YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
11920	11920ZZ	Tattoo/Color Defect to 6.0 Sq Cm	9/1/11
11921	11921ZZ	Tattooing 6-20 Sq Cm	9/1/11
11922	11922ZZ	Tattoo/Color Defect Ea Add 20 Sq Cm	9/1/11
15271	15271ZZ	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	1/1/12
15272	15272ZZ	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; Ea Additional 25 Sq Cm Wound Surface Area, Or Part Thereof	1/1/12
15273	15273ZZ	Skin Subst Graft To Trunk, Arms, Legs, Area >/= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	1/1/12
15274	15274ZZ	Skin Subst Graft To Trunk, Arms, Legs, Area >/= 100 Sq Cm; Ea Addl 100 Sq Cm Or Ea Adl 1% Of Body Area Of Inf&Children	1/1/12
15275	15275ZZ	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area Up To 100 Sq Cm; 1St 25 Sq Cm Or Less Wound Surface Area	1/1/12
15276	15276ZZ	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area Up To 100 Sq Cm; Ea Addl 25 Sq Cm Wound Surface Area, Or Part Thereof	1/1/12
15277	15277ZZ	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >/= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	1/1/12
15278	15278ZZ	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >/= 100 Sq Cm; Ea Addl 100 Sq Cm Or 1% Of Body Area Of Inf And Children	1/1/12
15777	15777ZZ	Implantation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk)	6/1/18
15820	15820ZZ	Blepharoplasty Lower Eyelids	9/1/03
15821	15821ZZ	Blepharoplasty W Extensive Fat Pads	9/1/03
15822	15822ZZ	Blepharoplasty Upper Eyelid	9/1/03
15823	15823ZZ	Rhytidectomy W Excess Skin On Lids	9/1/03
15830	15830ZZ	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy	1/1/07
15832	15832ZZ	Exc Excess Skin Subq Tiss Thigh	5/1/11
15833	15833ZZ	Exc Excess Skin Leg	5/1/11
15834	15834ZZ	Exc Excess Skin Subq Tiss Hip	5/1/11

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
15835	15835ZZ	Exc Excess Skin Buttock	5/1/11
15836	15836ZZ	Exc Excess Skin Subq Tiss Arm	5/1/11
15837	15837ZZ	Exc Excess Skin Forearm	5/1/11
15838	15838ZZ	Exc Excess Skin Subq Tiss Fat Pad	5/1/11
15839	15839ZZ	Exc Excess Skin Other Area	5/1/11
15847	15847ZZ	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen	1/1/07
15876	15876ZZ	Suction Assist Lipectomy Head Neck	6/1/17
15877	15877ZZ	Suction Assist Lipectomy Trunk	6/1/17
15878	15878ZZ	Suction Assist Lipectomy Up Extrem	6/1/17
15879	15879ZZ	Suction Assist Lipectomy Lower Extremity	6/1/17
17106	17106ZZ	Dest Cut Vasc Proliferative Les to 10 Sq	9/1/03
17107	17107ZZ	Dest Cut Vasc Prolif Les 10-50 Sqcm	9/1/03
17108	17108ZZ	Dest Cut Vasc Proliferative Les Over 50.	9/1/03
17380	17380ZZ	Electrolysis Epilation	1/1/18
19300	19300ZZ	Mastectomy for gynecomastia	1/1/07
19316	19316ZZ	Mastopexy	9/1/03
19318	19318ZZ	Mammoplasty Reduction	9/1/03
19324	19324ZZ	Mammaplasty Augment Wo/Prosthetic Implan	9/1/03
19325	19325ZZ	Mammoplasty Augmentation W Implant	9/1/03
19328	19328ZZ	Removal of Intact Mammary Implant	9/1/03
19330	19330ZZ	Removal Mammary Implant Unilateral	9/1/03
19340	19340ZZ	Insert Breast Prosthesis Immediate	9/1/03
19342	19342ZZ	Delay Insert Prosthesis Mast/Recons	9/1/03
19350	19350ZZ	Reconstruct Nipple/Areolar Unil	9/1/03
19355	19355ZZ	Correction Inverted Nipple(S)	9/1/03
19357	19357ZZ	Breast Recon W/Tiss Expander Inc Expansi	9/1/03
19361	19361ZZ	Breast Recon Latissimus Dorsi Flap W/Wo	9/1/03
19364	19364ZZ	Breast Reconstruction W/Free Flap	9/1/03
19366	19366ZZ	Reconstruction Breast Other Method	9/1/03
19367	19367ZZ	Breast Reconstn W Trans Rectus Abdominis Musc Flap (Tram), SGL Pedicle	9/1/03

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
19368	19368ZZ	Breast Reconstn, Trans Rect Abd Musc Flap (Tram), SGL Ped; Mic Anast	9/1/03
19369	19369ZZ	Breast Reconstn W Trans Rectus Abdominis Musc Flap (Tram), DBL Pedicle	9/1/03
19370	19370ZZ	Open Periprosthetic Capsulotomy Breast	9/1/03
19371	19371ZZ	Capsulectomy Periprosthetic Breast	9/1/03
19380	19380ZZ	Revision Reconstructed Breast	9/1/03
19396	19396ZZ	Preparation Moulage Breast Implant	9/1/03
20930	20930ZZ	Allograft for Spine Surgery; Morselized	10/1/09
20937	20937ZZ	Autograft for Spine Surgery; Morselized	4/1/07
20939	20939ZZ	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	2/1/19
20974	20974ZZ	Stimulate Bone Electric Noninvasive	9/1/03
20975	20975ZZ	Electrical Stim Aid Bone Heal Invasive	9/1/03
20979	20979ZZ	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	9/1/03
21070	21070ZZ	Coronoidectomy Unilateral	9/1/03
21077	21077ZZ	Impression and Custom Preparation; Orbital Prosthesis	9/1/03
21081	21081ZZ	Impress/Prep Mandibular Resection	9/1/03
21082	21082ZZ	Impress Custom Prep Palatal Augmentation	9/1/03
21083	21083ZZ	Impress/Prep Palatal Lift Prosth	9/1/03
21085	21085ZZ	Impress/Prep Oral Surgical Splint	9/1/03
21086	21086ZZ	Impress Custom Prep Auricular Prosth	9/1/03
21087	21087ZZ	Impress/Prep Nasal Prosth	9/1/03
21088	21088ZZ	Impress Custom Prep Facial Prosth	9/1/03
21110	21110ZZ	Apply Interdental Fixation Other	12/1/12
21121	21121ZZ	Genioplasty Sliding Osteotomy Single Pie	9/1/03
21122	21122ZZ	Genioplasty Slide Osteotomy 2+	4/1/07
21123	21123ZZ	Genioplasty Sliding Augmentation W/Bone	4/1/07
21141	21141ZZ	Reconstruction Midface, Single Piece	4/1/07
21142	21142ZZ	Reconstruction Midface, Two Pieces	1/1/08
21143	21143ZZ	Reconstruction Midface, Three or More Pieces	1/1/08
21145	21145ZZ	Recon Midface Lefort I Single Graft	4/1/07

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
21146	21146ZZ	Recon Midface Lefort I 2 Piece W/Bone Gr	1/1/08
21147	21147ZZ	Recon Midface Lefort I 3+ Pcs Graft	1/1/08
21150	21150ZZ	Recon Midface Lefort II Anterior Intrusi	1/1/08
21151	21151ZZ	Recon Midface Lefort II W/Bone Grft	1/1/08
21154	21154ZZ	Recon Midface Lefort III Wo/Lefort I	1/1/08
21155	21155ZZ	Recon Midface Lefort III W/Lefrt I	1/1/08
21159	21159ZZ	Recon Midface Lefort III W/Graft Wo/Lefo	1/1/08
21160	21160ZZ	Recon Midface Lefort III W/Grft/L I	1/1/08
21196	21196ZZ	Recon Mand Ramus Sag Split W/Rigid Rix	9/1/03
21198	21198ZZ	Osteotomy Mandible Segmental	9/1/03
21199	21199ZZ	Osteotomy, Mandible, Segmental; with Genioglossus Advancement	9/1/03
21206	21206ZZ	Osteotomy Maxilla Segmental	9/1/03
21208	21208ZZ	Osteoplasty Facial Bone Augment	9/1/03
21209	21209ZZ	Osteoplasty Facial Reduction	9/1/03
21210	21210ZZ	Graft Bone Nasal Maxilla Malar Area	9/1/03
21215	21215ZZ	Graft Bone Mandible	9/1/03
21230	21230ZZ	Grft Rib Cart to Face Chin Nose Ear	9/1/03
21244	21244ZZ	Reconstruct Mandible W Bone Plate	9/1/03
21245	21245ZZ	Recon Mand Max Subperiosteal Part	9/1/03
21246	21246ZZ	Repair Jaw W Subperiost Implnt Tot	9/1/03
21247	21247ZZ	Recon Mand Condyle Bone Cart Auto	1/1/08
21248	21248ZZ	Recon Mandible Maxilla Endosteal Implant	9/1/03
21249	21249ZZ	Repair Jaw W Endosteal Implnt Tot	9/1/03
21256	21256ZZ	Recon Orbit W/Osteotomies/Bone Grft	9/1/03
21260	21260ZZ	Periorbital Osteotomy W/Graft Extracrani	9/1/03
21261	21261ZZ	Rep Orbit Hypertelorism Combin Appr	9/1/03
21263	21263ZZ	Periorbital Osteotomy W/Graft Forehead A	9/1/03
21267	21267ZZ	Reposition Orbit Unil Extracranial	9/1/03
21268	21268ZZ	Orbit Reposition Unilat W/Graft Intra/Ex	9/1/03
21275	21275ZZ	2ndary Revision Orbitocraniofacial Recon	9/1/03

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
21685	21685ZZ	Hyoid Myotomy and Suspension	4/1/07
21740	21740ZZ	Recon Rep Pectus Excava/Carinatum	9/1/03
21742	21742ZZ	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), Wo Thoracoscopy	9/1/03
21743	21743ZZ	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), w Thoracoscopy	9/1/03
22110	22110ZZ	Exc Vertebra Part Cervical	12/1/12
22112	22112ZZ	Exc Vertebra Part Thoracic	12/1/12
22114	22114ZZ	Exc Vertebra Part Lumbar	12/1/12
22116	22116ZZ	Partial Excision of Vertebral Body for each additional Vertebral Segme	1/1/13
22510	22510ZZ	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	1/1/15
22511	22511ZZ	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	1/1/15
22512	22512ZZ	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv	1/1/15
22513	22513ZZ	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	1/1/15
22514	22514ZZ	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	1/1/15
22515	22515ZZ	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	1/1/15
22532	22532ZZ	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy To Prepare Interspace; Thoracic	1/1/07
22533	22533ZZ	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy To Prepare Interspace; Lumbar	10/1/09
22534	22534ZZ	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy; Thoracic or Lumbar, Each Additional Segment	4/1/07
22548	22548ZZ	Arthrodes,Txs/Extraoral,Clivus-C1-2	1/1/07
22551	22551ZZ	Arthrodesis, Anterior Interbody; Cervical Below C2	1/1/11

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
22552	22552ZZ	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add	1/1/11
22554	22554ZZ	Arthrodesis Ant Interbody-C2 Below	9/1/03
22556	22556ZZ	Arthrodesis Ant Interbody-Thoracic	9/1/03
22558	22558ZZ	Arthrod,Interbdy Tech;lumbar,Allogf	9/1/03
22590	22590ZZ	Arthrodesis Post-Craniocervical	1/1/07
22595	22595ZZ	Arthrodesis,Poster.Tech,Atlas-Axis,C1-C2	1/1/07
22600	22600ZZ	Fusion Cervical Post < C1	1/1/07
22610	22610ZZ	Arthrodesis Post-Thoracic	1/1/07
22612	22612ZZ	Arthrodesis,Posterior/Posterolateral Tec	9/1/03
22614	22614ZZ	Arthrodesis, each additional Vertebral Segment	5/1/12
22630	22630ZZ	Arthrodesis Post Interbody-Lumbar	9/1/03
22632	22632ZZ	Arthrodesis, each additional Interspace	9/1/03
22633	22633ZZ	Arthrodesis, Combined Post Or Postlatl Tech W Post Interbdy Tech,Incl Lamectmy &/Discectomy,Sgl Interspace & Segmt; Lumb	1/1/12
22634	22634ZZ	Arthrodesis, Combind Post Or Postlatl Tech W Post Interbdy Tech,Incl Lamectmy &/Discectomy,Sgl Interspce & Segmt;Ea Addl	1/1/12
22840	22840ZZ	Pos.Instrumnt;e.g. Harringtn Rod	7/1/07
22841	22841ZZ	Internal Spinal Fixation by Wiring of Spinous Processes	1/1/07
22842	22842ZZ	Instrumentat Post W Segment Wiring	7/1/06
22843	22843ZZ	Posterior Segmental Instrumentation, 7 To 12 Vertebral Segments	9/1/03
22844	22844ZZ	Posterior Segmental Instrumentation, 13 or More Vertebral Segments	9/1/03
22845	22845ZZ	Anterior Instrumentation	1/1/07
22846	22846ZZ	Anterior Instrumentation, 4 To 7 Vertebral Segments	1/1/07
22847	22847ZZ	Anterior Instrumentation, 8 or More Vertebral Segments	1/1/07
22851	22851ZZ	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for pr	1/1/07
22853	22853ZZ	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	1/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
22854	22854ZZ	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performe	1/1/17
22856	22856ZZ	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	4/1/09
22857	22857ZZ	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace	9/1/17
22858	22858ZZ	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompres	9/1/17
22859	22859ZZ	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth	1/1/17
22861	22861ZZ	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv	4/1/09
22862	22862ZZ	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc) Anterior Approach, Lumbar, Single Interspace	9/1/17
22864	22864ZZ	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	4/1/09
22865	22865ZZ	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Lumbar, Single Interspace	9/1/17
27130	27130ZZ	Replacement Hip Total Simple	1/1/18
27132	27132ZZ	Conversion Prev.Hip Surg to Total Hip Re	1/1/18
27134	27134ZZ	Revis.Tot.Hip Arthropl;both Compnts	1/1/18
27137	27137ZZ	Revision Total Hip-Acetabular Only	1/1/18
27138	27138ZZ	Revis.Total Hip Arthroplas;femoral Only,	1/1/18
27280	27280ZZ	Arthrodesis, Sacroiliac Joint	10/1/14
27412	27412ZZ	Autologous Chondrocyte Implantation, Knee	9/1/10
27415	27415ZZ	Rep Ligaments Knee+pes Anserin Tran	9/1/10
27416	27416ZZ	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])Advancement Pes Anserinus	9/1/10
27445	27445ZZ	Arthroplasty Knee Total Prosthetic	1/1/18
27447	27447ZZ	Replacement Knee Total	1/1/18
27486	27486ZZ	Revis.Totl Knee Arthroplas;1 Compon	1/1/18
27487	27487ZZ	Revis.Totl Knee Arthroplas,W/Wo Allogft;	1/1/18

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
29866	29866ZZ	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft)	9/1/10
29867	29867ZZ	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	9/1/10
30400	30400ZZ	Rhinoplasty Primary Partial	9/1/03
30410	30410ZZ	Rhinoplas,Prim;complet,Extern.Parts	9/1/03
30420	30420ZZ	Rhinoplasty Primary Maj Septal Rep	9/1/03
30430	30430ZZ	Rhinoplasty,2ndary;minor Revision	9/1/03
30435	30435ZZ	Rhinoplasty,Intermed Revis-Bony Work W O	9/1/03
30450	30450ZZ	Rhinoplasty,2ndary;major Revision	9/1/03
31295	31295ZZ	Nasal/Sinus Endoscopy, Surgical; With Dilation Of Maxillary Sinus Ostium, Transnasal Or Via Canine Fossa	12/1/15
31296	31296ZZ	Nasal/Sinus Endoscopy, Surgical; With Dilation Of Frontal Sinus Ostium (Eg, Balloon Dilation)	12/1/15
31297	31297ZZ	Nasal/Sinus Endoscopy, Surgical; With Dilation Of Sphenoid Sinus Ostium (Eg, Balloon Dilation)	12/1/15
31298	31298ZZ	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	1/1/18
31513	31513ZZ	Laryngoscopy,Indir;vocal Cord Injec	9/1/19
31570	31570ZZ	Laryngoscpy,Dir,Injec-Voc.Cord,Ther	9/1/19
32850	32850ZZ	Donor Pneumonectomy(ies) W Prep and Maintenance of Allograft (Cadaver)	9/1/03
32851	32851ZZ	Lung Transplant, Single; Without Cardiopulmonary Bypass	9/1/03
32852	32852ZZ	Lung Transplant, Single, with Cardiopulmonary Bypass	9/1/03
32853	32853ZZ	Lung Transplant, Double (Sequential or En Bloc); Without Cardpulm Bypa	9/1/03
32854	32854ZZ	Lung Transplant, Double (Sequential or En Bloc); with CardPulm Bypass	9/1/03
32855	32855ZZ	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	9/1/03
32856	32856ZZ	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	9/1/03
33285	33285ZZ	Insertion, subcutaneous cardiac rhythm monitor, including programming	1/1/19
33340	33340ZZ	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angio	8/1/18
33927	33927ZZ	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	1/1/18
33928	33928ZZ	Removal and replacement of total replacement heart system (artificial heart)	1/1/18

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
33929	33929ZZ	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	1/1/18
33930	33930ZZ	Donr Cardiectmy-Pneum,Prep/Main.Hom	9/1/03
33933	33933ZZ	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	9/1/03
33935	33935ZZ	Heart-Lung Transplant W Recipient Cardi/	9/1/03
33940	33940ZZ	Donor Cardiectomy,Prep/Mainten.Homo	9/1/03
33944	33944ZZ	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	9/1/03
33945	33945ZZ	Heart Transplant, W/Wo Recipient Cardiec	9/1/03
33975	33975ZZ	Implantation of Ventricular Assist Device; Single Ventricle Support	9/1/03
33976	33976ZZ	Implantation of Ventricular Assist Device; Biventricular Support	9/1/03
33979	33979ZZ	Insertion Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	9/1/03
33990	33990ZZ	Insertion Of Ventricular Assist Device, Percutaneous; Arterial Access Only	1/1/13
33991	33991ZZ	Insertion Of Ventricular Assist Device, Percutaneous; Both Arterial And Venous Access, With Transseptal Puncture	1/1/13
36215	36215ZZ	Intro Cath Head/Neck Artery	1/1/13
36216	36216ZZ	Select Cath Plcmt Art; 2nd Order Thoraci	1/1/13
36217	36217ZZ	Select Cath Plcmt Art;3rd Ord Thrc	1/1/13
36218	36218ZZ	Select Cath Plcmt Art; Add 2nd/3rd Order	1/1/13
36465	36465ZZ	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; singl	1/1/18
36466	36466ZZ	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multi	1/1/18
36470	36470ZZ	Injection of sclerosant; single incompetent vein (other than telangiectasia)	2/1/06
36471	36471ZZ	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	2/1/06
36475	36475ZZ	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	2/1/06
36476	36476ZZ	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a sin	2/1/06
36478	36478ZZ	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	2/1/06

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
36479	36479ZZ	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extre	2/1/06
37241	37241ZZ	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	1/1/18
37243	37243ZZ	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	1/1/18
37500	37500ZZ	Phleborrhaphy Neck	1/1/18
37700	37700ZZ	Lig/Div.Saph.Vein at Junc/Interrupt	2/1/06
37718	37718ZZ	Ligation, division, and stripping, short saphenous vein	2/1/06
37722	37722ZZ	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	2/1/06
37735	37735ZZ	Ligation & Strip Saphen+ulcer Unil	2/1/06
37760	37760ZZ	Ligation Perforators Rad (Linton)	2/1/06
37761	37761ZZ	Ligation of Perforator Vein(s), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg	5/1/12
37765	37765ZZ	Stab Phlebectomy of Varicose Veins, One Extremity; 10-20 Stab Incisions	2/1/06
37766	37766ZZ	Stab Phlebectomy of Varicose Veins, One Extremity; More Than 20 Incisions	2/1/06
37780	37780ZZ	Ligation/Divis-Short Saph.Vein @ Sapheno	2/1/06
37785	37785ZZ	Ligation 2ndary Varicose Vein Unil	2/1/06
38204	38204ZZ	Management of Recipient Hematopoietic Progenitor Cell Donor Search and Cell Acquisition	9/1/03
38205	38205ZZ	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Allogenic	9/1/03
38206	38206ZZ	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Autologous	9/1/03
38207	38207ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Cryopreservation and Storage	9/1/03
38208	38208ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Thawing of Previously Frozen Harvest	9/1/03
38209	38209ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Washing of Harvest	9/1/03
38210	38210ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-Cell Depletion	9/1/03
38211	38211ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Tumor Cell Depletion	9/1/03

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
38212	38212ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Red Blood Cell Removal	9/1/03
38213	38213ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Platelet Depletion	9/1/03
38214	38214ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	9/1/03
38215	38215ZZ	Transplant Preparation of Hematopoietic Progenitor Cells; Cell Concentration in Plasma, Mononuclear, or Buffy Coat Layer	9/1/03
38230	38230ZZ	Harvest Bone Marrow For Transplant	9/1/03
38232	38232ZZ	Bone Marrow Harvesting For Transplantation; Autologous	1/1/12
38240	38240ZZ	Bone Marrow Transplantation; Allogenic	9/1/03
38241	38241ZZ	Bone Marrow Transplant; Autologous	9/1/03
38242	38242ZZ	Bone Marrow or Blood-Derived Peripheral Stem Cell Transplantation; Allogeneic Donor Lymphocyte Infusions	9/1/03
41120	41120ZZ	Glossectomy < 1/2	2/1/17
41530	41530ZZ	Submucosal Ablation of the Tongue Base, Radiofrequency, One or More Sites, Per Session	5/1/10
42120	42120ZZ	Resect Palateor Extensive Lesion	4/1/07
42140	42140ZZ	Uvulectomy	9/1/03
42145	42145ZZ	Uvuloplatopharyngoplasty	9/1/03
42160	42160ZZ	Destruct Lesion Palate/Uvula	9/1/03
42226	42226ZZ	Lengthening of Palate, and Pharyngeal Fl	9/1/03
42227	42227ZZ	Lengthen Palate W Island Flap	9/1/03
42235	42235ZZ	Repair Anterior Palate Including Vomer F	9/1/03
42950	42950ZZ	Pharyngoplasty	4/1/07
42953	42953ZZ	Repair Pharyngoesophageal	4/1/07
43192	43192ZZ	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	5/1/18
43201	43201ZZ	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	5/1/18
43210	43210ZZ	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	5/1/18
43236	43236ZZ	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	5/1/18
43631	43631ZZ	Gastrectomy, Partial, Distal; with Gastroduodenostomy	1/1/03

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
43644	43644ZZ	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)	9/1/05
43645	43645ZZ	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction	9/1/05
43647	43647ZZ	Laparoscopy, Surgical; Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum	5/1/10
43648	43648ZZ	Laparoscopy, Surgical; Revision or Removal of Gastric Neurostimulator Electrodes, Antrum	5/1/10
43659	43659ZZ	Unlisted laparoscopy procedure, stomach	1/1/12
43771	43771ZZ	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	1/1/06
43772	43772ZZ	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	1/1/06
43774	43774ZZ	Laparoscopy, surg, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	1/1/06
43775	43775ZZ	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy)	5/1/12
43843	43843ZZ	Gastroplsty Non Vert-Banded Obesity	9/1/03
43845	43845ZZ	Gastric Stapling Morbid Obesity	9/1/03
43846	43846ZZ	Gastric Bypass W/Roux-En-Y-Mor.Obes	9/1/03
43847	43847ZZ	Gstrc Restricve Prcd w Gstrc Byps F Morbid Obesty; w/Sml Bowel Rcnstn	9/1/03
43848	43848ZZ	Revision of Gastrc Restrictive Prcd For Morbid Obesity (Separate Prcd)	9/1/03
43850	43850ZZ	Rev Gastroduodenostomy Wo Vagotomy	9/1/18
43855	43855ZZ	Revis.Gastroduo.Anast,Recons;w/Vag	9/1/18
43860	43860ZZ	Rev Gastrojejunostomy Wo Vagotomy	9/1/18
43865	43865ZZ	Gastrojejunostomy;with Vagotomy	9/1/18
43881	43881ZZ	Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum, Open	5/1/10
43882	43882ZZ	Revision or Removal of Gastric Neurostimulator Electrodes, Antrum, Open	5/1/10
43886	43886ZZ	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/13
43887	43887ZZ	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/13
43888	43888ZZ	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1/1/13

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
44133	44133ZZ	Donor Enterectomy, Open, w Allograft Prep & Maintenance; Living Donor	9/1/03
44136	44136ZZ	Intestinal Allotransplantation; From Living Donor	9/1/03
46505	46505ZZ	Chemodenervation of internal anal sphincter	9/1/19
47133	47133ZZ	Donor Hepatectomy,W Prep & Maintenance-H	9/1/03
47135	47135ZZ	Transplant Liver (Recipient)	9/1/03
47140	47140ZZ	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	9/1/03
47141	47141ZZ	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	9/1/03
47142	47142ZZ	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	9/1/03
47143	47143ZZ	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	9/1/03
47144	47144ZZ	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; W Trisegment Split Of Graft Into Two Partial Grafts	9/1/03
47145	47145ZZ	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; With Lobe Split Of Graft Into Two Partial Grafts	9/1/03
47146	47146ZZ	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	9/1/03
47147	47147ZZ	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	9/1/03
47370	47370ZZ	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency	9/1/03
47371	47371ZZ	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	9/1/03
47379	47379ZZ	Unlisted Laparoscopic Procedure, Liver	4/1/15
47380	47380ZZ	Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency	9/1/03
47381	47381ZZ	Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical	9/1/03
47382	47382ZZ	Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency	9/1/03
47383	47383ZZ	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	1/1/15
47399	47399ZZ	Unlisted Procedure Liver	4/1/15
48550	48550ZZ	Donor Pancreatectomy For Transplantation	9/1/03

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
48551	48551ZZ	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	9/1/03
48552	48552ZZ	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	9/1/03
48554	48554ZZ	Transplantation of Pancreatic Allograft	9/1/03
48556	48556ZZ	Removal of Transplanted Pancreatic Allograft	9/1/03
50300	50300ZZ	Nephrectomy Cadaver Donor	9/1/03
50320	50320ZZ	Donor Nephrectomy;from Living Donor,Unil	9/1/03
50323	50323ZZ	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	9/1/03
50325	50325ZZ	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	9/1/03
50327	50327ZZ	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	9/1/03
50328	50328ZZ	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	9/1/03
50329	50329ZZ	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	9/1/03
50340	50340ZZ	Nephrectomy Recipient Unilateral	9/1/03
50360	50360ZZ	Transplant Renal Homograft	9/1/03
50365	50365ZZ	Renal Homotxplnt,Implnt Gft;w/Recipnt Ne	9/1/03
50370	50370ZZ	Removal of Transplanted Homograft	9/1/03
50380	50380ZZ	Transplant Renal Autograft	9/1/03
50547	50547ZZ	Laparoscopy, surgical; donor nephrectomy from living donor	9/1/03
51715	51715ZZ	Endoscopic Injectn. Implant Material into Tissues of Ureth/Bladder Nec	7/1/19
52287	52287ZZ	Cystourethroscopy, With Injection(s) For Chemodenervation Of The Bladder	1/1/13
52327	52327ZZ	Cystouethroscopy; w/Subureteric Injection of Implant Material	7/1/19
52441	52441ZZ	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	7/1/17
52442	52442ZZ	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to c	7/1/17
53430	53430ZZ	Urethroplas,Reconst.Female Urethra	1/1/18
53444	53444ZZ	Insertion Of Tandem Cuff (Dual Cuff)	7/1/19
53445	53445ZZ	Corrct Urinary Incontin-Inflat.Sphn	7/1/19

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
53446	53446ZZ	Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff	7/1/19
53447	53447ZZ	Repor Remove Inflatable Sphincter	7/1/19
53449	53449ZZ	Surg.Correct-Hydraulic Abnorm-Sphin	7/1/19
54120	54120ZZ	Amputation of Penis; Partial	1/1/18
54125	54125ZZ	Amputation Penis Complete	1/1/18
54400	54400ZZ	Insertion Prosthesis Penis	1/1/18
54401	54401ZZ	Insert Prosthes Penis-Inflatable	1/1/18
54405	54405ZZ	Insert Prosth Penis-Multicomponent	1/1/18
54520	54520ZZ	Orchiectomy Simple Unilat	1/1/18
54660	54660ZZ	Insertion of Testicular Prosthesis--Sepa	1/1/18
54690	54690ZZ	Laparoscopy, surgical; orchiectomy	1/1/18
55150	55150ZZ	Resection of Scrotum	1/1/18
55175	55175ZZ	Scrotoplasty; Simple	1/1/18
55180	55180ZZ	Scrotoplasty Complicated	1/1/18
55970	55970ZZ	Intersex Op Male to Female	1/1/15
55980	55980ZZ	Intersex Surgery;female to Male	1/1/15
56800	56800ZZ	Plastic Repair of Introitus	1/1/18
56805	56805ZZ	Clitoroplasty Adrenogenital Syndrome	1/1/18
57106	57106ZZ	Vaginectomy partial removal of vaginal wall	1/1/18
57110	57110ZZ	Colpectomy Complete	1/1/18
57291	57291ZZ	Construct Artificial Vagina Wo Grft	1/1/18
57292	57292ZZ	Construction Artificial Vagina;w Graft	1/1/18
57295	57295ZZ	Revision (including removal) of prosthetic vaginal graft, vaginal approach	1/1/18
57296	57296ZZ	Revision (including Removal) of Prosthetic Vaginal Graft; Open Abdominal Approach	1/1/18
57335	57335ZZ	Vaginoplasty Adrenogenital Syndrome	1/1/18
57426	57426ZZ	Revision (Including Removal) of Prosthetic Vaginal Graft, Laparoscopic Approach	1/1/18
61517	61517ZZ	Implantation of Brain Intracavitary ChemoTherapy Agent	9/1/03
61850	61850ZZ	Twst Drl/Brr Hole-Impl Elec;corticl	7/1/10
61860	61860ZZ	Craniec/Otmy Impln-Elec,Cerebr;cort	7/1/10

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
61863	61863ZZ	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	9/1/03
61864	61864ZZ	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array	9/1/03
61867	61867ZZ	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	9/1/03
61868	61868ZZ	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array	9/1/03
61880	61880ZZ	Revis/Remv Intracr.Neurost.Electrod	7/1/08
61885	61885ZZ	Placement Subcutan Neurostim Receiv	7/1/08
61886	61886ZZ	Incision/subcutaneous placement of cranial neurostim pulse generator/receiver, direct or inductive coupling; >1 arrays	7/1/08
61888	61888ZZ	Rev/Rem.Cran Generatoror Receiver	7/1/08
62287	62287ZZ	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	9/1/03
62310	62310ZZ	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including	6/1/15
62311	62311ZZ	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including	6/1/15
62320	62320ZZ	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17
62321	62321ZZ	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17
62322	62322ZZ	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17
62323	62323ZZ	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17
63001	63001ZZ	Laminec-Expl/Decomp,1,2 Segm;cerv.	1/1/07
63003	63003ZZ	Decompress Spine <2 Seg Thoracic	1/1/07
63005	63005ZZ	Laminec=expl/Decomp,1,2 Segm;lumb	9/1/03

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
63011	63011ZZ	Laminec-Expl/Decomp,1,2 Segm;sacr	9/1/03
63012	63012ZZ	Laminectomy/Rem Facets,Lumbar (Gill Type	9/1/03
63015	63015ZZ	Laminec-Expl/Dec,3+seg;cerv	9/1/03
63016	63016ZZ	Decompress Spine >2 Seg Thoracic	9/1/03
63017	63017ZZ	Laminec-Expl/Dec,3+seg;lumb	9/1/06
63020	63020ZZ	Exc Iv Disk Cervical Unilat	1/1/07
63030	63030ZZ	Exc Iv Disk Lumbar Unilat	9/1/03
63035	63035ZZ	Exc Iv Disk Cervical/Lumb >1 Space	4/1/07
63040	63040ZZ	Laminotomy W Dec Nrv Rts;reex;cerv	1/1/07
63042	63042ZZ	Laminotomy W Dec Nrv Rts;reex;lumb	9/1/03
63043	63043ZZ	Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Cerv Interspace	4/1/07
63044	63044ZZ	Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Lumb Interspace	1/1/14
63045	63045ZZ	Laminectomy W Facetectomy-Cervical	1/1/07
63046	63046ZZ	Laminect, 1 Segm;thoracic	1/1/07
63047	63047ZZ	Laminectomy W Facetectomy-Lumbar	9/1/03
63048	63048ZZ	Lam.,Facetect,Foraminot;ea Adtl.Seg	4/1/07
63050	63050ZZ	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;	1/1/07
63051	63051ZZ	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements	1/1/07
63055	63055ZZ	Decompress Spine Transpedic-Thorac	1/1/07
63056	63056ZZ	Transped App/Decomp;sgle;lumb	9/1/03
63057	63057ZZ	Decomp Spine Transpedic-Ea Add Seg	4/1/07
63064	63064ZZ	Decompress Spine Costoverteb 1 Seg	1/1/07
63066	63066ZZ	Decomp Spine Costoverteb-Ea Add Seg	4/1/07
63075	63075ZZ	Diskectomy,Ante.W/Decomp Cord/Root;cerv;	1/1/07
63076	63076ZZ	Exc Iv Disk Ant Cervical >1 Seg	4/1/07
63077	63077ZZ	Diskectomy,Ante.W/Decomp Cord/Root;thor;	1/1/07
63078	63078ZZ	Exc Iv Disk Ant Thoracic-Ea Add Seg	4/1/07
63081	63081ZZ	Vert Corpectomy,Part/Comp.;anter.App;cer	1/1/07
63082	63082ZZ	Corpecto Verteb Ant Cerv Ea Add Seg	4/1/07

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
63085	63085ZZ	Vert Corpect.,Part/Comp,Transthoracic;th	1/1/07
63086	63086ZZ	Corpecto Verteb Thoracic Ea Add Seg	4/1/07
63087	63087ZZ	Vert.Corpect;thoracolumbar/Thor/Lumbar;s	9/1/03
63090	63090ZZ	Vert.Corpec;peritoneal Appr.;single	9/1/03
63101	63101ZZ	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment	4/1/07
63103	63103ZZ	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg	4/1/07
63170	63170ZZ	Laminectomy W Myelotomy;cerv,Thoracic,Th	4/1/07
63180	63180ZZ	Section Dentate Lig Cervical <2 Seg	4/1/07
63182	63182ZZ	Laminec/Section Ligaments W/Wo Grft,Cerv	4/1/07
63185	63185ZZ	Rhizotomy <2 Segments	4/1/07
63190	63190ZZ	Rhizotomy >2 Segments	4/1/07
63191	63191ZZ	Section Spinal Accessory Nerve Unil	4/1/07
63194	63194ZZ	Cordotomy Unilat 1 Stage Cervical	4/1/07
63195	63195ZZ	Cordotomy Unilat 1 Stage Thoracic	4/1/07
63196	63196ZZ	Cordotomy Bilat 1 Stage Cervical	4/1/07
63197	63197ZZ	Laminect W Cordotomy;both Tracts;1 Stg;t	4/1/07
63198	63198ZZ	Cordotomy Bilat 2 Stage Cervical	4/1/07
63199	63199ZZ	Laminect.W Cordotmy;both Tracts;2 Stg;th	4/1/07
63200	63200ZZ	Relase Tethered Spinal Cord	4/1/09
63265	63265ZZ	Laminect;intraspinal Lesion;cerv.	4/1/07
63266	63266ZZ	Exc Les Intraspin Extradur-Thoracic	4/1/07
63267	63267ZZ	Laminect;intraspinal Lesion;lumb	9/1/03
63270	63270ZZ	Lamin-Exc Intrasp.Les,Intradur;cerv	4/1/07
63271	63271ZZ	Exc Les Intraspin Intradur-Thoracic	4/1/07
63272	63272ZZ	Lamin-Exc Intrasp.Les,Intradur;lumb	9/1/03
63275	63275ZZ	Lam,Bx/Exc Intrasp.Neo;extradur,Cer	4/1/07
63276	63276ZZ	Exc Intraspin Neopl Extradur-Thorac	4/1/07
63280	63280ZZ	Lam,Bx/Exc Int.Neo;intra,Extra,Cerv	4/1/07

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
63281	63281ZZ	Exc Intraspin Neopl Extramed-Thorac	4/1/07
63285	63285ZZ	Lam,Bx/Exc In.Neo;intradur,Im,Cerv	4/1/07
63286	63286ZZ	Exc Intraspin Neopl Intramed-Thorac	4/1/07
63287	63287ZZ	Lam,Bx/Exc Neo;intradur,Im,Thoracol	4/1/07
63295	63295ZZ	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Sep)	9/1/03
63300	63300ZZ	Vert.Corpectmy,1 Seg;extradurl,Cerv	4/1/07
63301	63301ZZ	Corpectomy Verteb-Thorac Transthor	4/1/07
63302	63302ZZ	Vert.Corpectm,1;extra,Thor-Thoracol	4/1/07
63304	63304ZZ	Vert.Corpectmy,1 Seg;intradurl,Cerv	4/1/07
63305	63305ZZ	Corpectomy Verteb-Thorac Transthor	4/1/07
63306	63306ZZ	Vert.Corp,1;intradur,Thor-Thoracol	4/1/07
63307	63307ZZ	Vert.Corpec,Exc Les,1;intradur,Lumb/Sac-	9/1/03
63308	63308ZZ	Vertebral Corpectomy;ea.Add.Segment	4/1/07
63650	63650ZZ	Percut.Impl-Neurostm.Electrod;epidu	9/1/03
63655	63655ZZ	Lam-Impl-Neurostim.Electrod;epidurl	9/1/03
63661	63661ZZ	Removal of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed	1/1/10
63662	63662ZZ	Removal of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy or Laminectomy, inc Fluoro	1/1/10
63663	63663ZZ	Revision including Replacement, When Performed, of Spinal Neurostimulator Electrode Percutaneous Array(s), inc Fluoro	1/1/10
63664	63664ZZ	Revision inc Replacement, If Performed, of Spinal Neurostimr Electrode Plate/Paddles Placed Via Laminotomy/Ectomy	1/1/10
63685	63685ZZ	Placement Subcut Neurostim Receiver	9/1/03
63688	63688ZZ	Rev/Rem. Implted. Generator/Rec.	9/1/03
64479	64479ZZ	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, sgl level	6/1/15
64480	64480ZZ	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, each addtl level	6/1/15
64483	64483ZZ	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, sgl level	6/1/15
64484	64484ZZ	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, each addtl level	6/1/15

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
64553	64553ZZ	Implant Neurostim Cranial-Percut	10/1/16
64555	64555ZZ	Percut.Impl-Neurost.Electrod;periph	5/1/18
64561	64561ZZ	Percutaneous Implantation Of Neurostimulator Electrodes; Sacral Nerve (Transforaminal Placement)	3/1/16
64568	64568ZZ	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	10/1/16
64569	64569ZZ	Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection	10/1/16
64570	64570ZZ	Removal Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	10/1/16
64575	64575ZZ	Incis-Impl-Neuro.Electrod;periph.Nv	5/1/18
64581	64581ZZ	Incision For Implantation Of Neurostimulator Electrodes; Sacral Nerve (Transforaminal Placement)	3/1/16
64585	64585ZZ	Rev Peripheral Neurostim Electrode	5/1/18
64590	64590ZZ	I & Plcmt. Peripheral Generator/Rec	5/1/10
64595	64595ZZ	Rev Peripheral Neurostim Receiver	5/1/10
64611	64611ZZ	Chemodenervation Of Parotid And Submandibular Salivary Glands, Bilateral	9/1/19
64612	64612ZZ	Dest Neurolytic Agent; Muscle Enervated	2/1/14
64615	64615ZZ	Chemodenervation Of Muscle(s); Muscle(s) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilat	9/1/19
64616	64616ZZ	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	2/1/14
64617	64617ZZ	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	2/1/14
64633	64633ZZ	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Cervical Or Thoracic, Single Facet Joint	1/1/12
64634	64634ZZ	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Cervical Or Thoracic, Ea Addl Facet Jt	1/1/12
64635	64635ZZ	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Lumbar Or Sacral, Single Facet Joint	1/1/12
64636	64636ZZ	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Lumbar Or Sacral, Ea Addl Facet Jt	1/1/12

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
64642	64642ZZ	Chemodenervation of one extremity; 1-4 muscle(s)	2/1/14
64643	64643ZZ	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	2/1/14
64644	64644ZZ	Chemodenervation of one extremity; 5 or more muscle(s)	2/1/14
64645	64645ZZ	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	2/1/14
64646	64646ZZ	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	2/1/14
64647	64647ZZ	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	2/1/14
64650	64650ZZ	Chemodenervation of eccrine glands; both axillae	1/1/14
64653	64653ZZ	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	1/1/06
67345	67345ZZ	Chemodenervation of Extraocular Muscle	9/1/19
67900	67900ZZ	Repair Brow Ptosis (Supraciliary/Mid/Cor	9/1/03
67901	67901ZZ	Repair Blepharoptosis; Frontalis	9/1/03
67902	67902ZZ	Rep Blepharoptosis Frontalis+sling	9/1/03
67903	67903ZZ	Rep. Bleph;adv.;internal Appr.	9/1/03
67904	67904ZZ	Rep Blepharoptosis Levator External	9/1/03
67906	67906ZZ	Rep.Bleph;sup.Rectus Tech,Fasc.Slng	9/1/03
67908	67908ZZ	Rep.Bleph;conjunct-Tarso-Lev.Resec	9/1/03
69930	69930ZZ	Cochlear Device Implantation, W/Wo Masto	9/1/03
75665	75665ZZ	Angiography Carotid Cerebral Unilateral	2/1/16
75685	75685ZZ	Angiography Vertebral Cervical Intracran	1/1/13
77520	77520ZZ	Proton beam delivery to a sgl treatment area, sgl port, custom block	9/1/03
77522	77522ZZ	Proton Treatment Delivery; Simple, with Compensation	9/1/03
77523	77523ZZ	Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks	9/1/03
77525	77525ZZ	Proton Treatment Delivery; Complex	9/1/03
77767	77767ZZ	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	1/1/16
77768	77768ZZ	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or mu	1/1/16

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
77770	77770ZZ	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	1/1/16
81105	81105ZZ	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], pos	1/1/18
81106	81106ZZ	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion p	1/1/18
81107	81107ZZ	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombo	1/1/18
81108	81108ZZ	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], pos	1/1/18
81109	81109ZZ	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post	1/1/18
81110	81110ZZ	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], po	1/1/18
81111	81111ZZ	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thromb	1/1/18
81112	81112ZZ	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common varian	1/1/18
81120	81120ZZ	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	1/1/18
81121	81121ZZ	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	1/1/18
81161	81161ZZ	DMD (Dystrophin) (Eg, Duchenne/Becker Muscular Dystrophy) Deletion Analysis, And Duplication Analysis, If Performed	2/1/18
81162	81162ZZ	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplicatio	1/1/16
81163	81163ZZ	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/19
81165	81165ZZ	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/19

Procedure High	Procedure Low	Description	PA Effective Date
81171	81171ZZ	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81172	81172ZZ	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	1/1/19
81173	81173ZZ	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	1/1/19
81174	81174ZZ	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	1/1/19
81175	81175ZZ	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; fu	1/1/18
81176	81176ZZ	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; ta	1/1/18
81177	81177ZZ	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81178	81178ZZ	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81179	81179ZZ	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81180	81180ZZ	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81181	81181ZZ	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81182	81182ZZ	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81183	81183ZZ	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81184	81184ZZ	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81185	81185ZZ	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	1/1/19

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81186	81186ZZ	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	1/1/19
81187	81187ZZ	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81188	81188ZZ	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81189	81189ZZ	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	1/1/19
81190	81190ZZ	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	1/1/19
81200	81200ZZ	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)	1/1/12
81201	81201ZZ	APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence	1/1/13
81202	81202ZZ	APC (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants	1/1/13
81203	81203ZZ	APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants	1/1/13
81204	81204ZZ	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	1/1/19
81205	81205ZZ	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) Gene Analysis, Common Variants	1/1/12
81209	81209ZZ	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant	1/1/12
81210	81210ZZ	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant	1/1/13
81212	81212ZZ	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	1/1/12
81215	81215ZZ	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/12
81216	81216ZZ	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/12
81217	81217ZZ	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/12
81219	81219ZZ	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	3/1/18

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81225	81225ZZ	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants	1/1/12
81226	81226ZZ	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants	1/1/12
81227	81227ZZ	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	1/1/12
81228	81228ZZ	Cytogenomic Constitutional (Genome-Wide) Microarray Analysis; Interrogation Of Genomic Regions For Copy Number Variants	1/1/12
81229	81229ZZ	Cytogenomic Constitutional Microarray Analysis;Interrog Genomic Regns For Copy Numbr & Sgl Nuctide Polymorphism Variants	1/1/12
81230	81230ZZ	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	1/1/18
81231	81231ZZ	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	1/1/18
81232	81232ZZ	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	1/1/18
81233	81233ZZ	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	1/1/19
81234	81234ZZ	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/19
81235	81235ZZ	EGFR (Epidermal Growth Factor Receptor) Gene Analysis, Common Variants	10/1/14
81236	81236ZZ	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	1/1/19
81237	81237ZZ	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	1/1/19
81238	81238ZZ	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	1/1/18
81239	81239ZZ	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	1/1/19
81240	81240ZZ	F2 (Prothrombin, Coagulation Factor Ii) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant	1/1/12
81241	81241ZZ	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	1/1/12

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81242	81242ZZ	Fancc (Fanconi Anemia, Complementation Group C) Gene Analysis, Common Variant (Eg, Ivs4+4A>T)	1/1/12
81243	81243ZZ	Fmr1 (Fragile X Mental Retardation 1) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles	1/1/12
81244	81244ZZ	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	1/1/12
81247	81247ZZ	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	1/1/18
81248	81248ZZ	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	1/1/18
81249	81249ZZ	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	1/1/18
81250	81250ZZ	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) Gene Analysis, Common Variants (Eg, R83C, Q347X)	1/1/12
81251	81251ZZ	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)	1/1/12
81255	81255ZZ	Hexa (Hexosaminidase A [Alpha Polypeptide]) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)	1/1/12
81256	81256ZZ	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)	1/1/13
81257	81257ZZ	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast	1/1/13
81258	81258ZZ	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	1/1/18
81259	81259ZZ	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	1/1/18
81260	81260ZZ	Inhibtr Of Kappa Light Plypeptide Gene Enhancr In B-Cells, Kinase Complex-Assoc Protein Gene Analysis, Common Variants	1/1/13
81265	81265ZZ	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Patient And Comparative Specimen	2/1/18

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81269	81269ZZ	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	1/1/18
81270	81270ZZ	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant	3/1/18
81271	81271ZZ	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81274	81274ZZ	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	1/1/19
81275	81275ZZ	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13	10/1/14
81276	81276ZZ	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	10/1/16
81280	81280ZZ	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis	1/1/13
81281	81281ZZ	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); known familial sequence variant	1/1/13
81282	81282ZZ	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants	1/1/13
81283	81283ZZ	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	1/1/18
81284	81284ZZ	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/19
81285	81285ZZ	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	1/1/19
81286	81286ZZ	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	1/1/19
81287	81287ZZ	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	1/1/15
81288	81288ZZ	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	1/1/15
81289	81289ZZ	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	1/1/19
81290	81290ZZ	Mcoln1 (Mucolipin 1) (Eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)	1/1/12
81292	81292ZZ	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis	1/1/12

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81293	81293ZZ	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Known Familial Variants	1/1/12
81294	81294ZZ	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants	1/1/12
81295	81295ZZ	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis	1/1/12
81296	81296ZZ	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Known Familial Variants	1/1/12
81297	81297ZZ	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants	1/1/12
81298	81298ZZ	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Full Sequence Analysis	1/1/12
81299	81299ZZ	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants	1/1/12
81300	81300ZZ	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants	1/1/12
81302	81302ZZ	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis	1/1/12
81303	81303ZZ	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant	1/1/12
81304	81304ZZ	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants	1/1/12
81305	81305ZZ	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	1/1/19
81311	81311ZZ	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	1/1/16
81312	81312ZZ	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81315	81315ZZ	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Common Breakpoints, Qual/Quant	10/1/14
81316	81316ZZ	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Single Breakpoint, Qual/Quant	10/1/14
81317	81317ZZ	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis	1/1/12
81318	81318ZZ	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Known Familial Variants	1/1/12
81319	81319ZZ	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants	1/1/12
81321	81321ZZ	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis	1/1/13

Procedure High	Procedure Low	Description	PA Effective Date
81322	81322ZZ	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant	1/1/13
81323	81323ZZ	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant	1/1/13
81324	81324ZZ	PMP22 (Peripheral Myelin Protein 22) Gene Analysis; Duplication/Deletion Analysis	1/1/13
81325	81325ZZ	PMP22 (Peripheral Myelin Protein 22) Gene Analysis; Full Sequence Analysis	1/1/13
81326	81326ZZ	PMP22 (Peripheral Myelin Protein 22) Gene Analysis; Known Familial Variant	1/1/13
81327	81327ZZ	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	1/1/17
81328	81328ZZ	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	1/1/18
81329	81329ZZ	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neur	1/1/19
81330	81330ZZ	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Vars	1/1/12
81331	81331ZZ	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A), Methylation Analysis	1/1/12
81332	81332ZZ	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1), Gene Analysis,Common Vars	1/1/12
81333	81333ZZ	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	1/1/19
81334	81334ZZ	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analy	1/1/18
81335	81335ZZ	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	1/1/18
81336	81336ZZ	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	1/1/19
81337	81337ZZ	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	1/1/19
81343	81343ZZ	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19
81344	81344ZZ	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81345	81345ZZ	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	1/1/19
81346	81346ZZ	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	1/1/18
81350	81350ZZ	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis,Common Variants	1/1/13
81355	81355ZZ	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants	1/1/12
81361	81361ZZ	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	1/1/18
81362	81362ZZ	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	1/1/18
81363	81363ZZ	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	1/1/18
81364	81364ZZ	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	1/1/18
81382	81382ZZ	Hla Class Ii Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus, Each	8/1/16
81400	81400ZZ	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	1/1/12
81401	81401ZZ	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	1/1/12
81402	81402ZZ	Molecular Pathology Procedure Level 3	1/1/12
81403	81403ZZ	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	1/1/12
81404	81404ZZ	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	1/1/12
81405	81405ZZ	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	1/1/12
81406	81406ZZ	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	1/1/12
81407	81407ZZ	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	1/1/12
81408	81408ZZ	Molecular Pathology Procedure Level 9	1/1/12
81412	81412ZZ	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease)	1/1/16
81413	81413ZZ	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel	1/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81414	81414ZZ	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analy	1/1/17
81415	81415ZZ	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/15
81416	81416ZZ	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code	1/1/15
81417	81417ZZ	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syn	1/1/15
81420	81420ZZ	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromoso	1/1/15
81430	81430ZZ	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23,	2/1/18
81431	81431ZZ	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 delet	2/1/18
81432	81432ZZ	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must incl	1/1/16
81433	81433ZZ	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must	1/1/16
81434	81434ZZ	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 1	2/1/18
81435	81435ZZ	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including	1/1/15
81436	81436ZZ	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, i	1/1/15
81437	81437ZZ	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis pane	1/1/16
81438	81438ZZ	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis	1/1/16
81439	81439ZZ	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must inc	1/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81440	81440ZZ	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, CO	1/1/15
81442	81442ZZ	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, m	1/1/16
81443	81443ZZ	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucoli	1/1/19
81445	81445ZZ	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA	1/1/15
81448	81448ZZ	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-	1/1/18
81450	81450ZZ	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2	1/1/15
81455	81455ZZ	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3	1/1/15
81460	81460ZZ	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [	1/1/15
81465	81465ZZ	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor	1/1/15
81470	81470ZZ	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, A	1/1/15
81471	81471ZZ	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX,	1/1/15
81479	81479ZZ	Unlisted Molecular Pathology Procedure	10/1/14
81518	81518ZZ	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm	1/1/19
81519	81519ZZ	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	9/1/17
81520	81520ZZ	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm r	3/1/18

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
81521	81521ZZ	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue	3/1/19
81545	81545ZZ	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	1/1/16
81595	81595ZZ	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	1/1/16
86813	86813ZZ	Tissue Typing,Hla Typing, A,B,&/Or C,Mul	9/1/03
86816	86816ZZ	Hla Typing Dr/Dq Single Antigen	9/1/03
86817	86817ZZ	Hla Typing Dr/Dq Multiple Antigens	9/1/03
86821	86821ZZ	Hla Typing Lymphocyte Culture Mixed	9/1/03
86822	86822ZZ	HLA typing; lymphocyte culture, primed (PLC)	9/1/03
88280	88280ZZ	Chrom.Analys;additnl Karyotypes,Ea	4/1/16
89259	89259ZZ	Cryopreservation; Sperm	4/1/07
91110	91110ZZ	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, w Phys Interp and Report	9/1/03
91111	91111ZZ	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report	1/1/07
92640	92640ZZ	Diagnostic Analysis with Programming of Auditory Brainstem Implant, Per Hour	10/1/17
93228	93228ZZ	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report	10/1/09
93229	93229ZZ	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support	10/1/09
93590	93590ZZ	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	1/1/17
93591	93591ZZ	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	1/1/17
93592	93592ZZ	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	1/1/17
95805	95805ZZ	Mult Sleep Latency;rec/Interp;mult	1/1/09
95807	95807ZZ	Sleep Study, 3 or More Parameters Other Than Staging	1/1/09
95808	95808ZZ	Polysomnography; Sleep Staging with 1 to 3 Additional Parameters	1/1/09

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
95836	95836ZZ	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	1/1/19
95873	95873ZZ	Electrical stimulation for guidance in conjunction with chemodenervation (list sep)	9/1/19
95874	95874ZZ	Needle electromyography for guidance in conjunction with chemodenervation (list sep)	9/1/19
95976	95976ZZ	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	1/1/19
95977	95977ZZ	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	1/1/19
95983	95983ZZ	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	1/1/19
95984	95984ZZ	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	1/1/19
96116	96116ZZ	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and v	1/1/06
96121	96121ZZ	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and v	1/1/19
96132	96132ZZ	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized	1/1/19
96133	96133ZZ	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized	1/1/19
96138	96138ZZ	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	1/1/19
96139	96139ZZ	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to co	1/1/19
97605	97605ZZ	Negative Pressure Wound Therapy, Per Session; Total Area </= 50 Sq Cm	9/1/03
97606	97606ZZ	Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm	9/1/03
99183	99183ZZ	Physician Attendance and Supervision of Hyperbaric Oxygen Therapy; Per Session	1/1/08
0008M	0008MZZ	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	9/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
0009M	0009MZZ	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	7/1/15
0009U	0009UZZ	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting	8/1/18
0017U	0017UZZ	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or	3/1/18
0027U	0027UZZ	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	8/1/19
0028U	0028UZZ	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence anal	11/1/18
0030T	0030TZZ	Antiprothrombin (phospholipid cofactor) antibody, each Ig class	1/1/03
0042T	0042TZZ	Cerebral perf anlys w/comp tomography w/cont admin includ post-proc parametric map w/det cer blood flow/vol/tx time	1/1/03
0051T	0051TZZ	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	7/1/12
0058T	0058TZZ	Cryopreservation; Reproductive Tissue, Ovarian	1/1/09
0059T	0059TZZ	Cryopreservation; Oocyte(s)	1/1/09
0081U	0081UZZ	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fi	6/1/19
0095T	0095TZZ	Removal of total disc arthroplasty, anterior approach; each additional interspace	9/1/17
0098T	0098TZZ	Revision of total disc arthroplasty, anterior approach; each additional interspace	9/1/17
0111U	0111UZZ	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	10/1/19
0124U	0124UZZ	Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm rep	10/1/19
0129U	0129UZZ	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/dup	10/1/19
0137U	0137UZZ	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/1/19
0138U	0138UZZ	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in additio	10/1/19

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
0164T	0164TZZ	Removal of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace	9/1/19
0169T	0169TZZ	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)	2/1/16
0180T	0180TZZ	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only	1/1/12
0182T	0182TZZ	HDR Electronic Brachytherhapy Per Fraction	1/1/07
0205T	0205TZZ	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or th	1/1/10
0206T	0206TZZ	Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including repor	1/1/10
0239T	0239TZZ	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differe	1/1/11
0240T	0240TZZ	Esophageal motility study with interpretation and report; with 3-dimensional high resolution esophageal pressure topogr	1/1/11
0241T	0241TZZ	Esophageal motility study with interpretation and report; with stimulation or perfusion during 3-dimensional high resolu	1/1/11
0249T	0249TZZ	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	1/1/11
0250T	0250TZZ	Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure)	1/1/11
0251T	0251TZZ	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), in	1/1/11
0252T	0252TZZ	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), ea	1/1/11
0282T	0282TZZ	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed,	1/1/12
0284T	0284TZZ	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed	1/1/12
0291T	0291TZZ	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter	1/1/12

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
0292T	0292TZZ	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter	1/1/12
0293T	0293TZZ	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transseptal access, ra	1/1/12
0294T	0294TZZ	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision	1/1/12
0309T	0309TZZ	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when perfo	1/1/13
0311T	0311TZZ	Non-Invasive Calculation And Analysis Of Central Arterial Pressure Waveforms With Interpretation And Report	1/1/13
0318T	0318TZZ	Implantation Of Catheter-Delivered Prosthetic Aortic Heart Valve, Open Thoracic Approach	1/1/13
0319T	0319TZZ	Insertion Or Replacement Of Subcutaneous Implantable Defibrillator System With Subcutaneous Electrode	1/1/13
0320T	0320TZZ	Insertion Of Subcutaneous Defibrillator Electrode	1/1/13
0321T	0321TZZ	Insertion Of Subcutaneous Implantable Defibrillator Pulse Generator Only With Existing Subcutaneous Electrode	1/1/13
0322T	0322TZZ	Removal Of Subcutaneous Implantable Defibrillator Pulse Generator Only	1/1/13
0323T	0323TZZ	Removal Of Subcutaneous Implantable Defibrillator Pulse Generator With Replacement Of Generator Only	1/1/13
0324T	0324TZZ	Removal Of Subcutaneous Defibrillator Electrode	1/1/13
0325T	0325TZZ	Repositioning Of Subcutaneous Implantable Defibrillator Electrode And/Or Pulse Generator	1/1/13
0326T	0326TZZ	Electrophysiologic Evaluation Of Subcutaneous Implantable Defibrillator	1/1/13
0327T	0327TZZ	Interrogation Device Eval (In Person) W Analysis, Review And Report; Implantable Subcutaneous Lead Defibrillator System	1/1/13
0328T	0328TZZ	Programming Device Evaluation (In Person) With Iterative Adjustment; Implantable Subcutaneous Lead Defibrillator System	1/1/13
0330T	0330TZZ	Tear film imaging, unilateral or bilateral, with interpretation and report	7/1/13
0331T	0331TZZ	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	7/1/13
0332T	0332TZZ	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	7/1/13

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
0333T	0333TZZ	Visual evoked potential, screening of visual acuity, automated, with report	7/1/13
0340T	0340TZZ	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	1/1/14
0358T	0358TZZ	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	7/1/14
0376T	0376TZZ	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List s	1/1/15
0380T	0380TZZ	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	1/1/15
0402T	0402TZZ	Collagen cross-linking of cornea, including removal of the corneal epithelium and intraoperative pachymetry, when performed (Report medication separately)	11/1/18
0438T	0438TZZ	Transperineal placement of biodegradable material, peri-prostatic (via needle), single or multiple, includes image guidance	10/1/16
0439T	0439TZZ	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary pro	10/1/16
0440T	0440TZZ	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	10/1/16
0442T	0442TZZ	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	10/1/16
0451T	0451TZZ	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17
0452T	0452TZZ	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17
0453T	0453TZZ	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17
0454T	0454TZZ	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17
0462T	0462TZZ	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the dev	1/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
0463T	0463TZZ	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counte	1/1/17
0464T	0464TZZ	Visual evoked potential, testing for glaucoma, with interpretation and report	1/1/17
0465T	0465TZZ	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	1/1/17
0494T	0494TZZ	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion sys	1/1/18
0495T	0495TZZ	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	1/1/18
0496T	0496TZZ	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	1/1/18
0497T	0497TZZ	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended moni	1/1/18
0498T	0498TZZ	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended mon	1/1/18
0499T	0499TZZ	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	1/1/18
0501T	0501TZZ	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18
0502T	0502TZZ	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18
0503T	0503TZZ	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18
0504T	0504TZZ	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18
A4290	A4290ZZ	Sacral Nerve Stim Test Lead	3/1/16
A4555	A4555ZZ	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	3/1/17
A9272	A9272ZZ	Wound suction, disposable, includes dressing, all accessories and components, any type, each	1/1/12
A9274	A9274ZZ	Ext amb insulin delivery sys	7/1/08
A9276	A9276ZZ	Disposable sensor, CGM sys	4/1/08

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
A9277	A9277ZZ	External transmitter, CGM	4/1/08
A9278	A9278ZZ	External receiver, CGM sys	4/1/08
A9513	A9513ZZ	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	1/1/19
A9606	A9606ZZ	Radium Ra-223 dichloride, therapeutic, per microcurie	1/1/15
B4102	B4102ZZ	EF adult fluids and electro	1/1/13
B4105	B4105ZZ	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	1/1/19
C1754	C1754ZZ	Catheter, intradiscal	3/1/10
C1755	C1755ZZ	Catheter, intraspinal	3/1/10
C1764	C1764ZZ	Event recorder, cardiac (implantable)	9/1/17
C1767	C1767ZZ	Generator, neurostimulator (implantable)	2/1/16
C1776	C1776ZZ	Joint device (implantable)	12/1/18
C1778	C1778ZZ	Lead, neurostimulator (implantable)	2/1/16
C1787	C1787ZZ	Patient programmer, neurostimulator	11/1/17
C1813	C1813ZZ	Prosthesis, penile, inflatable	1/1/18
C1815	C1815ZZ	Prosthesis, urinary sphincter (implantable)	7/1/19
C1816	C1816ZZ	Receiver and/or transmitter, neurostimulator (implantable)	2/1/16
C1820	C1820ZZ	Generator, neurostimulator (implantable), with rechargeable battery and charging system	11/1/17
C1822	C1822ZZ	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	10/1/17
C1823	C1823ZZ	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	1/1/19
C1883	C1883ZZ	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	2/1/16
C1889	C1889ZZ	Implantable/insertable device, not otherwise classified	1/1/17
C1897	C1897ZZ	Lead, neurostimulator test kit (implantable)	10/1/17
C2614	C2614ZZ	Probe, Percutaneous Lumbar Discectomy	3/1/10
C2616	C2616ZZ	Brachytherapy seed, yttrium-90	10/1/08
C2622	C2622ZZ	Prosthesis, penile, non-inflatable	1/1/18
C2698	C2698ZZ	Brachytherapy source, stranded, not otherwise specified, per source	7/1/12
C2699	C2699ZZ	Brachytherapy source, non-stranded, not otherwise specified, per source	7/1/12
C9014	C9014ZZ	Injection, cerliponase alfa, 1 mg	1/1/18

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
C9015	C9015ZZ	Injection, C1 esterase inhibitor (human), Haegarda, 10 units	1/1/18
C9024	C9024ZZ	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	1/1/18
C9025	C9025ZZ	Injection, ramucirumab, 5 mg	10/1/14
C9027	C9027ZZ	Injection, pembrolizumab, 1 mg	1/1/15
C9028	C9028ZZ	Injection, inotuzumab ozogamicin, 0.1 mg	1/1/18
C9029	C9029ZZ	Injection, guselkumab, 1 mg	1/1/18
C9030	C9030ZZ	Injection, copanlisib, 1 mg	7/1/18
C9031	C9031ZZ	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	7/1/18
C9032	C9032ZZ	Injection, voretigene neparvovec-rzyl, 1 billion vector genome	7/1/18
C9042	C9042ZZ	Injection, bendamustine hcl (belrapzo), 1 mg	4/1/19
C9047	C9047ZZ	Injection, caplacizumab-yhdp, 1 mg	7/1/19
C9130	C9130ZZ	Injection, immune globulin (Bivigam), 500 mg	4/1/13
C9131	C9131ZZ	Injection, ado-trastuzumab emtansine, 1 mg	7/1/13
C9133	C9133ZZ	Factor ix (antihemophilic factor, recombinant), Rixubis, per IU	1/1/14
C9136	C9136ZZ	Injection, factor VIII, Fc fusion protein, (recombinant), per IU	1/1/15
C9245	C9245ZZ	Injection, romiplostim, 10 mcg	1/1/09
C9249	C9249ZZ	Inj, certolizumab pegol	4/1/09
C9251	C9251ZZ	Injection, C1 esterase inhibitor (human), 10 units	7/1/09
C9252	C9252ZZ	Injection, plerixafor, 1 mg	7/1/09
C9253	C9253ZZ	Injection, temozolomide, 1 mg	7/1/09
C9254	C9254ZZ	Injection, lacosamide	8/1/18
C9255	C9255ZZ	Paliperidone palmitate inj	1/1/10
C9256	C9256ZZ	Dexamethasone intravitreal	1/1/10
C9264	C9264ZZ	Injection, tocilizumab, 1 mg	7/1/10
C9265	C9265ZZ	Injection, romidepsin, 1 mg	7/1/10
C9266	C9266ZZ	Injection, collagenase clostridium histolyticum, 0.1 mg	7/1/10
C9268	C9268ZZ	Capsaicin, patch, 10cm2	7/1/10
C9269	C9269ZZ	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	10/1/10
C9273	C9273ZZ	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis per infusi	10/1/10

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
C9276	C9276ZZ	Cabazitaxel injection	1/1/11
C9277	C9277ZZ	Lumizyme, 1 mg	1/1/11
C9287	C9287ZZ	Injection, brentuximab vedotin, 1 mg	1/1/12
C9295	C9295ZZ	Injection, carfilzomib, 1 mg	1/1/13
C9296	C9296ZZ	Injection, ziv-aflibercept, 1 mg	1/1/13
C9298	C9298ZZ	Injection, ocriplasmin, 0.125 mg	4/1/13
C9354	C9354ZZ	Veritas collagen matrix, cm2	3/1/10
C9356	C9356ZZ	TendoGlide Tendon Prot, cm2	6/1/18
C9363	C9363ZZ	Integra Meshed Bil Wound Mat	3/1/10
C9366	C9366ZZ	Epifix, Per Square Centimeter	1/1/12
C9367	C9367ZZ	Skin substitute, Endoform Dermal Template, per square centimeter	7/1/10
C9407	C9407ZZ	Iodine I-131 iobenguane, diagnostic, 1 mCi	1/1/19
C9408	C9408ZZ	Iodine I-131 iobenguane, therapeutic, 1 mCi	1/1/19
C9442	C9442ZZ	Injection, belinostat, 10 mg	1/1/15
C9443	C9443ZZ	Injection, dalbavancin, 10 mg	1/1/15
C9444	C9444ZZ	Injection, oritavancin, 10 mg	1/1/15
C9445	C9445ZZ	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	6/1/15
C9446	C9446ZZ	Injection, tedizolid phosphate, 1 mg	1/1/15
C9453	C9453ZZ	Injection, nivolumab, 1 mg	6/1/15
C9466	C9466ZZ	Injection, benralizumab, 1 mg	4/1/18
C9467	C9467ZZ	Injection, rituximab and hyaluronidase, 10 mg	4/1/18
C9472	C9472ZZ	Injection, talimogene laherparepvec, 1 million plaque forming units (PFU)	4/1/16
C9474	C9474ZZ	Injection, irinotecan liposome, 1 mg	4/1/16
C9475	C9475ZZ	Injection, necitumumab, 1 mg	4/1/16
C9476	C9476ZZ	Injection, daratumumab, 10 mg	7/1/16
C9477	C9477ZZ	Injection, elotuzumab, 1 mg	7/1/16
C9478	C9478ZZ	Injection, sebelipase alfa, 1 mg	7/1/16
C9480	C9480ZZ	Injection, trabectedin, 0.1 mg	7/1/16
C9481	C9481ZZ	Injection, reslizumab, 1 mg	10/1/16
C9483	C9483ZZ	Injection, atezolizumab, 10 mg	10/1/16

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
C9484	C9484ZZ	Injection, eteplirsen, 10 mg	4/1/17
C9485	C9485ZZ	Injection, olaratumab, 10 mg	4/1/17
C9489	C9489ZZ	Injection, nusinersen, 0.1 mg	7/1/17
C9490	C9490ZZ	Injection, bezlotoxumab, 10 mg	7/1/17
C9491	C9491ZZ	Injection, avelumab, 10 mg	10/1/17
C9492	C9492ZZ	Injection, durvalumab, 10 mg	10/1/17
C9493	C9493ZZ	Injection, edaravone, 1 mg	10/1/17
C9494	C9494ZZ	Injection, ocrelizumab, 1 mg	10/1/17
C9727	C9727ZZ	Insertion of implants into the soft palate:min of three implants	3/1/10
C9734	C9734ZZ	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	1/1/18
C9739	C9739ZZ	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	9/1/17
C9740	C9740ZZ	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	9/1/17
C9899	C9899ZZ	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	3/1/10
E0170	E0170ZZ	Commode chair with integrated seat lift mechanism, electric, any type	1/1/19
E0171	E0171ZZ	Commode chair with integrated seat lift mechanism, non-electric, any type	1/1/19
E0470	E0470ZZ	Respiratory assist device, bi-level pressure capability, without backup rate	1/1/16
E0471	E0471ZZ	Respiratory assist device, bi-level pressure capability, with back-up rate	1/1/16
E0472	E0472ZZ	Respiratory assist device, bi-level pressure capability, with backup rate	4/1/18
E0486	E0486ZZ	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated,	4/1/07
E0601	E0601ZZ	Continuous airway pressure (CPAP) device	9/1/16
E0616	E0616ZZ	Implantable cardiac event recorder with memory, activator and programmer	10/1/14
E0617	E0617ZZ	External defibrillator with integrated electrocardiogram analysis	1/1/09
E0627	E0627ZZ	Seat lift mechanism, electric, any type	10/1/07
E0629	E0629ZZ	Seat lift mechanism, non-electric, any type	10/1/07
E0636	E0636ZZ	Multipositional Patient Support System, With Integrated Lift, Patient	1/1/19
E0638	E0638ZZ	Standing frame system, any size, with or without wheels	1/1/19
E0641	E0641ZZ	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	1/1/19

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
E0642	E0642ZZ	Standing frame system, mobile (dynamic stander), any size including pediatric	1/1/19
E0745	E0745ZZ	Neuromuscular stimulator, electronic shock unit	7/1/19
E0747	E0747ZZ	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	9/1/03
E0748	E0748ZZ	Osteogenesis stimulator, electrical, non-invasive, spinal applications	9/1/03
E0749	E0749ZZ	Osteogenesis stimulator, electrical, surgically implanted	9/1/03
E0760	E0760ZZ	Osteogenesis stimulator, low intensity ultrasound, non-invasive	9/1/03
E0765	E0765ZZ	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	7/1/08
E0766	E0766ZZ	Electrical stimulation device used for cancer treatment, includes all accessories, any type	3/1/17
E0784	E0784ZZ	External ambulatory infusion pump, insulin	9/1/03
E0988	E0988ZZ	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	7/1/13
E1012	E1012ZZ	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1/1/16
E2378	E2378ZZ	Pw actuator replacement	7/1/13
E2402	E2402ZZ	Negative pressure wound therapy electrical pump, stationary or portable	9/1/03
E2599	E2599ZZ	Accessory for speech generating device, not otherwise classified	3/1/16
E2622	E2622ZZ	Adj skin pro w/c cus wd<22in	7/1/13
E2623	E2623ZZ	Adj skin pro wc cus wd>=22in	7/1/13
E2624	E2624ZZ	Adj skin pro/pos cus<22in	7/1/13
E2625	E2625ZZ	Adj skin pro/pos wc cus>=22	7/1/13
G0068	G0068ZZ	Professional services for the administration of antiinfective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug adm	1/1/19
G0276	G0276ZZ	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (C	1/1/15
G0277	G0277ZZ	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	1/1/15
G0297	G0297ZZ	Low dose ct scan (LDCT) for lung cancer screening	2/5/15
G0341	G0341ZZ	Percutaneous islet celltrans	9/1/03
G0342	G0342ZZ	Laparoscopy islet cell trans	9/1/03
G0343	G0343ZZ	Laparotomy islet cell transp	9/1/03
G0455	G0455ZZ	Fecal microbiota prep instil	7/1/13
G0456	G0456ZZ	Neg pre wound <= 50 sq cm	1/1/13

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
G0457	G0457ZZ	Neg pres wound >50 sq cm	1/1/13
G9748	G9748ZZ	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	1/1/17
G9750	G9750ZZ	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	1/1/17
J0129	J0129ZZ	Abatacept injection	1/1/07
J0178	J0178ZZ	Injection, aflibercept, 1 mg	5/1/18
J0180	J0180ZZ	Agalsidase beta injection	2/1/19
J0202	J0202ZZ	Injection, alemtuzumab, 1 mg	1/1/16
J0221	J0221ZZ	Injection, alglucosidase alfa, (lumizyme), 10 mg	1/1/12
J0222	J0222ZZ	Injection, patisiran, 0.1 mg	10/1/19
J0256	J0256ZZ	Alpha 1 Proteinase Inhibitor	1/1/07
J0257	J0257ZZ	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	1/1/12
J0490	J0490ZZ	Injection, belimumab, 10 mg	1/1/12
J0517	J0517ZZ	Injection, benralizumab, 1 mg	1/1/19
J0565	J0565ZZ	Injection, bezlotoxumab, 10 mg	1/1/18
J0567	J0567ZZ	Injection, cerliponase alfa, 1 mg	1/1/19
J0570	J0570ZZ	Buprenorphine implant, 74.2 mg	1/1/17
J0584	J0584ZZ	Injection, burosumab-twza, 1 mg	1/1/19
J0593	J0593ZZ	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	10/1/19
J0596	J0596ZZ	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	1/1/16
J0597	J0597ZZ	C-1 esterase, berinert	1/1/11
J0598	J0598ZZ	C1 esterase inhibitor inj	1/1/10
J0599	J0599ZZ	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	1/1/19
J0630	J0630ZZ	Calcitonin Salmon Injection	3/1/18
J0638	J0638ZZ	Canakinumab injection	1/1/11
J0717	J0717ZZ	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administer	1/1/14
J0718	J0718ZZ	Certolizumab pegol inj	1/1/10

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
J0725	J0725ZZ	Chorionic Gonadotropin/1000u	9/1/03
J0800	J0800ZZ	Corticotropin Injection	11/1/08
J0881	J0881ZZ	Darbepoetin alfa, non-esrd	9/1/03
J0885	J0885ZZ	Epoetin alfa, non-esrd	9/1/03
J0888	J0888ZZ	Injection, epoetin beta, 1 microgram (for non-ESRD use)	1/1/15
J0890	J0890ZZ	Peginesatide injection	1/1/13
J0894	J0894ZZ	Decitabine injection	1/1/07
J0897	J0897ZZ	Injection, denosumab, 1 mg	1/1/12
J1290	J1290ZZ	Ecallantide injection	1/1/11
J1300	J1300ZZ	Eculizumab injection	1/1/08
J1301	J1301ZZ	Injection, edaravone, 1 mg	1/1/19
J1303	J1303ZZ	Injection, ravulizumab-cwvz, 10 mg	10/1/19
J1322	J1322ZZ	Injection, elosulfase alfa, 1mg	1/1/15
J1325	J1325ZZ	Epoprostenol Injection	9/1/03
J1428	J1428ZZ	Injection, eteplirsen, 10 mg	1/1/18
J1458	J1458ZZ	Galsulfase injection	1/1/07
J1459	J1459ZZ	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	1/1/09
J1555	J1555ZZ	Injection, immune globulin (Cuvitru), 100 mg	1/1/18
J1556	J1556ZZ	Injection, immune globulin (Bivigam), 500 mg	1/1/14
J1557	J1557ZZ	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	1/1/12
J1559	J1559ZZ	Hizentra injection	1/1/11
J1561	J1561ZZ	Immune Globulin 500 Mg	1/1/08
J1566	J1566ZZ	Immune globulin, powder	9/1/03
J1568	J1568ZZ	Octagam injection	1/1/08
J1569	J1569ZZ	Gammagard liquid injection	1/1/08
J1572	J1572ZZ	Flebogamma injection	1/1/08
J1575	J1575ZZ	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	1/1/16
J1599	J1599ZZ	Ivig non-lyophilized, NOS	1/1/11
J1628	J1628ZZ	Injection, guselkumab, 1 mg	1/1/19
J1743	J1743ZZ	Idursulfase injection	10/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
J1744	J1744ZZ	Icatibant injection	1/1/13
J1746	J1746ZZ	Injection, ibalizumab-uiyk, 10 mg	1/1/19
J1786	J1786ZZ	Imuglucerase injection	7/1/19
J1830	J1830ZZ	Interferon Beta-1b / .25 Mg	8/1/09
J1931	J1931ZZ	Laronidase injection	10/1/17
J1950	J1950ZZ	Leuprolide Acetate /3.75 Mg	9/1/03
J2170	J2170ZZ	Mecasermin injection	6/1/18
J2182	J2182ZZ	Injection, mepolizumab, 1 mg	1/1/17
J2212	J2212ZZ	Methylnaltrexone injection	1/1/13
J2323	J2323ZZ	Natalizumab injection	1/1/08
J2326	J2326ZZ	Injection, nusinersen, 0.1 mg	1/1/18
J2353	J2353ZZ	Injection, octreotide, depot form for intramuscular injection, 1 mg	11/1/08
J2354	J2354ZZ	Injection, octreotide, non-depot form for subcutaneous or intravenous	11/1/08
J2357	J2357ZZ	Omalizumab injection	9/1/03
J2502	J2502ZZ	Injection, pasireotide long acting, 1 mg	1/1/16
J2503	J2503ZZ	Pegaptanib sodium injection	5/1/18
J2507	J2507ZZ	Injection, pegloticase, 1 mg	1/1/12
J2778	J2778ZZ	Ranibizumab injection	5/1/18
J2786	J2786ZZ	Injection, reslizumab, 1 mg	1/1/17
J2787	J2787ZZ	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	1/1/19
J2793	J2793ZZ	Rilonacept injection	1/1/10
J2796	J2796ZZ	Romiplostim injection	1/1/10
J2840	J2840ZZ	Injection, sebelipase alfa, 1 mg	1/1/17
J2860	J2860ZZ	Injection, siltuximab, 10 mg	1/1/16
J2940	J2940ZZ	Injection, somatrem, 1 mg	1/1/07
J2941	J2941ZZ	Injection, somatropin, 1 mg	1/1/07
J3031	J3031ZZ	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administere	10/1/19
J3060	J3060ZZ	Injection, taliglucerase alfa, 10 units	7/1/19
J3110	J3110ZZ	Teriparatide injection	1/1/07

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
J3111	J3111ZZ	Injection, romosozumab-aqqg, 1 mg	10/1/19
J3145	J3145ZZ	Injection, testosterone undecanoate, 1 mg	10/1/15
J3245	J3245ZZ	Injection, tildrakizumab, 1 mg	1/1/19
J3262	J3262ZZ	Tocilizumab injection	1/1/11
J3285	J3285ZZ	Treprostinil injection	9/1/03
J3316	J3316ZZ	Injection, triptorelin, extended-release, 3.75 mg	1/1/19
J3355	J3355ZZ	Urofollitropin, 75 iu	9/1/03
J3357	J3357ZZ	Ustekinumab, for subcutaneous injection, 1 mg	1/1/18
J3358	J3358ZZ	Ustekinumab, for intravenous injection, 1 mg	1/1/18
J3380	J3380ZZ	Injection, vedolizumab, 1 mg	1/1/16
J3385	J3385ZZ	Velaglucerase alfa	7/1/19
J3397	J3397ZZ	Injection, vestronidase alfa-vjbk, 1 mg	1/1/19
J3398	J3398ZZ	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	1/1/19
J3488	J3488ZZ	Reclast injection	10/1/08
J7170	J7170ZZ	Injection, emicizumab-kxwh, 0.5 mg	1/1/19
J7330	J7330ZZ	Cultured Chondrocytes Implnt	9/1/03
J7335	J7335ZZ	Capsaicin 8% patch	1/1/11
J7503	J7503ZZ	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	1/1/16
J7508	J7508ZZ	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	1/1/14
J7686	J7686ZZ	Treprostinil, non-comp unit	1/1/11
J8562	J8562ZZ	Oral fludarabine phosphate	1/1/11
J8565	J8565ZZ	Gefitinib oral	1/1/07
J8600	J8600ZZ	Melphalan Oral 2 Mg	11/1/08
J8700	J8700ZZ	Temozolmide	11/1/08
J9022	J9022ZZ	Injection, atezolizumab, 10 mg	1/1/18
J9023	J9023ZZ	Injection, avelumab, 10 mg	1/1/18
J9025	J9025JV	Azacitidine injection	9/1/03
J9025JX	J9025ZZ	Azacitidine injection	9/1/03
J9032	J9032ZZ	Injection, belinostat, 10 mg	1/1/16
J9033	J9033ZZ	Injection, bendamustine HCl (Treanda), 1 mg	1/1/09

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
J9034	J9034ZZ	Injection, bendamustine HCl (Bendeka), 1 mg	1/1/17
J9036	J9036ZZ	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	7/1/19
J9039	J9039ZZ	Injection, blinatumomab, 1 microgram	1/1/16
J9041	J9041JV	Injection, bortezomib (Velcade), 0.1 mg	3/1/09
J9041JX	J9041ZZ	Injection, bortezomib (Velcade), 0.1 mg	3/1/09
J9042	J9042ZZ	Injection, brentuximab vedotin, 1 mg	1/1/13
J9043	J9043ZZ	Injection, cabazitaxel, 1 mg	1/1/12
J9044	J9044JV	Injection, bortezomib, not otherwise specified, 0.1 mg	1/1/19
J9044JX	J9044ZZ	Injection, bortezomib, not otherwise specified, 0.1 mg	1/1/19
J9047	J9047ZZ	Injection, carfilzomib, 1 mg	1/1/14
J9055	J9055ZZ	Cetuximab injection	7/17/07
J9057	J9057ZZ	Injection, copanlisib, 1 mg	1/1/19
J9119	J9119ZZ	Injection, cemiplimab-rwlc, 1 mg	10/1/19
J9140	J9140ZZ	Dacarbazine 200 Mg Inj	1/1/17
J9145	J9145ZZ	Injection, daratumumab, 10 mg	1/1/17
J9153	J9153ZZ	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	1/1/19
J9173	J9173ZZ	Injection, durvalumab, 10 mg	1/1/19
J9176	J9176ZZ	Injection, elotuzumab, 1 mg	1/1/17
J9179	J9179ZZ	Injection, eribulin mesylate, 0.1 mg	1/1/12
J9202	J9202ZZ	Goserelin Acetate Implant	1/1/19
J9204	J9204ZZ	Injection, mogamulizumab-kpkc, 1 mg	10/1/19
J9205	J9205ZZ	Injection, irinotecan liposome, 1 mg	1/1/17
J9207	J9207ZZ	Injection, ixabepilone, 1 mg	1/1/09
J9210	J9210ZZ	Injection, emapalumab-lzsg, 1 mg	10/1/19
J9216	J9216ZZ	Interferon Gamma 1-B Inj	9/1/03
J9225	J9225ZZ	Histrelin implant	9/1/19
J9226	J9226ZZ	Supprelin LA implant	3/1/18
J9228	J9228ZZ	Injection, ipilimumab, 1 mg	1/1/12
J9229	J9229ZZ	Injection, inotuzumab ozogamicin, 0.1 mg	1/1/19
J9245	J9245ZZ	Inj Melphalan Hydrochl 50 Mg	11/1/08

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
J9261	J9261ZZ	Nelarabine injection	1/1/07
J9262	J9262ZZ	Injection, omacetaxine mepesuccinate, 0.01 mg	1/1/14
J9264	J9264ZZ	Paclitaxel injection	6/1/16
J9265	J9265ZZ	Paclitaxel Injection	9/1/09
J9269	J9269ZZ	Injection, tagraxofusp-erzs, 10 mcg	10/1/19
J9271	J9271ZZ	Injection, pembrolizumab, 1 mg	1/1/16
J9285	J9285ZZ	Injection, olaratumab, 10 mg	1/1/18
J9295	J9295ZZ	Injection, necitumumab, 1 mg	1/1/17
J9299	J9299ZZ	Injection, nivolumab, 1 mg	1/1/16
J9302	J9302ZZ	Ofatumumab injection	1/1/11
J9303	J9303ZZ	Panitumumab injection	1/1/08
J9306	J9306ZZ	Injection, pertuzumab, 1 mg	1/1/14
J9307	J9307ZZ	Pralatrexate injection	1/1/11
J9308	J9308ZZ	Injection, ramucirumab, 5 mg	1/1/16
J9310	J9310ZZ	Rituximab Cancer Treatment	9/1/03
J9311	J9311ZZ	Injection, rituximab 10 mg and hyaluronidase	1/1/19
J9312	J9312ZZ	Injection, rituximab, 10 mg	1/1/19
J9313	J9313ZZ	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	10/1/19
J9315	J9315ZZ	Romidepsin injection	1/1/11
J9325	J9325ZZ	Injection, talimogene laherparepvec, per 1 million plaque forming units	1/1/17
J9328	J9328ZZ	Temozolomide injection	1/1/10
J9330	J9330ZZ	Injection, temsirolimus, 1 mg	1/1/09
J9352	J9352ZZ	Injection, trabectedin, 0.1 mg	1/1/17
J9354	J9354ZZ	Injection, ado-trastuzumab emtansine, 1 mg	1/1/14
J9355	J9355JV	Injection, trastuzumab, excludes biosimilar, 10 mg	9/1/03
J9355JX	J9355ZZ	Injection, trastuzumab, excludes biosimilar, 10 mg	9/1/03
J9356	J9356ZZ	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	7/1/19
J9395	J9395ZZ	Injection, fulvestrant, 25 mg	9/1/03
J9400	J9400ZZ	Injection, ziv-aflibercept, 1 mg	1/1/14
K0010	K0010ZZ	Stnd Wt Frame Power Whlchr	11/1/13

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
K0011	K0011ZZ	Stnd Wt Pwr Whlchr W Control	11/1/13
K0012	K0012ZZ	Ltwt Portbl Power Whlchr	11/1/13
K0013	K0013ZZ	Custom Power Whlchr Base	11/1/13
K0014	K0014ZZ	Other Power Whlchr Base	11/1/13
K0553	K0553ZZ	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	7/1/17
K0554	K0554ZZ	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	7/1/17
K0606	K0606ZZ	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	1/1/09
K0743	K0743ZZ	Suction pump, home model, portable, for use on wounds	7/1/11
K0744	K0744ZZ	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	7/1/11
K0745	K0745ZZ	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	7/1/11
K0746	K0746ZZ	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	7/1/11
K0800	K0800ZZ	Power operated vehicle,grp 1 standard,patient weight cap up to and incl 300 lbs	1/1/07
K0801	K0801ZZ	Power operated vehicle,grp 1 heavy duty,patient weight cap 301-450 lbs	1/1/07
K0802	K0802ZZ	Power operated vehicle, grp 1 very heavy duty,patient weight cap 451-600 lbs	1/1/07
K0806	K0806ZZ	Power operated vehicle, grp 2 standard,patient weight cap up to and incl 300 lbs	1/1/07
K0807	K0807ZZ	Power operated vehicle,grp 2 heavy duty,patient weight cap 301-450 lbs	1/1/07
K0808	K0808ZZ	Power operated vehicle,grp 2 very heavy duty,patient weight cap 451-600 lbs	1/1/07
K0812	K0812ZZ	Power operated vehicle,not otherwise classified	1/1/07
K0813	K0813ZZ	Power wheelchair,grp 1 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0814	K0814ZZ	Power wheelchair,grp 1 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0815	K0815ZZ	Power wheelchair,grp 1 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0816	K0816ZZ	Power wheelchair,grp 1 standard,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0820	K0820ZZ	Power wheelchair,grp 2 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0821	K0821ZZ	Power wheelchair,grp 2 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	1/1/07

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
K0822	K0822ZZ	Power wheelchair,grp 2 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0823	K0823ZZ	Power wheelchair,grp 2 stnd,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0824	K0824ZZ	Power wheelchair,grp 2 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07
K0825	K0825ZZ	Power wheelchair,grp 2 heavy duty,captains chair,patient weight cap 301-450 lbs	1/1/07
K0826	K0826ZZ	Power wheelchair,grp 2 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07
K0827	K0827ZZ	Power wheelchair,grp 2 very heavy duty,captains chair,patient weight cap 451-600 lbs	1/1/07
K0828	K0828ZZ	Power wheelchair,grp 2 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/07
K0829	K0829ZZ	Power wheelchair,grp 2 extra heavy duty,captains chair,patient weight cap 601 lbs or more	1/1/07
K0835	K0835ZZ	Power wheelchair,grp 2 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0836	K0836ZZ	Power wheelchair,grp 2 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0837	K0837ZZ	Power wheelchair,grp 2 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07
K0838	K0838ZZ	Power wheelchair,grp 2 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	1/1/07
K0839	K0839ZZ	Power wheelchair,grp 2 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07
K0840	K0840ZZ	Power wheelchair,grp 2 extra heavy duty,single power option,sling/solid seat/back,patient weight cap up to and incl 300	1/1/07
K0841	K0841ZZ	Power wheelchair,grp 2 stnd,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0842	K0842ZZ	Power wheelchair,grp 2 stnd,mult power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0843	K0843ZZ	Power wheelchair,grp 2 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07
K0848	K0848ZZ	Power wheelchair,grp 3 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0849	K0849ZZ	Power wheelchair,grp 3 stnd,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0850	K0850ZZ	Power wheelchair,grp 3 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07
K0851	K0851ZZ	Power wheelchair,grp 3 heavy duty,captains chair,patient weight cap 301-450 lbs	1/1/07

Procedure High	Procedure Low	Description	PA Effective Date
K0852	K0852ZZ	Power wheelchair,grp 3 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07
K0853	K0853ZZ	Power wheelchair,grp 3 very heavy duty,captains chair,patient weight cap 451-600 lbs	1/1/07
K0854	K0854ZZ	Power wheelchair,grp 3 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/07
K0855	K0855ZZ	Power wheelchair,grp 3 extra heavy duty,captains chair,patient weight cap 601 lbs or more	1/1/07
K0856	K0856ZZ	Power wheelchair,grp 3 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0857	K0857ZZ	Power wheelchair,grp 3 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0858	K0858ZZ	Power wheelchair,grp 3 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07
K0859	K0859ZZ	Power wheelchair,grp 3 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	1/1/07
K0860	K0860ZZ	Power wheelchair,grp 3 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07
K0861	K0861ZZ	Power wheelchair,grp 3 stnd,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0862	K0862ZZ	Power wheelchair,grp 3 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07
K0863	K0863ZZ	Power wheelchair,grp 3 very heavy duty,mult power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07
K0864	K0864ZZ	Power wheelchair,grp 3 extra heavy duty,mult power option,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/07
K0868	K0868ZZ	Power wheelchair,grp 4 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0869	K0869ZZ	Power wheelchair,grp 4 stnd,captains chair,patient weight cap up to and incl 300 lbs	1/1/07
K0870	K0870ZZ	Power wheelchair,grp 4 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07
K0871	K0871ZZ	Power wheelchair,grp 4 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07
K0877	K0877ZZ	Power wheelchair,grp 4 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0878	K0878ZZ	Power wheelchair,grp 4 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
K0879	K0879ZZ	Power wheelchair,grp 4 heavy duty,single power option,sling/solid seat/back, patient weight cap 301-450 lbs	1/1/07
K0880	K0880ZZ	Power wheelchair,grp 4 very heavy duty,single power option,sling/solid seat/back,patient weight 451-600 lbs	1/1/07
K0884	K0884ZZ	Power wheelchair,grp 4 stnd,mult power potion,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07
K0885	K0885ZZ	Power wheelchair,grp 4 stnd,mult power option,captains chair,weight cap up to and incl 300 lbs	1/1/07
K0886	K0886ZZ	Power wheelchair,grp 4 heavy duty,mult power option,sling/solid seat/back,patent weight cap 301-450 lbs	1/1/07
K0890	K0890ZZ	Power wheelchair,grp 5 ped,single power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	1/1/07
K0891	K0891ZZ	Power wheelchair,grp 5 pediatric,mult power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	1/1/07
K0898	K0898ZZ	Power wheelchair,not otherwise classified	1/1/07
K0899	K0899ZZ	Power mobility device, not coded by DME PDAC or does not meet criteria	1/1/07
L5610	L5610ZZ	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	2/1/14
L5613	L5613ZZ	Addition to lower extremity, endoskeletal system, above knee — knee disarticulation, 4 bar linkage, with hydraulic swing	2/1/14
L5614	L5614ZZ	Addition to lower extremity, endoskeletal system, above knee — knee disarticulation, 4 bar linkage, with pneumatic swing	2/1/14
L5722	L5722ZZ	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	2/1/14
L5724	L5724ZZ	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	2/1/14
L5726	L5726ZZ	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	2/1/14
L5728	L5728ZZ	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/1/14
L5780	L5780ZZ	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	2/1/14
L5814	L5814ZZ	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	2/1/14
L5816	L5816ZZ	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	3/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
L5822	L5822ZZ	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	2/1/14
L5824	L5824ZZ	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	2/1/14
L5826	L5826ZZ	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	2/1/14
L5828	L5828ZZ	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/1/14
L5830	L5830ZZ	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	2/1/14
L5840	L5840ZZ	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	2/1/14
L5848	L5848ZZ	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	2/1/14
L5856	L5856ZZ	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance	2/1/14
L5857	L5857ZZ	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only,	2/1/14
L5858	L5858ZZ	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	2/1/14
L5859	L5859ZZ	Knee-shin pro flex/ext cont	2/1/14
L5961	L5961ZZ	Endo poly hip, pneu/hyd/rot	3/1/11
L5973	L5973ZZ	Ank-foot sys dors-plant flex	3/1/17
L6026	L6026ZZ	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batt	1/1/15
L6628	L6628ZZ	Quick Disconn Hook Adapter O	1/1/15
L6629	L6629ZZ	Lamination Collar W/ Couplin	1/1/15
L6632	L6632ZZ	Latex Suspension Sleeve Each	1/1/15
L6680	L6680ZZ	Test Sock Wrist Disart/Bel E	1/1/15
L6687	L6687ZZ	Frame Typ Socket Bel Elbow/W	1/1/15
L6715	L6715ZZ	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	1/1/15
L6810	L6810ZZ	Pincher Tool Otto Bock Or Eq	1/1/15

Procedure High	Procedure Low	Description	PA Effective Date
L6880	L6880ZZ	Electric hand, switch or myolelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	1/1/15
L6881	L6881ZZ	Automatic grasp feature, additional to upper limb prosthetic terminal device.	1/1/15
L6882	L6882ZZ	Microprocessor control feature, addition to upper limb prosthesis terminal device	1/1/15
L6890	L6890ZZ	Production Glove	1/1/15
L6925	L6925ZZ	Wrist Disart Myoelectronic C	1/1/15
L6935	L6935ZZ	Below Elbow Myoelectronic Ct	1/1/15
L6945	L6945ZZ	Elbow Disart Myoelectronic C	1/1/15
L6955	L6955ZZ	Above Elbow Myoelectronic Ct	1/1/15
L6965	L6965ZZ	Shldr Disartic Myoelectronic	1/1/15
L6975	L6975ZZ	Interscap-Thor Myoelectronic	1/1/15
L7007	L7007ZZ	Adult electric hand	1/1/15
L7008	L7008ZZ	Pediatric electric hand	1/1/15
L7009	L7009ZZ	Adult electric hook	1/1/15
L7045	L7045ZZ	Electron Hook Child Michigan	1/1/15
L7180	L7180ZZ	Electronic Elbow Utah Myoele	1/1/15
L7181	L7181ZZ	Electronic elbo simultaneous	1/1/15
L7190	L7190ZZ	Elbow Adolescent Myoelectron	1/1/15
L7191	L7191ZZ	Elbow Child Myoelectronic Ct	1/1/15
L7368	L7368ZZ	Lithium Ion Battery Charger	1/1/15
L7400	L7400ZZ	Add UE prost be/wd, ultlite	1/1/15
L7403	L7403ZZ	Add UE prost b/e acrylic	1/1/15
L8465	L8465ZZ	Shrinker Upper Limb	1/1/15
L8600	L8600ZZ	Implant Breast Silicone/Eq	1/1/18
L8603	L8603ZZ	Collagen Imp Urinary 2.5 Ml	7/1/19
L8604	L8604ZZ	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and nece	7/1/19
L8606	L8606ZZ	Synthetic Implnt Urinary 1ml	7/1/19
L8614	L8614ZZ	Cochlear device, includes all internal and external components	5/1/10
L8615	L8615ZZ	Headset/headpiece for use with cochlear implant device, replacement	5/1/10

Procedure High	Procedure Low	Description	PA Effective Date
L8616	L8616ZZ	Microphone for use with cochlear implant device, replacement	5/1/10
L8617	L8617ZZ	Transmitting coil for use with cochlear implant device, replacement	5/1/10
L8618	L8618ZZ	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	5/1/10
L8619	L8619ZZ	Cochlear implant, external speech processor and controller, integrated system, replacement	5/1/10
L8627	L8627ZZ	Cochlear implant, external speech processor, component, replacement	1/1/10
L8628	L8628ZZ	Cochlear implant, external controller component, replacement	5/1/10
L8629	L8629ZZ	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	1/1/10
L8679	L8679ZZ	Implantable neurostimulator, pulse generator, any type	1/1/14
L8680	L8680ZZ	Implantable neurostimulator electrode, each	7/1/10
L8681	L8681ZZ	Pt prgrm for implt neurostim	7/1/10
L8682	L8682ZZ	Implt neurostim radiofq rec	7/1/10
L8683	L8683ZZ	Radiofq trsmtr for implt neu	7/1/10
L8684	L8684ZZ	Radiof trsmtr implt scrl neu	3/1/16
L8685	L8685ZZ	Implt nrostm pls gen sng rec	7/1/10
L8686	L8686ZZ	Implt nrostm pls gen sng non	7/1/10
L8687	L8687ZZ	Implt nrostm pls gen dua rec	7/1/10
L8688	L8688ZZ	Implt nrostm pls gen dua non	7/1/10
L8689	L8689ZZ	External recharging system	7/1/10
L8694	L8694ZZ	Auditory osseointegrated device, transducer/actuator, replacement only, each	1/1/18
L8695	L8695ZZ	External recharg sys extern	7/1/10
Q0478	Q0478ZZ	Power adapter, combo vad	3/1/11
Q0507	Q0507ZZ	Misc supply or accessory for use with an external ventricular assist device	7/1/13
Q0508	Q0508ZZ	Misc supply or accessory for use with an implanted ventricular assist device	1/1/15
Q0509	Q0509ZZ	Misc supply or accessory for use with any implanted ventricular assist device for which pymt was not made under Medicare Part A	7/1/13
Q2025	Q2025ZZ	Fludarabine phosphate, oral, 1 mg	7/1/10
Q2040	Q2040ZZ	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	1/1/18

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
Q2041	Q2041ZZ	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/18
Q2042	Q2042ZZ	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/19
Q2043	Q2043ZZ	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	7/1/11
Q2047	Q2047ZZ	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	7/1/12
Q3001	Q3001ZZ	Brachytherapy Radioelements	10/1/08
Q4074	Q4074ZZ	Iloprost non-comp unit dose	1/1/10
Q4101	Q4101ZZ	Skin substitute, Apligraf, per square centimeter	4/1/09
Q4102	Q4102ZZ	Skin substitute, Oasis Wound Matrix, per square centimeter	4/1/09
Q4104	Q4104ZZ	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter	7/1/09
Q4105	Q4105ZZ	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	7/1/09
Q4106	Q4106ZZ	Skin substitute, Dermagraft, per square centimeter	4/1/09
Q4107	Q4107ZZ	Skin substitute, Graftjacket, per square centimeter	9/1/11
Q4108	Q4108ZZ	Skin substitute, Integra Matrix, per square centimeter	7/1/09
Q4116	Q4116ZZ	Alloderm skin sub	10/1/18
Q4121	Q4121ZZ	Theraskin	3/1/11
Q4122	Q4122ZZ	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	10/1/18
Q4124	Q4124ZZ	Oasis ultra tri-layer wound matrix, per square centimeter	1/1/12
Q4128	Q4128ZZ	FlexHD or allopatch HD, per square centimeter	1/1/16
Q4131	Q4131ZZ	EpiFix or Epicord, per sq cm	1/1/13
Q4132	Q4132ZZ	Grafix Core and GrafixPL Core, per sq cm	1/1/13
Q4133	Q4133ZZ	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	1/1/13
Q4182	Q4182ZZ	Transcyte, per sq cm	6/1/18
Q4186	Q4186ZZ	Epifix, per sq cm	1/1/19
Q4205	Q4205ZZ	Membrane Graft or Membrane Wrap, per sq cm	10/1/19
Q4206	Q4206ZZ	Fluid Flow or Fluid GF, 1 cc	10/1/19
Q5102	Q5102ZZ	Injection, Infliximab, Biosimilar, 10 mg	4/5/16

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
Q5103	Q5103ZZ	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	4/1/18
Q5104	Q5104ZZ	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	4/1/18
Q5106	Q5106ZZ	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	7/1/18
Q5107	Q5107ZZ	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	1/1/19
Q5109	Q5109ZZ	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	1/1/19
Q5112	Q5112ZZ	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	7/1/19
Q5113	Q5113ZZ	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	7/1/19
Q5114	Q5114ZZ	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	7/1/19
Q5115	Q5115ZZ	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	7/1/19
Q5117	Q5117ZZ	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	10/1/19
Q9991	Q9991ZZ	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	7/1/18
Q9992	Q9992ZZ	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	7/1/18
Q9994	Q9994ZZ	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	7/1/18
Q9995	Q9995ZZ	Injection, emicizumab-kxwh, 0.5 mg	7/1/18
S0122	S0122ZZ	Injection, Menotropins, 75 Iu	9/1/03
S0126	S0126ZZ	Injection, Follitropin Alfa, 75 Iu	9/1/03
S0128	S0128ZZ	Injection, Follitropin Beta, 75 Iu	9/1/03
S0132	S0132ZZ	Injection, Ganirelix Acetate, 250 Mcg	9/1/03
S0148	S0148ZZ	Injection, pegylated interferon alfa-2B, 10 mcg	10/1/10
S0162	S0162ZZ	Injection efalizumab	1/1/07
S0189	S0189ZZ	Testosterone pellet. 75 mg	10/1/15
S1030	S1030ZZ	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	9/1/17
S1031	S1031ZZ	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	9/1/17
S1034	S1034ZZ	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That	11/1/17
S1035	S1035ZZ	Sensor; Invasive (eg, Subcutaneous), Disposable, For Use With Artificial Pancreas Device System	11/1/17
S1036	S1036ZZ	Transmitter; External, For Use With Artificial Pancreas Device System	11/1/17
S1037	S1037ZZ	Receiver (Monitor); External, For Use With Artificial Pancreas Device System	11/1/17

YCCO Prior Authorization Code
List Effective 10/15/2019

Procedure High	Procedure Low	Description	PA Effective Date
S2112	S2112ZZ	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	4/1/19
S2202	S2202ZZ	Echosclerotherapy	1/1/18
S2235	S2235ZZ	Implantation of auditory brain stem implant	10/1/17
S2340	S2340ZZ	Chemodenervation Of Abductor	9/1/12
S2341	S2341ZZ	Chemodenervation of adductor muscle(s) of vocal cord	9/1/12
S3854	S3854ZZ	Gene expression profiling panel for use in the management of breast cancer treatment	3/1/18
S3870	S3870ZZ	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	7/1/18
S8030	S8030ZZ	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	5/1/19