 6,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 726.12,727.00,727.03-727.09,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 20550-20553,20600-20610,25000,26055,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 620**  
Condition: PROLAPSED URETHRAL MUCOSA (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-9: 599.3,599.5  
CPT: 51840,51841,52270,52285,53000,53010,53275,57220,57230,57267-57270,77321,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G
- Line: 621**  
Condition: DENTAL CONDITIONS (EG. CARIES, FRACTURE, TOOTH) (See Guideline Note 91)  
Treatment: ADVANCED RESTORATIVE-ELECTIVE (INLAYS,ONLAYS,GOLD FOIL AND HIGH NOBLE METAL RESTORATIONS)  
HCPCS: D2410-D2544,D2720-D2750,D2780-D2794,D2929,D2949,D2952,D2953,D2971,D2981,D2982,D4249,D5213,D5214,D5281,D5810,D5811,D5862,D5867,D5875,D6205,D6212,D6214,D6253,D6602-D6607,D6610-D6710,D6780-D6790,D6793-D6920,D6940,D6950,D9950
- Line: 622**  
Condition: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS (See Guideline Notes 7,11,12,64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 159.0-159.9,195.0-195.8,196.0-196.9,197.0-197.6,197.8,198.81-198.89,199.0-199.2,209.30,209.70-209.79,284.11,V10.91  
CPT: 11600-11646,32553,36260-36262,38720,38724,38745,41110-41114,41130,42120,42842-42845,43195,43196,43212-43214,43216-43229,43233,43248-43250,43266,43270,47420,47425,47610,47741,47785,49411,58951,60600-60650,61500,61510,61517-61521,61546,61548,61586,77014,77261-77295,77300-77370,77401-77432,77469,77470,77761-77790,79005-79445,96405,96406,96420-96450,96542-96571,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463,S9537
- Line: 623**  
Condition: GANGLION (See Guideline Notes 64,65)  
Treatment: EXCISION  
ICD-9: 727.02,727.40-727.49  
CPT: 10140,10160,20551-20553,20600-20612,25111,25112,26160,28090,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

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- Line: 624**  
Condition: EPISCLERITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 379.01-379.02  
CPT: 92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 625**  
Condition: DIAPER RASH (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 691.0  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 626**  
Condition: TONGUE TIE AND OTHER ANOMALIES OF TONGUE  
Treatment: FRENOTOMY, TONGUE TIE  
ICD-9: 529.5,750.0,750.10-750.19  
CPT: 40806,40819,41010,41115
- Line: 627**  
Condition: CYSTS OF ORAL SOFT TISSUES (See Guideline Notes 64,65)  
Treatment: INCISION AND DRAINAGE  
ICD-9: 527.1,528.4,528.8  
CPT: 40800,41005-41009,41015-41018,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D7460,D7461,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 628**  
Condition: CONGENITAL DEFORMITIES OF KNEE (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 727.83,755.64  
CPT: 27403-27416,27420-27429,27435,27465-27468,27506,29871-29889,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 629**  
Condition: CHRONIC PANCREATITIS  
Treatment: SURGICAL TREATMENT  
ICD-9: 577.1  
CPT: 48020,48120,48548
- Line: 630**  
Condition: HERPES SIMPLEX WITHOUT COMPLICATIONS, EXCLUDING GENITAL HERPES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 054.2,054.6,054.73,054.9,058.81-058.89  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 631**  
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)  
Treatment: COMPLEX PROSTHODONTICS (I.E. FIXED BRIDGES, OVERDENTURES)  
HCPCS: D5863-D5866,D6211,D6241,D6242,D6251,D6252,D6545,D6751,D6752,D6791,D6792,D6975
- Line: 632**  
Condition: CONGENITAL ANOMALIES OF THE EAR WITHOUT IMPAIRMENT OF HEARING; UNILATERAL ANOMALIES OF THE EAR  
Treatment: OTOPLASTY, REPAIR AND AMPUTATION  
ICD-9: 744.00-744.04,744.09-744.3  
CPT: 21086,21089,69110,69300  
HCPCS: D5914,D5927,D5992,D5993

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- Line: 633**  
Condition: KELOID SCAR; OTHER ABNORMAL GRANULATION TISSUE  
Treatment: INTRALESIONAL INJECTIONS/DESTRUCTION/EXCISION, RADIATION THERAPY  
ICD-9: 701.4-701.5  
CPT: 11200-11446,11900,11901,12032,17000-17004,32553,49411,77014,77261-77295,77300-77315,77331-77338,77401-77427,77469,77470,79005-79445
- Line: 634**  
Condition: DISORDERS OF SOFT TISSUE (See Guideline Notes 64,65,72)  
Treatment: MEDICAL THERAPY  
ICD-9: 374.86,729.0-729.2,729.31-729.99,V53.02  
CPT: 11042,11045,14040,14041,14301,14302,20550,20600-20610,62367-62370,95990,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 635**  
Condition: MINOR BURNS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 692.71,692.76,941.00-941.29,942.00-942.29,943.00-943.29,944.00-944.28,945.00-945.29,946.0-946.2,949.0-949.1  
CPT: 11000,11001,11042-11047,11960-11971,16000-16030,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 636**  
Condition: DISORDERS OF SLEEP WITHOUT SLEEP APNEA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 291.82,292.85,307.41-307.45,307.47-307.49,327.00,327.09-327.13,327.19,327.22,327.30-327.8,333.94-333.99,780.50,780.52,780.55-780.56,780.58-780.59  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G
- Line: 637**  
Condition: ORAL APHTHA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 528.2  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 638**  
Condition: SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR (See Guideline Notes 6,64,65,97,98,105)  
Treatment: MEDICAL THERAPY  
ICD-9: 355.1-355.2,355.9,717.0-717.3,717.40-717.9,718.26,718.36,718.56,836.0-836.2,840.0-840.9,841.0-841.9,842.00-842.19,843.0-843.9,844.0-844.9,845.00-845.03,845.10-845.19,846.0-846.9,848.3,848.40-848.9,905.7,V57.1,V57.21-V57.3,V57.81-V57.89  
CPT: 24341,27347,27590,29240-29280,29520-29550,97001-97004,97012,97022,97110-97124,97140-97530,97535,97542,97760-97762,98925-98942,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0157-G0161,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 639**  
Condition: ASYMPTOMATIC URTICARIA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 708.2-708.4,708.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 640**  
Condition: FINGERTIP AVULSION  
Treatment: REPAIR WITHOUT PEDICLE GRAFT  
ICD-9: 883.0  
CPT: 12001,12002,14040,14041,14301-14350

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- Line: 641**  
Condition: MINOR HEAD INJURY: HEMATOMA/EDEMA WITH NO PERSISTENT SYMPTOMS (See Guideline Notes 64,65,121)  
Treatment: MEDICAL THERAPY  
ICD-9: 800.00-800.01,801.00-801.01,803.00-803.01,850.0,850.9,851.00-851.01,851.09,851.20-851.21,851.29,851.40-851.41,851.49,851.60-851.61,851.69,851.80-851.81,851.89  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 642**  
Condition: VIRAL WARTS EXCLUDING VENEREAL WARTS (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT, CRYOSURGERY  
ICD-9: 078.0,078.10,078.12-078.19  
CPT: 11055-11057,11420-11424,11900,11901,17000-17004,17110,17111,28039-28043,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 643**  
Condition: ACUTE UPPER RESPIRATORY INFECTIONS AND COMMON COLD (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 460,465.0-465.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 644**  
Condition: OTHER VIRAL INFECTIONS, EXCLUDING PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3 (See Guideline Notes 61,64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 051.01-051.02,052.0-052.9,055.0-055.2,055.71-055.8,056.0-056.9,057.0-057.9,058.10-058.12,059.00-059.9,072.0-072.3,072.71-072.9,074.0-074.1,074.20-074.8,078.0,078.2,078.4-078.7,078.81-078.89,079.0-079.4,079.50-079.6,079.83-079.99,480.0-480.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 645**  
Condition: PHARYNGITIS AND LARYNGITIS AND OTHER DISEASES OF VOCAL CORDS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 462,464.00,464.50,476.0-476.1,478.5  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 646**  
Condition: ANOMALIES OF RELATIONSHIP OF JAW TO CRANIAL BASE, MAJOR ANOMALIES OF JAW SIZE, OTHER SPECIFIED AND UNSPECIFIED DENTOFACIAL ANOMALIES (See Guideline Notes 64,65)  
Treatment: OSTEOPLASTY, MAXILLA/MANDIBLE  
ICD-9: 524.00-524.29,524.50-524.59,524.70-524.9  
CPT: 21120-21127,21145-21160,21193-21198,21206-21209,21255,21295,21296,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D7940-D7949,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 647**  
Condition: DENTAL CONDITIONS (EG. MALOCCLUSION)  
Treatment: ORTHODONTIA (I.E. FIXED AND REMOVABLE APPLIANCES AND ASSOCIATED SURGICAL PROCEDURES)  
ICD-9: 524.23,524.31,524.33-524.37,524.4,V53.4,V58.5  
HCPCS: D0340,D0350,D7280-D7283,D7290-D7294,D8010-D8694
- Line: 648**  
Condition: DENTAL CONDITIONS (EG. MISSING TEETH)  
Treatment: IMPLANTS (I.E. IMPLANT PLACEMENT AND ASSOCIATED CROWN OR PROSTHESIS)  
ICD-9: 525.71-525.79  
HCPCS: D0393-D0395,D6010-D6194,D6210,D6240,D6245,D6250,D7951,D7952

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- Line: 649**  
Condition: UNCOMPLICATED HEMORRHOIDS (See Guideline Notes 64,65)  
Treatment: HEMORRHOIDECTOMY, MEDICAL THERAPY  
ICD-9: 455.0,455.3,455.6,455.9  
CPT: 44391,45317,45334,45335,45339,45381,45382,46083,46220-46262,46320,46500,46610-46615,46930,46945-46947,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 650**  
Condition: OPEN WOUND OF INTERNAL STRUCTURES OF MOUTH WITHOUT COMPLICATION (See Guideline Notes 64,65)  
Treatment: REPAIR SOFT TISSUES  
ICD-9: 525.40-525.54,526.81,873.60-873.69  
CPT: 12001-12020,12031-12057,13131-13153,40831,41250,41251,42180,42182,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 651**  
Condition: SEBACEOUS CYST (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 685.1,704.41-704.42,706.2,744.47  
CPT: 10060,10061,11400-11446,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 652**  
Condition: SEBORRHEIC KERATOSIS, DYSCHROMIA, AND VASCULAR DISORDERS, SCAR CONDITIONS, AND FIBROSIS OF SKIN (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 278.1,702.11-702.8,709.1-709.3,709.8-709.9  
CPT: 11000,11042,11045,11055-11057,11300-11446,13100,14102,15040,15110-15120,15130-15261,15780-15793,15830-15839,15876-15879,17000-17108,17360,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 653**  
Condition: REDUNDANT PREPUCE (See Guideline Notes 64,65)  
Treatment: ELECTIVE CIRCUMCISION  
ICD-9: 605,V50.2  
CPT: 54000,54001,54150-54164,54450,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 654**  
Condition: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)  
Treatment: DACRYOCYSTORHINOSTOMY  
ICD-9: 375.02,375.30,375.32,375.41-375.43,375.56-375.61,771.6  
CPT: 31239,68420,68520,68720-68750,68770,68801,68816,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371
- Line: 655**  
Condition: CONJUNCTIVAL CYST (See Guideline Notes 64,65)  
Treatment: EXCISION OF CONJUNCTIVAL CYST  
ICD-9: 372.61-372.62,372.71-372.72,372.74-372.75  
CPT: 68020,68040,68110,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463



UCCP List of Health Services  
Based on April 1, 2014 Prioritized List

- Line: 656**  
Condition: BENIGN NEOPLASMS OF SKIN AND OTHER SOFT TISSUES (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 209.60,209.69,210.0-210.9,214.0-214.9,216.0-216.9,221.0-221.9,222.1,222.4,228.00-228.01,228.1,229.0-229.9,686.1,686.9,702.0  
CPT: 11300-11471,12031,12032,13100-13151,17000-17108,21011-21014,21552,21554,21931-21933,22901-22903,23071,23073,24071,24073,25071,25073,26111,26113,27043,27045,27337,27339,27632,27634,28039,28041,37241,37242,40500-40530,40810-40816,40820,41116,41826,42104-42107,42160,42808,69145,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D7450-D7460,D7981,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 657**  
Condition: DISEASE OF CAPILLARIES  
Treatment: EXCISION  
ICD-9: 448.1-448.9  
CPT: 11400-11426
- Line: 658**  
Condition: NONINFLAMMATORY DISORDERS OF CERVIX; HYPERTROPHY OF LABIA (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 622.4,622.6-622.9,623.4,624.2-624.3,624.6-624.9  
CPT: 56441,56805,57061,57065,57200,57800,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 659**  
Condition: CYST, HEMORRHAGE, AND INFARCTION OF THYROID (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-9: 246.2-246.3,246.9  
CPT: 60200-60225,60270,60271,60300,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G
- Line: 660**  
Condition: PICA (See Guideline Notes 64,65)  
Treatment: MEDICAL/PSYCHOTHERAPY  
ICD-9: 307.52  
CPT: 90785,90832-90840,90846-90853,90882,90883,90884,90885,90886,90887,90888,90889,90890,90891,90892,90893,90894,90895,90896,90897,90898,90899,90900,90901,90902,90903,90904,90905,90906,90907,90908,90909,90910,90911,90912,90913,90914,90915,90916,90917,90918,90919,90920,90921,90922,90923,90924,90925,90926,90927,90928,90929,90930,90931,90932,90933,90934,90935,90936,90937,90938,90939,90940,90941,90942,90943,90944,90945,90946,90947,90948,90949,90950,90951,90952,90953,90954,90955,90956,90957,90958,90959,90960,90961,90962,90963,90964,90965,90966,90967,90968,90969,90970,90971,90972,90973,90974,90975,90976,90977,90978,90979,90980,90981,90982,90983,90984,90985,90986,90987,90988,90989,90990,90991,90992,90993,90994,90995,90996,90997,90998,90999,91000,91001,91002,91003,91004,91005,91006,91007,91008,91009,91010,91011,91012,91013,91014,91015,91016,91017,91018,91019,91020,91021,91022,91023,91024,91025,91026,91027,91028,91029,91030,91031,91032,91033,91034,91035,91036,91037,91038,91039,91040,91041,91042,91043,91044,91045,91046,91047,91048,91049,91050,91051,91052,91053,91054,91055,91056,91057,91058,91059,91060,91061,91062,91063,91064,91065,91066,91067,91068,91069,91070,91071,91072,91073,91074,91075,91076,91077,91078,91079,91080,91081,91082,91083,91084,91085,91086,91087,91088,91089,91090,91091,91092,91093,91094,91095,91096,91097,91098,91099,91100,91101,91102,91103,91104,91105,91106,91107,91108,91109,91110,91111,91112,91113,91114,91115,91116,91117,91118,91119,91120,91121,91122,91123,91124,91125,91126,91127,91128,91129,91130,91131,91132,91133,91134,91135,91136,91137,91138,91139,91140,91141,91142,91143,91144,91145,91146,91147,91148,91149,91150,91151,91152,91153,91154,91155,91156,91157,91158,91159,91160,91161,91162,91163,91164,91165,91166,91167,91168,91169,91170,91171,91172,91173,91174,91175,91176,91177,91178,91179,91180,91181,91182,91183,91184,91185,91186,91187,91188,91189,91190,91191,91192,91193,91194,91195,91196,91197,91198,91199,91200,91201,91202,91203,91204,91205,91206,91207,91208,91209,91210,91211,91212,91213,91214,91215,91216,91217,91218,91219,91220,91221,91222,91223,91224,91225,91226,91227,91228,91229,91230,91231,91232,91233,91234,91235,91236,91237,91238,91239,91240,91241,91242,91243,91244,91245,91246,91247,91248,91249,91250,91251,91252,91253,91254,91255,91256,91257,91258,91259,91260,91261,91262,91263,91264,91265,91266,91267,91268,91269,91270,91271,91272,91273,91274,91275,91276,91277,91278,91279,91280,91281,91282,91283,91284,91285,91286,91287,91288,91289,91290,91291,91292,91293,91294,91295,91296,91297,91298,91299,91300,91301,91302,91303,91304,91305,91306,91307,91308,91309,91310,91311,91312,91313,91314,91315,91316,91317,91318,91319,91320,91321,91322,91323,91324,91325,91326,91327,91328,91329,91330,91331,91332,91333,91334,91335,91336,91337,91338,91339,91340,91341,91342,91343,91344,91345,91346,91347,91348,91349,91350,91351,91352,91353,91354,91355,91356,91357,91358,91359,91360,91361,91362,91363,91364,91365,91366,91367,91368,91369,91370,91371,91372,91373,91374,91375,91376,91377,91378,91379,91380,91381,91382,91383,91384,91385,91386,91387,91388,91389,91390,91391,91392,91393,91394,91395,91396,91397,91398,91399,91400,91401,91402,91403,91404,91405,91406,91407,91408,91409,91410,91411,91412,91413,91414,91415,91416,91417,91418,91419,91420,91421,91422,91423,91424,91425,91426,91427,91428,91429,91430,91431,91432,91433,91434,91435,91436,91437,91438,91439,91440,91441,91442,91443,91444,91445,91446,91447,91448,91449,91450,91451,91452,91453,91454,91455,91456,91457,91458,91459,91460,91461,91462,91463,91464,91465,91466,91467,91468,91469,91470,91471,91472,91473,91474,91475,91476,91477,91478,91479,91480,91481,91482,91483,91484,91485,91486,91487,91488,91489,91490,91491,91492,91493,91494,91495,91496,91497,91498,91499,91500,91501,91502,91503,91504,91505,91506,91507,91508,91509,91510,91511,91512,91513,91514,91515,91516,91517,91518,91519,91520,91521,91522,91523,91524,91525,91526,91527,91528,91529,91530,91531,91532,91533,91534,91535,91536,91537,91538,91539,91540,91541,91542,91543,91544,91545,91546,91547,91548,91549,91550,91551,91552,91553,91554,91555,91556,91557,91558,91559,91560,91561,91562,91563,91564,91565,91566,91567,91568,91569,91570,91571,91572,91573,91574,91575,91576,91577,91578,91579,91580,91581,91582,91583,91584,91585,91586,91587,91588,91589,91590,91591,91592,91593,91594,91595,91596,91597,91598,91599,91600,91601,91602,91603,91604,91605,91606,91607,91608,91609,91610,91611,91612,91613,91614,91615,91616,91617,91618,91619,91620,91621,91622,91623,91624,91625,91626,91627,91628,91629,91630,91631,91632,91633,91634,91635,91636,91637,91638,91639,91640,91641,91642,91643,91644,91645,91646,91647,91648,91649,91650,91651,91652,91653,91654,91655,91656,91657,91658,91659,91660,91661,91662,91663,91664,91665,91666,91667,91668,91669,91670,91671,91672,91673,91674,91675,91676,91677,91678,91679,91680,91681,91682,91683,91684,91685,91686,91687,91688,91689,91690,91691,91692,91693,91694,91695,91696,91697,91698,91699,91700,91701,91702,91703,91704,91705,91706,91707,91708,91709,91710,91711,91712,91713,91714,91715,91716,91717,91718,91719,91720,91721,91722,91723,91724,91725,91726,91727,91728,91729,91730,91731,91732,91733,91734,91735,91736,91737,91738,91739,91740,91741,91742,91743,91744,91745,91746,91747,91748,91749,91750,91751,91752,91753,91754,91755,91756,91757,91758,91759,91760,91761,91762,91763,91764,91765,91766,91767,91768,91769,91770,91771,91772,91773,91774,91775,91776,91777,91778,91779,91780,91781,91782,91783,91784,91785,91786,91787,91788,91789,91790,91791,91792,91793,91794,91795,91796,91797,91798,91799,91800,91801,91802,91803,91804,91805,91806,91807,91808,91809,91810,91811,91812,91813,91814,91815,91816,91817,91818,91819,91820,91821,91822,91823,91824,91825,91826,91827,91828,91829,91830,91831,91832,91833,91834,91835,91836,91837,91838,91839,91840,91841,91842,91843,91844,91845,91846,91847,91848,91849,91850,91851,91852,91853,91854,91855,91856,91857,91858,91859,91860,91861,91862,91863,91864,91865,91866,91867,91868,91869,91870,91871,91872,91873,91874,91875,91876,91877,91878,91879,91880,91881,91882,91883,91884,91885,91886,91887,91888,91889,91890,91891,91892,91893,91894,91895,91896,91897,91898,91899,91900,91901,91902,91903,91904,91905,91906,91907,91908,91909,91910,91911,91912,91913,91914,91915,91916,91917,91918,91919,91920,91921,91922,91923,91924,91925,91926,91927,91928,91929,91930,91931,91932,91933,91934,91935,91936,91937,91938,91939,91940,91941,91942,91943,91944,91945,91946,91947,91948,91949,91950,91951,91952,91953,91954,91955,91956,91957,91958,91959,91960,91961,91962,91963,91964,91965,91966,91967,91968,91969,91970,91971,91972,91973,91974,91975,91976,91977,91978,91979,91980,91981,91982,91983,91984,91985,91986,91987,91988,91989,91990,91991,91992,91993,91994,91995,91996,91997,91998,91999,92000,92001,92002,92003,92004,92005,92006,92007,92008,92009,92010,92011,92012,92013,92014,92015,92016,92017,92018,92019,92020,92021,92022,92023,92024,92025,92026,92027,92028,92029,92030,92031,92032,92033,92034,92035,92036,92037,92038,92039,92040,92041,92042,92043,92044,92045,92046,92047,92048,92049,92050,92051,92052,92053,92054,92055,92056,92057,92058,92059,92060,92061,92062,92063,92064,92065,92066,92067,92068,92069,92070,92071,92072,92073,92074,92075,92076,92077,92078,92079,92080,92081,92082,92083,92084,92085,92086,92087,92088,92089,92090,92091,92092,92093,92094,92095,92096,92097,92098,92099,92100,92101,92102,92103,92104,92105,92106,92107,92108,92109,92110,92111,92112,92113,92114,92115,92116,92117,92118,92119,92120,92121,92122,92123,92124,92125,92126,92127,92128,92129,92130,92131,92132,92133,92134,92135,92136,92137,92138,92139,92140,92141,92142,92143,92144,92145,92146,92147,92148,92149,92150,92151,92152,92153,92154,92155,92156,92157,92158,92159,92160,92161,92162,92163,92164,92165,92166,92167,92168,92169,92170,92171,92172,92173,92174,92175,92176,92177,92178,92179,92180,92181,92182,92183,92184,92185,92186,92187,92188,92189,92190,92191,92192,92193,92194,92195,92196,92197,92198,92199,92200,92201,92202,92203,92204,92205,92206,92207,92208,92209,92210,92211,92212,92213,92214,92215,92216,92217,92218,92219,92220,92221,92222,92223,92224,92225,92226,92227,92228,92229,92230,92231,92232,92233,92234,92235,92236,92237,92238,92239,92240,92241,92242,92243,92244,92245,92246,92247,92248,92249,92250,92251,92252,92253,92254,92255,92256,92257,92258,92259,92260,92261,92262,92263,92264,92265,92266,92267,92268,92269,92270,92271,92272,92273,92274,92275,92276,92277,92278,92279,92280,92281,92282,92283,92284,92285,92286,92287,92288,92289,92290,92291,92292,92293,92294,92295,92296,92297,92298,92299,92300,92301,92302,92303,92304,92305,92306,92307,92308,92309,92310,92311,92312,92313,92314,92315,92316,92317,92318,92319,92320,92321,92322,92323,92324,92325,92326,92327,92328,92329,92330,92331,92332,92333,92334,92335,92336,92337,92338,92339,92340,92341,92342,92343,92344,92345,92346,92347,92348,92349,92350,92351,92352,92353,92354,92355,92356,92357,92358,92359,92360,92361,92362,92363,92364,92365,92366,92367,92368,92369,92370,92371,92372,92373,92374,92375,92376,92377,92378,92379,92380,92381,92382,92383,92384,92385,92386,92387,92388,92389,92390,92391,92392,92393,92394,92395,92396,92397,92398,92399,92400,92401,92402,92403,92404,92405,92406,92407,92408,92409,92410,92411,92412,92413,92414,92415,92416,92417,92418,92419,92420,92421,92422,92423,92424,92425,92426,92427,92428,92429,92430,92431,92432,92433,92434,92435,92436,92437,92438,92439,92440,92441,92442,92443,92444,92445,92446,92447,92448,92449,92450,92451,92452,92453,92454,92455,92456,92457,92458,92459,92460,92461,92462,92463,92464,92465,92466,92467,92468,92469,92470,92471,92472,92473,92474,92475,92476,92477,92478,92479,92480,92481,92482,92483,92484,92485,92486,92487,92488,92489,92490,92491,92492,92493,92494,92495,92496,92497,92498,92499,92500,92501,92502,92503,92504,92505,92506,92507,92508,92509,92510,92511,92512,92513,92514,92515,92516,92517,92518,92519,92520,92521,92522,92523,92524,92525,92526,92527,92528,92529,92530,92531,92532,92533,92534,92535,92536,92537,92538,92539,92540,92541,92542,92543,92544,92545,92546,92547,92548,92549,92550,92551,92552,92553,92554,92555,92556,92557,92558,92559,92560,92561,92562,92563,92564,92565,92566,92567,92568,92569,92570,92571,92572,92573,92574,92575,92576,92577,92578,92579,92580,92581,92582,92583,92584,92585,92586,92587,92588,92589,92590,92591,92592,92593,92594,92595,92596,92597,92598,92599,92600,92601,92602,92603,92604,92605,92606,92607,92608,92609,92610,92611,92612,92613,92614,92615,92616,92617,92618,92619,92620,92621,92622,92623,92624,92625,92626,92627,92628,92629,92630,92631,92632,92633,92634,92635,92636,92637,92638,92639,92640,92641,92642,92643,92644,92645,92646,92647,92648,92649,92650,92651,92652,92653,92654,92655,92656,92657,92658,92659,92660,92661,92662,92663,92664,92665,92666,92667,92668,92669,92670,92671,92672,92673,92674,92675,92676,92677,92678,92679,92680,92681,92682,92683,92684,92685,92686,92687,92688,9

UCCP List of Health Services  
Based on April 1, 2014 Prioritized List

- Line: 663**  
Condition: SUPERFICIAL WOUNDS WITHOUT INFECTION AND CONTUSIONS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 910.0,910.2,910.4,910.6,910.8,911.0,911.2,911.4,911.6,911.8,912.0,912.2,912.4,912.6,912.8,913.0,913.2,913.4,913.6,913.8,914.0,914.2,914.4,914.6,914.8,915.0,915.2,915.4,915.6,915.8,916.0,916.2,916.4,916.6,916.8,917.0,917.2,917.4,917.6,917.8,919.0,919.2,919.4,919.6,919.8,920.0,921.0-921.9,922.0-922.2,922.31-922.9,923.00-923.9,924.00-924.9,959.01-959.12,959.14-959.8,V58.30  
CPT: 10120,10140,11740,11760,11762,12001-12014,28190,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 664**  
Condition: CHRONIC BRONCHITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 490,491.0,491.8-491.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 665**  
Condition: GALACTORRHEA, MASTODYNIA, ATROPHY, BENIGN NEOPLASMS AND UNSPECIFIED DISORDERS OF THE BREAST (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 217,611.3-611.4,611.6,611.71,611.81-611.82,611.9,757.6  
CPT: 19110,19120-19126,19324-19396,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 666**  
Condition: BENIGN POLYPS OF VOCAL CORDS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, STRIPPING  
ICD-9: 478.4  
CPT: 31540,31541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 667**  
Condition: BENIGN NEOPLASMS OF DIGESTIVE SYSTEM (See Guideline Notes 64,65)  
Treatment: SURGICAL TREATMENT  
ICD-9: 209.40-209.43,209.63,209.65-209.67,211.0-211.2,211.5-211.6,211.8-211.9  
CPT: 43195,43196,43212-43214,43216-43229,43233,43245,43248-43250,43266,43270,43450,44110-44120,44139-44145,44204-44208,44213,44369,44392-44397,44701,45160,45308,45309,45317-45327,45333-45335,45338,45345,45381-45385,45387,46610,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 668**  
Condition: VARICOSE VEINS OF LOWER EXTREMITIES WITHOUT ULCER OR INFLAMMATION (See Guideline Notes 64,65)  
Treatment: STRIPPING/SCLEROTHERAPY, MEDICAL THERAPY  
ICD-9: 454.8-454.9,459.0,459.10,459.19-459.30,459.39-459.9,607.82  
CPT: 29582-29584,36468-36479,37700-37761,37766-37790,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 669**  
Condition: CYST OF KIDNEY, ACQUIRED (See Guideline Notes 64,65)  
Treatment: MEDICAL AND SURGICAL TREATMENT  
ICD-9: 593.2  
CPT: 50390,50541,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

UCCP List of Health Services  
Based on April 1, 2014 Prioritized List

- Line: 670**  
Condition: HYPERTELORISM OF ORBIT (See Guideline Notes 64,65)  
Treatment: ORBITOTOMY  
ICD-9: 376.41  
CPT: 67405,92002-92060,92081-92226,92230-92313,92325-92353,92358-92371,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 671**  
Condition: GALLSTONES WITHOUT CHOLECYSTITIS (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY  
ICD-9: 574.20-574.21,575.6-575.9  
CPT: 43260-43265,43273-43278,47490,47564,47570,47600-47620,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 672**  
Condition: GYNECOMASTIA  
Treatment: MASTECTOMY  
ICD-9: 611.1  
CPT: 19300
- Line: 673**  
Condition: TMJ DISORDERS (See Guideline Notes 64,65)  
Treatment: TMJ SURGERY  
ICD-9: 524.50-524.69,718.08,718.18,718.28,718.38,718.58  
CPT: 20910,20926,21010,21050-21073,21210-21243,21480-21490,29800,29804,30520,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: D7852-D7877,D7899,D7955,D7991,G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 674**  
Condition: EDEMA AND OTHER CONDITIONS IN OLIVINE THE INTEGUMENT OF THE FETUS AND NEWBORN (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 778.5,778.7-778.9  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99468-99482,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463
- Line: 675**  
Condition: DENTAL CONDITIONS WHERE TREATMENT IS CHOSEN PRIMARILY FOR AESTHETIC CONSIDERATIONS  
Treatment: COSMETIC DENTAL SERVICES  
ICD-9: 520.0-520.3,520.5,520.8-520.9,521.10-521.25,521.7,521.9,524.30,524.39  
CPT: 98966-98969,99051,99060,99201-99215,99366,99441-99449,99487-99496,99605-99607  
HCPCS: D2610-D2664,D2934,D2960-D2962,D2983,D3460,D4230,D4231,D6548-D6601,D6608,D6609,D6720-D6750,D6985,D7995,D7996,D9970-D9975,G0463
- Line: 676**  
Condition: DENTAL CONDITIONS WHERE TREATMENT RESULTS IN MARGINAL IMPROVEMENT  
Treatment: ELECTIVE DENTAL SERVICES  
ICD-9: 520.7  
CPT: 41822,98966-98969,99051,99060,99201-99215,99366,99441-99449,99487-99496,99605-99607  
HCPCS: D2799,D2955,D2990,D3355-D3357,D3427-D3429,D3431,D3432,D3470,D3920,D3950,D4263,D4264,D5225,D5226,D5994,D7272,D7950,D7953,D7972,D7998,D9910,D9911,D9940-D9942,D9952,G0463
- Line: 677**  
Condition: CONGENITAL CYSTIC LUNG - SEVERE  
Treatment: LUNG RESECTION  
ICD-9: 748.4  
CPT: 32140,32141,32663

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**Line: 678**  
Condition: AGENESIS OF LUNG (See Guideline Notes 64,65)  
Treatment: MEDICAL THERAPY  
ICD-9: 748.5  
CPT: 98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

**Line: 679**  
Condition: CENTRAL RETINAL ARTERY OCCLUSION  
Treatment: PARACENTESIS OF AQUEOUS  
ICD-9: 362.31-362.33  
CPT: 67015,67500,67505

**Line: 680**  
Condition: BENIGN LESIONS OF TONGUE (See Guideline Notes 64,65)  
Treatment: EXCISION  
ICD-9: 529.1-529.9  
CPT: 41110-41114,98966-98969,99051,99060,99070,99078,99201-99239,99281-99360,99366,99374,99375,99379-99412,99429-99449,99471-99476,99487-99496,99605-99607  
HCPCS: G0396,G0397,G0406-G0408,G0425-G0427,G0463

**Line: 681**  
Condition: MENTAL DISORDERS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 313.1,313.3,313.82-313.83  
CPT: 98966-98969,99201-99215,99224,99324-99350,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0425-G0427,G0459,G0463

**Line: 682**  
Condition: INTRACRANIAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 377.01-377.02,377.21-377.39,377.51-377.54,377.71-377.75,437.7-437.8  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463

**Line: 683**  
Condition: INFECTIOUS DISEASES WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 071,136.0,136.9  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463

**Line: 684**  
Condition: ENDOCRINE AND METABOLIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,67)  
Treatment: EVALUATION  
ICD-9: 240.0-240.9,241.0-241.9,251.1-251.2,254.0,254.8-254.9,259.4,259.8-259.9,271.0,272.7,277.31,277.5,278.3,759.1  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463,S9357

**Line: 685**  
Condition: CARDIOVASCULAR CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 282.46,429.3,429.81-429.82,429.89-429.9,747.9  
CPT: 33620,33621,75557,75565,75573,98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463

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- Line: 686**  
Condition: SENSORY ORGAN CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 362.37,362.42-362.43,362.81-362.82,362.84-362.9,363.31,364.51-364.60,364.9,371.20,371.22,371.24-371.33,371.81,371.89-371.9,372.40-372.42,372.44-372.52,372.55,372.81-372.9,374.52-374.53,374.81-374.83,374.9,376.82-376.9,377.03,377.10-377.16,377.41-377.49,377.61-377.63,379.24,379.27-379.29,379.40-379.53,379.55-379.8,380.9  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463
- Line: 687**  
Condition: NEUROLOGIC CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 310.81,333.82,333.84,333.91,333.93  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463
- Line: 688**  
Condition: DERMATOLOGICAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,113)  
Treatment: EVALUATION  
ICD-9: 272.6,287.2,287.8-287.9,528.5,696.3-696.5,709.00-709.09,757.2,757.31-757.39,757.8-757.9,906.2-906.3,992.9  
CPT: 29581,98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0429,G0463
- Line: 689**  
Condition: RESPIRATORY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 519.3-519.9,748.60,748.69,748.9,770.13,770.15,770.  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463
- Line: 690**  
Condition: GENITOURINARY CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65,73)  
Treatment: EVALUATION  
ICD-9: 256.0,593.0-593.1,593.6,607.9,608.3,608.9,620.8-620.9,621.6,621.8-621.9,626.9,629.20-629.29,629.81-629.89,752.63-752.64,752.9  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463
- Line: 691**  
Condition: MUSCULOSKELETAL CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 272.8,716.40-716.99,718.00,718.10,718.20,718.50,718.80,718.90-718.99,719.61-719.69,728.5,728.84,728.87,728.9,731.2,738.2-738.3,738.9,744.5,744.81-744.9,748.1,754.0,755.9,756.2,756.9,994.5  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463
- Line: 692**  
Condition: GASTROINTESTINAL CONDITIONS AND OTHER MISCELLANEOUS CONDITIONS WITH NO OR MINIMALLY EFFECTIVE TREATMENTS OR NO TREATMENT NECESSARY (See Guideline Notes 64,65)  
Treatment: EVALUATION  
ICD-9: 527.0,569.43,569.9,573.9,576.5-576.9  
CPT: 98966-98969,99201-99239,99366,99441-99449,99487-99496,99605-99607  
HCPCS: G0406-G0408,G0425-G0427,G0463