Oregon Health Plan Prioritized List Changes
Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on May 19, 2022, based on the coverage guidance report, "Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)." These changes take effect on the Prioritized List of Health Services for the Oregon Health Plan on January 1, 2023.

Changes to the Prioritized List of Health Services:

1) **Add ICD-10-CM D89.9 to Line 313**

Add ICD-10-CM D89.9 (Disorder involving the immune mechanism, unspecified) to Line 313 DISORDERS INVOLVING THE IMMUNE SYSTEM.

2) **Adopt a new guideline based on the Coverage Guidance Box Language**

Guideline Note 227: PANDAS and PANS
Line 313

Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) is included on this line when coded with ICD-10-CM D89.89 (Other specified disorders involving the immune mechanism, not elsewhere classified). Pediatric Acute-Onset Neuropsychiatric Syndrome *(*PANS) is included on this line when coded with ICD-10-CM D89.9 (Disorder involving the immune mechanism, unspecified).

Up to 3 monthly immunomodulatory courses of intravenous immunoglobulin (IVIG) therapy are included on this line to treat PANDAS and PANS when both of the following are met:

a) A clinically appropriate trial of two or more less-intensive treatments (for example, appropriate limited course of nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, selective serotonin reuptake inhibitors (SSRIs), behavioral therapy, short-course antibiotic therapy) was either not effective, not tolerated, or did not result in sustained improvement in symptoms (as measured by a lack of clinically meaningful improvement on a validated instrument directed at the patient's primary symptom complex). These trials may be done concurrently, AND
b) A consultation with and recommendation from a pediatric subspecialist (for example, pediatric neurologist, pediatric psychiatrist, neurodevelopmental pediatrician, pediatric rheumatologist, pediatric allergist/immunologist) as well as the recommendation of the patient's primary care provider (for example, family physician, pediatrician, pediatric nurse practitioner, naturopath). The subspecialist consultation may be a teleconsultation. For adolescents, an adult subspecialist consult may replace a pediatric subspecialist consult.

A reevaluation at 3 months by both the primary care provider and pediatric expert is required for continued therapy of IVIG. This evaluation must include clinical testing with a validated instrument, which must be performed pretreatment and posttreatment to demonstrate clinically meaningful improvement.