

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

Procedure Low	Description	PA Effective Date	PA Termination Date	AIM Prior Auth Required
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	01/01/2018		
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	01/01/2018		
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	01/01/2018		
11920	Tattoo/Color Defect to 6.0 Sq Cm	09/01/2011		
11921	Tattooing 6-20 Sq Cm	09/01/2011		
11922	Tattoo/Color Defect Ea Add 20 Sq Cm	09/01/2011		
15271	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	01/01/2012		
15272	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; Ea Additional 25 Sq Cm Wound Surface Area, Or Part Thereof	01/01/2012		
15273	Skin Subst Graft To Trunk, Arms, Legs, Area >= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	01/01/2012		
15274	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	01/01/2012		
15275	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	01/01/2012		
15276	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	01/01/2012		
15277	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	01/01/2012		
15278	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	01/01/2012		
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	01/01/2020		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	01/01/2020		
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	01/01/2020		
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	06/01/2018		
15820	Blepharoplasty Lower Eyelids	09/01/2003		
15821	Blepharoplasty W Extensive Fat Pads	09/01/2003		
15822	Blepharoplasty Upper Eyelid	09/01/2003		
15823	Rhytidectomy W Excess Skin On Lids	09/01/2003		
15830	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy	01/01/2007		
15832	Exc Excess Skin Subq Tiss Thigh	05/01/2011		
15833	Exc Excess Skin Leg	05/01/2011		
15834	Exc Excess Skin Subq Tiss Hip	05/01/2011		
15835	Exc Excess Skin Buttock	05/01/2011		
15836	Exc Excess Skin Subq Tiss Arm	05/01/2011		
15837	Exc Excess Skin Forearm	05/01/2011		
15838	Exc Excess Skin Subq Tiss Fat Pad	05/01/2011		
15839	Exc Excess Skin Other Area	05/01/2011		
15847	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen	01/01/2007		
15876	Suction assisted lipectomy; head and neck	06/01/2017		
15877	Suction assisted lipectomy; trunk	06/01/2017		
15878	Suction assisted lipectomy; upper extremity	06/01/2017		
15879	Suction assisted lipectomy; lower extremity	06/01/2017		
17106	Dest Cut Vasc Proliferative Les to 10 Sq	09/01/2003		
17107	Dest Cut Vasc Prolif Les 10-50 Sqcm	09/01/2003		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

17108	Dest Cut Vasc Proliferative Les Over 50.	09/01/2003		
17380	Electrolysis epilation, each 30 minutes	01/01/2018		
19300	Mastectomy for gynecomastia	01/01/2007		
19316	Mastopexy	09/01/2003		
19318	Mammoplasty Reduction	09/01/2003		
19324	Mammoplasty Augment Wo/Prosthetic Implan	09/01/2003		
19325	Mammoplasty Augmentation W Implant	09/01/2003		
19328	Removal of Intact Mammary Implant	09/01/2003		
19330	Removal Mammary Implant Unilateral	09/01/2003		
19340	Insert Breast Prosthesis Immediate	09/01/2003		
19342	Delay Insert Prosthesis Mast/Recons	09/01/2003		
19350	Reconstruct Nipple/Areolar Unil	09/01/2003		
19355	Correction Inverted Nipple(S)	09/01/2003		
19357	Breast Recon W/Tiss Expander Inc Expansi	09/01/2003		
19361	Breast Recon Latissimus Dorsi Flap W/Wo	09/01/2003		
19364	Breast Reconstruction W/Free Flap	09/01/2003		
19366	Reconstruction Breast Other Method	09/01/2003		
19367	Breast Reconstn W Trans Rectus Abdominis Musc Flap (Tram), SGL Pedicle	09/01/2003		
19368	Breast Reconstn, Trans Rect Abd Musc Flap (Tram), SGL Ped; Mic Anast	09/01/2003		
19369	Breast Reconstn W Trans Rectus Abdominis Musc Flap (Tram), DBL Pedicle	09/01/2003		
19370	Open Periprosthetic Capsulotomy Breast	09/01/2003		
19371	Capsulectomy Periprosthetic Breast	09/01/2003		
19380	Revision Reconstructed Breast	09/01/2003		
19396	Preparation Moulage Breast Implant	09/01/2003		
20930	Allograft for Spine Surgery; Morselized	10/01/2009		
20937	Autograft for Spine Surgery; Morselized	04/01/2007		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	02/01/2019		
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	09/01/2003		
20975	Electrical stimulation to aid bone healing; invasive (operative)	09/01/2003		
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	09/01/2003		
21070	Coronoidectomy Unilateral	09/01/2003		
21077	Impression and Custom Preparation; Orbital Prosthesis	09/01/2003		
21081	Impress/Prep Mandibular Resection	09/01/2003		
21082	Impress Custom Prep Palatal Augmentation	09/01/2003		
21083	Impress/Prep Palatal Lift Prosth	09/01/2003		
21085	Impress/Prep Oral Surgical Splint	09/01/2003		
21086	Impression and custom preparation; auricular prosthesis	09/01/2003		
21087	Impression and custom preparation; nasal prosthesis	09/01/2003		
21088	Impression and custom preparation; facial prosthesis	09/01/2003		
21110	Apply Interdental Fixation Other	12/01/2012		
21121	Genioplasty Sliding Osteotomy Single Pie	09/01/2003		
21122	Genioplasty Slide Osteotomy 2+	04/01/2007		
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	04/01/2007		
21141	Reconstruction Midface, Single Piece	04/01/2007		
21142	Reconstruction Midface, Two Pieces	01/01/2008		
21143	Reconstruction Midface, Three or More Pieces	01/01/2008		
21145	Recon Midface Lefort I Single Graft	04/01/2007		
21146	Recon Midface Lefort I 2 Piece W/Bone Gr	01/01/2008		
21147	Recon Midface Lefort I 3+ Pcs Graft	01/01/2008		
21150	Recon Midface Lefort II Anterior Intrusi	01/01/2008		
21151	Recon Midface Lefort II W/Bone Grft	01/01/2008		
21154	Recon Midface Lefort III Wo/Lefort I	01/01/2008		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

21155	Recon Midface Lefort III W/Lefrt I	01/01/2008		
21159	Recon Midface Lefort III W/Graft Wo/Lefo	01/01/2008		
21160	Recon Midface Lefort III W/Grft/L I	01/01/2008		
21196	Recon Mand Ramus Sag Split W/Rigid Rix	09/01/2003		
21198	Osteotomy Mandible Segmental	09/01/2003		
21199	Osteotomy, Mandible, Segmental; with Genioglossus Advancement	09/01/2003		
21206	Osteotomy Maxilla Segmental	09/01/2003		
21208	Osteoplasty Facial Bone Augment	09/01/2003		
21209	Osteoplasty Facial Reduction	09/01/2003		
21210	Graft Bone Nasal Maxilla Malar Area	09/01/2003		
21215	Graft Bone Mandible	09/01/2003		
21230	Grft Rib Cart to Face Chin Nose Ear	09/01/2003		
21244	Reconstruct Mandible W Bone Plate	09/01/2003		
21245	Recon Mand Max Subperiosteal Part	09/01/2003		
21246	Repair Jaw W Subperiost Implnt Tot	09/01/2003		
21247	Recon Mand Condyle Bone Cart Auto	01/01/2008		
21248	Recon Mandible Maxilla Endosteal Implant	09/01/2003		
21249	Repair Jaw W Endosteal Implnt Tot	09/01/2003		
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	09/01/2003		
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	09/01/2003		
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	09/01/2003		
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	09/01/2003		
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	09/01/2003		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	09/01/2003		
21275	Secondary revision of orbitocraniofacial reconstruction	09/01/2003		
21685	Hyoid Myotomy and Suspension	04/01/2007		
21740	Recon Rep Pectus Excava/Carinatum	09/01/2003		
21742	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), Wo Thoracoscopy	09/01/2003		
21743	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), w Thoracoscopy	09/01/2003		
22110	Exc Vertebra Part Cervical	12/01/2012		
22112	Exc Vertebra Part Thoracic	12/01/2012		
22114	Exc Vertebra Part Lumbar	12/01/2012		
22116	Partial Excision of Vertebral Body for each additional Vertebral Segme	01/01/2013		
22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace; Thoracic	01/01/2007		
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	10/01/2009		
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy; Thoracic or Lumbar, Each Additional Segment	04/01/2007		
22548	Arthrodes, Txs/Extraoral, Clivus-C1-2	01/01/2007		
22551	Arthrodesis, Anterior Interbody; Cervical Below C2	01/01/2011		
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add	01/01/2011		
22554	Arthrodesis Ant Interbody-C2 Below	09/01/2003		
22556	Arthrodesis Ant Interbody-Thoracic	09/01/2003		
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	09/01/2003		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	12/01/2019		
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	12/01/2019		
22590	Arthrodesis Post-Craniocervical	01/01/2007		
22595	Arthrodesis, Poster. Tech, Atlas-Axis, C1-C2	01/01/2007		
22600	Fusion Cervical Post < C1	01/01/2007		
22610	Arthrodesis Post-Thoracic	01/01/2007		
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	09/01/2003		
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	05/01/2012		
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	09/01/2003		
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	09/01/2003		
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	01/01/2012		
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	01/01/2012		
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	12/01/2019		
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	12/01/2019		
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	12/01/2019		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	12/01/2019		
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	12/01/2019		
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	12/01/2019		
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	12/01/2019		
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	12/01/2019		
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	07/01/2007		
22841	Internal Spinal Fixation by Wiring of Spinous Processes	01/01/2007		
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	07/01/2006		
22843	Posterior Segmental Instrumentation, 7 To 12 Vertebral Segments	09/01/2003		
22844	Posterior Segmental Instrumentation, 13 or More Vertebral Segments	09/01/2003		
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	01/01/2007		
22846	Anterior Instrumentation, 4 To 7 Vertebral Segments	01/01/2007		
22847	Anterior Instrumentation, 8 or More Vertebral Segments	01/01/2007		
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	12/01/2019		
22849	Reinsertion of spinal fixation device	12/01/2019		
22852	Removal of posterior segmental instrumentation	12/01/2019		
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	01/01/2017		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	01/01/2017		
22855	Removal of anterior instrumentation	12/01/2019		
22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	04/01/2009		
22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace	09/01/2017		
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression)	09/01/2017		
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	01/01/2017		
22861	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv	04/01/2009		
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	09/01/2017		
22864	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	04/01/2009		
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	09/01/2017		
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	01/01/2018		
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	01/01/2018		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	01/01/2018		
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	01/01/2018		
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	01/01/2018		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	12/01/2019		
27280	Arthrodesis, Sacroiliac Joint	10/01/2014		
27412	Autologous Chondrocyte Implantation, Knee	09/01/2010		
27415	Rep Ligaments Knee+pes Anserin Tran	09/01/2010		
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])Advancement Pes Anserinus	09/01/2010		
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	01/01/2018		
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	01/01/2018		
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	01/01/2018		
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	01/01/2018		
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft)	09/01/2010		
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	09/01/2010		
30400	Rhinoplasty Primary Partial	09/01/2003		
30410	Rhinoplas,Prim;complet,Extern.Parts	09/01/2003		
30420	Rhinoplasty Primary Maj Septal Rep	09/01/2003		
30430	Rhinoplasty,2ndary;minor Revision	09/01/2003		
30435	Rhinoplasty,Intermed Revis-Bony Work W O	09/01/2003		
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	09/01/2003		
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g. balloon dilation), transnasal or via canine fossa	12/01/2015		
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g. balloon dilation)	12/01/2015		
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g. Balloon dilation)	12/01/2015		
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	01/01/2018		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

32850	Donor Pneumonectomy(ies) W Prep and Maintenance of Allograft (Cadaver)	09/01/2003		
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	09/01/2003		
32852	Lung Transplant, Single, with Cardiopulmonary Bypass	09/01/2003		
32853	Lung Transplant, Double (Sequential or En Bloc); Without Cardpulm Bypa	09/01/2003		
32854	Lung Transplant, Double (Sequential or En Bloc); with CardPulm Bypass	09/01/2003		
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	09/01/2003		
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	09/01/2003		
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	01/01/2019		
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	08/01/2018		
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	01/01/2018		
33928	Removal and replacement of total replacement heart system (artificial heart)	01/01/2018		
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	01/01/2018		
33930	Donr Cardiectomy-Pneum,Prep/Main.Hom	09/01/2003		
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	09/01/2003		
33935	Heart-Lung Transplant W Recipient Cardi/	09/01/2003		
33940	Donor Cardiectomy,Prep/Mainten.Homo	09/01/2003		
33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	09/01/2003		
33945	Heart Transplant, W/Wo Recipient Cardiec	09/01/2003		
33975	Implantation of Ventricular Assist Device; Single Ventricle Support	09/01/2003		
33976	Implantation of Ventricular Assist Device; Biventricular Support	09/01/2003		
33979	Insertion Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	09/01/2003		
33990	Insertion Of Ventricular Assist Device, Percutaneous; Arterial Access Only	01/01/2013		
33991	Insertion Of Ventricular Assist Device, Percutaneous; Both Arterial And Venous Access, With Transseptal Puncture	01/01/2013		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

36215	Intro Cath Head/Neck Artery	01/01/2013		
36216	Select Cath Plcmt Art; 2nd Order Thoraci	01/01/2013		
36217	Select Cath Plcmt Art;3rd Ord Thrc	01/01/2013		
36218	Select Cath Plcmt Art; Add 2nd/3rd Order	01/01/2013		
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	01/01/2018		
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	01/01/2018		
36470	Injection of sclerosing solution; single vein	02/01/2006		
36471	Inject Sclerosing Agent Mult Veins	02/01/2006		
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	02/01/2006		
36476	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percut, Radiofreq; 2nd & Subsequent Veins,Same Extrem, Sep Sites	02/01/2006		
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	02/01/2006		
36479	Endovenous Ablation Therapy Incompetent Vein, Extremity, Percutaneous, Laser; 2nd & Subseq Veins, Same Extrem, Sep Sites	02/01/2006		
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	01/01/2018		
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	01/01/2018		
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	01/01/2018		
37700	Lig/Div.Saph.Vein at Junc/Interrupt	02/01/2006		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

37718	Ligation, division, and stripping, short saphenous vein	01/01/2013		
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	02/01/2006		
37735	Ligation & Strip Saphen+ulcer Unil	02/01/2006		
37760	Ligation Perforators Rad (Linton)	02/01/2006		
37761	Ligation of Perforator Vein(s), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg	05/01/2012		
37765	Stab Phlebectomy of Varicose Veins, One Extremity; 10-20 Stab Incisions	02/01/2006		
37766	Stab Phlebectomy of Varicose Veins, One Extremity; More Than 20 Incisions	02/01/2006		
37780	Ligation/Divis-Short Saph.Vein @ Sapheno	02/01/2006		
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	02/01/2006		
38204	Management of Recipient Hematopoietic Progenitor Cell Donor Search and Cell Acquisition	09/01/2003		
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Allogenic	09/01/2003		
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Autologous	09/01/2003		
38207	Transplant Preparation of Hematopoietic Progenitor Cells; Cryopreservation and Storage	09/01/2003		
38208	Transplant Preparation of Hematopoietic Progenitor Cells; Thawing of Previously Frozen Harvest	09/01/2003		
38209	Transplant Preparation of Hematopoietic Progenitor Cells; Washing of Harvest	09/01/2003		
38210	Transplant Preparation of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-Cell Depletion	09/01/2003		
38211	Transplant Preparation of Hematopoietic Progenitor Cells; Tumor Cell Depletion	09/01/2003		
38212	Transplant Preparation of Hematopoietic Progenitor Cells; Red Blood Cell Removal	09/01/2003		
38213	Transplant Preparation of Hematopoietic Progenitor Cells; Platelet Depletion	09/01/2003		
38214	Transplant Preparation of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	09/01/2003		
38215	Transplant Preparation of Hematopoietic Progenitor Cells; Cell Concentration in Plasma, Mononuclear, or Buffy Coat Layer	09/01/2003		
38230	Harvest Bone Marrow For Transplant	09/01/2003		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

38232	Bone Marrow Harvesting For Transplantation; Autologous	01/01/2012		
38240	Bone Marrow Transplantation; Allogenic	09/01/2003		
38241	Bone Marrow Transplant; Autologous	09/01/2003		
38242	Bone Marrow or Blood-Derived Peripheral Stem Cell Transplantation; Allogeneic Donor Lymphocyte Infusions	09/01/2003		
42120	Resect Palate or Extensive Lesion	04/01/2007		
42140	Uvulectomy	09/01/2003		
42145	Uvuloplastopharyngoplasty	09/01/2003		
42226	Lengthening of Palate, and Pharyngeal Fl	09/01/2003		
42227	Lengthen Palate W Island Flap	09/01/2003		
42235	Repair Anterior Palate Including Vomer F	09/01/2003		
42950	Pharyngoplasty	04/01/2007		
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	05/01/2018		
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	05/01/2018		
43631	Gastrectomy, Partial, Distal; with Gastroduodenostomy	01/01/2003		
43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)	09/01/2005		
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction	09/01/2005		
43647	Laparoscopy, Surgical; Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum	05/01/2010		
43648	Laparoscopy, Surgical; Revision or Removal of Gastric Neurostimulator Electrodes, Antrum	05/01/2010		
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	01/01/2006		
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	01/01/2006		
43774	Laparoscopy, surg, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	01/01/2006		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy)	05/01/2012		
43843	Gastroplasty Non Vert-Banded Obesity	09/01/2003		
43845	Gastric Stapling Morbid Obesity	09/01/2003		
43846	Gastric Bypass W/Roux-En-Y-Mor.Obes	09/01/2003		
43847	Gastric Restrictive Procedure w Gastric Bypass For Morbid Obesity; w/Small Bowel Resection	09/01/2003		
43848	Revision of Gastric Restrictive Procedure For Morbid Obesity (Separate Procedure)	09/01/2003		
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	09/01/2018		
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	09/01/2018		
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	09/01/2018		
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	09/01/2018		
43881	Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum, Open	05/01/2010		
43882	Revision or Removal of Gastric Neurostimulator Electrodes, Antrum, Open	05/01/2010		
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	01/01/2013		
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	01/01/2013		
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	01/01/2013		
44133	Donor Enterectomy, Open, w Allograft Prep & Maintenance; Living Donor	09/01/2003		
44136	Intestinal Allograft Transplantation; From Living Donor	09/01/2003		
47133	Donor Hepatectomy, W Prep & Maintenance-H	09/01/2003		
47135	Transplant Liver (Recipient)	09/01/2003		
47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	09/01/2003		
47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	09/01/2003		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	09/01/2003		
47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	09/01/2003		
47144	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; W Trisegment Split Of Graft Into Two Partial Grafts	09/01/2003		
47145	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; With Lobe Split Of Graft Into Two Partial Grafts	09/01/2003		
47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	09/01/2003		
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	09/01/2003		
47370	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency	09/01/2003		
47371	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	09/01/2003		
47380	Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency	09/01/2003		
47381	Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical	09/01/2003		
47382	Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency	09/01/2003		
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	01/01/2015		
48550	Donor Pancreatectomy For Transplantation	09/01/2003		
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	09/01/2003		
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	09/01/2003		
48554	Transplantation of Pancreatic Allograft	09/01/2003		
48556	Removal of Transplanted Pancreatic Allograft	09/01/2003		
50300	Nephrectomy Cadaver Donor	09/01/2003		
50320	Donor Nephrectomy;from Living Donor,Unil	09/01/2003		
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	09/01/2003		
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	09/01/2003		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	09/01/2003		
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	09/01/2003		
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	09/01/2003		
50340	Nephrectomy Recipient Unilateral	09/01/2003		
50360	Transplant Renal Homograft	09/01/2003		
50365	Renal Homotxplnt,Implnt Gft;w/Recipnt Ne	09/01/2003		
50370	Removal of Transplanted Homograft	09/01/2003		
50380	Transplant Renal Autograft	09/01/2003		
50547	Laparoscopy, surgical; donor nephrectomy from living donor	09/01/2003		
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	07/01/2019		
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	07/01/2019		
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	07/01/2017		
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	07/01/2017		
53430	Urethroplasty, reconstruction of female urethra	01/01/2018		
53444	Insertion of tandem cuff (dual cuff)	07/01/2019		
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	07/01/2019		
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	07/01/2019		
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	07/01/2019		
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	07/01/2019		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

54120	Amputation of penis; partial	01/01/2018		
54125	Amputation of penis; complete	01/01/2018		
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	01/01/2018		
54401	Insertion of penile prosthesis; inflatable (self-contained)	01/01/2018		
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	01/01/2018		
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	01/01/2018		
54660	Insertion of testicular prosthesis (separate procedure)	01/01/2018		
54690	Laparoscopy, surgical; orchiectomy	01/01/2018		
55150	Resection of scrotum	01/01/2018		
55175	Scrotoplasty; simple	01/01/2018		
55180	Scrotoplasty; complicated	01/01/2018		
55970	Intersex Op Male to Female	01/01/2015		
55980	Intersex Surgery;female to Male	01/01/2015		
56800	Plastic repair of introitus	01/01/2018		
56805	Clitoroplasty for intersex state	01/01/2018		
57106	Vaginectomy, partial removal of vaginal wall	01/01/2018		
57110	Vaginectomy, complete removal of vaginal wall	01/01/2018		
57291	Construction of artificial vagina; without graft	01/01/2018		
57292	Construction of artificial vagina; with graft	01/01/2018		
57335	Vaginoplasty for intersex state	01/01/2018		
61850	Twst Drl/Brr Hole-Impl Elec;corticl	07/01/2010		
61860	Craniec/Otmy Impln-Elec,Cerebr;cort	07/01/2010		
61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	09/01/2003		
61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array	09/01/2003		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	09/01/2003		
61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array	09/01/2003		
61880	Revis/Remv Intracr.Neurost.Electrod	07/01/2008		
61885	Placement Subcutan Neurostim Receiv	07/01/2008		
61886	Incision/subcutaneous placement of cranial neurostim pulse generator/receiver, direct or inductive coupling; >1 arrays	07/01/2008		
61888	Rev/Rem.Cran Generatoror Receiver	07/01/2008		
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	01/01/2017		
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	01/01/2017		
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	01/01/2017		
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	01/01/2017		
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	01/01/2007		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	01/01/2007		
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	09/01/2003		
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	09/01/2003		
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	09/01/2003		
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	09/01/2003		
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	09/01/2003		
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	09/01/2006		
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	01/01/2007		
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	09/01/2003		
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	04/01/2007		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	01/01/2007		
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	09/01/2003		
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	04/01/2007		
63044	Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Lumb Interspace	01/01/2014		
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	01/01/2007		
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	01/01/2007		
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	09/01/2003		
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	04/01/2007		
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;	01/01/2007		
63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements	01/01/2007		
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	01/01/2007		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	09/01/2003		
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	04/01/2007		
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	01/01/2007		
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	04/01/2007		
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	01/01/2007		
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	04/01/2007		
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	01/01/2007		
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	04/01/2007		
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	01/01/2007		
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	04/01/2007		
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	01/01/2007		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	04/01/2007		
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	09/01/2003		
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	12/01/2019		
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	09/01/2003		
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	12/01/2019		
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	04/01/2007		
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	12/01/2019		
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	04/01/2007		
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	04/01/2007		
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	04/01/2007		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	04/01/2007		
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	09/01/2003		
63650	Percut.Impl-Neurostm.Electrod;epidu	09/01/2003		
63655	Lam-Impl-Neurostim.Electrod;epidurl	09/01/2003		
63661	Removal of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed	01/01/2010		
63662	Removal of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy or Laminectomy, inc Fluoro	01/01/2010		
63663	Revision including Replacement, When Performed, of Spinal Neurostimulator Electrode Percutaneous Array(s), inc Fluoro	01/01/2010		
63664	Revision inc Replacement, If Performed, of Spinal Neurostimr Electrode Plate/Paddles Placed Via Laminotomy/Ectomy	01/01/2010		
63685	Placement Subcut Neurostim Receiver	09/01/2003		
63688	Rev/Rem. Implted. Generator/Rec.	09/01/2003		
64479	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, sgl level	06/01/2015		
64480	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, each addtl level	06/01/2015		
64483	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, sgl level	06/01/2015		
64484	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, each addtl level	06/01/2015		
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	05/01/2018		
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	03/01/2016		
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	10/01/2016		
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	10/01/2016		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	10/01/2016		
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	05/01/2018		
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	03/01/2016		
64585	Revision or removal of peripheral neurostimulator electrode array	05/01/2018		
64590	I & Plcmt. Peripheral Generator/Rec	05/01/2010		
64595	Rev Peripheral Neurostim Receiver	05/01/2010		
64633	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Cervical Or Thoracic, Single Facet Joint	01/01/2012		
64634	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Cervical Or Thoracic, Ea Addl Facet Jt	01/01/2012		
64635	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Lumbar Or Sacral, Single Facet Joint	01/01/2012		
64636	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Lumbar Or Sacral, Ea Addl Facet Jt	01/01/2012		
67900	Repair Brow Ptosis (Supraciliary/Mid/Cor	09/01/2003		
67901	Repair Blepharoptosis; Frontalis	09/01/2003		
67902	Rep Blepharoptosis Frontalis+sling	09/01/2003		
67903	Rep. Bleph;adv.;internal Appr.	09/01/2003		
67904	Rep Blepharoptosis Levator External	09/01/2003		
67906	Rep.Bleph;sup.Rectus Tech,Fasc.Slng	09/01/2003		
67908	Rep.Bleph;conjunct-Tarso-Lev.Resec	09/01/2003		
69930	Cochlear Device Implantation, W/Wo Masto	09/01/2003		
70336	Magnetic Resonance (Eg, Proton) Imaging,	07/01/2007		Yes
70450	Ct,Head/Brain;w/O Contrast Material	01/01/2007		Yes
70460	C A T Heador Brain; with Contrast Mater	07/01/2007		Yes
70470	Ct,Head/Brain;w/O,W Contrst Mater'L	07/01/2007		Yes



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

70480	C A T Orbit,Sella/Post Fossa,Ear;w/O Con	07/01/2007		Yes
70481	Ct,Orbit,Sella,Fossa,Ear;w/Contrast	07/01/2007		Yes
70482	C A T Orbit,Sella/P.Fossa,Ear;wo/W Contr	07/01/2007		Yes
70486	Ct,Maxillofac.Area;w/O Cntrst Mat'L	07/01/2007		Yes
70487	C A T Maxillofacial Area; W/Contrast Mat	07/01/2007		Yes
70488	Ct,Max-Facial Area;w/O,W Cntrst Mat	07/01/2007		Yes
70490	C A T Soft Tissue Neck; W/O Contrast Mat	07/01/2007		Yes
70491	Ct,Soft Tissue Neck;w/Contrast Mat.	07/01/2007		Yes
70492	C A T Soft Tissue Neck;w/O Then W/Contr.	07/01/2007		Yes
70496	Ct Angiography, Head, w/o Contrast then w Contrast & Further Sections	07/01/2007		Yes
70498	Ct Angiography, Neck, w/o Contrast then w Contrast & Further Sections	07/01/2007		Yes
70540	Mri; Orbit, Face, & Neck	07/01/2007		Yes
70542	MRI, Orbit, Face, And Neck; with Contrast Material(S)	07/01/2007		Yes
70543	MRI, Orbit, Face, Neck; wo Contrast then w Contrast, Further Sequences	07/01/2007		Yes
70544	Magnetic Resonance Angiography, Head; without Contrast Material(s)	07/01/2007		Yes
70545	Magnetic Resonance Angiography, Head; with Contrast Material(s)	07/01/2007		Yes
70546	Mr Angiography, Head; w/o Contrast then w Contrast & Further Sequences	07/01/2007		Yes
70547	Magnetic Resonance Angiography, Neck; without Contrast Material(s)	07/01/2007		Yes
70548	Magnetic Resonance Angiography, Neck; with Contrast Material(s)	07/01/2007		Yes
70549	Mr Angiography, Neck; w/o Contrast then w Contrast & Further Sequences	07/01/2007		Yes
70551	Magnetic Resonance Imag,Brain;w/O Contra	07/01/2007		Yes
70552	Mri, Brain; W/Contrast Material(S)	07/01/2007		Yes
70553	Mri Brain; W/O Contrast & W/Contrast & A	07/01/2007		Yes
70554	MRI, Brain, Functional; inc Test Selection and Admin of Repetitive Body Part Movement & Visual Stim, wo Phys/Psycholgst	07/01/2007		Yes
70555	MRI, Brain, Functional; Requiring Physician or Psychologist Administration of Entire Neurofunctional Testing	07/01/2007		Yes



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

71250	Ct, Thorax; W/O Contrast Material	07/01/2007		Yes
71260	C A T Thorax; W/Contrast Material	07/01/2007		Yes
71270	Ct, Thorax; W/O Then W/Contrast	07/01/2007		Yes
71275	Ct Angiography, Chest, w/o Contrast then w Contrast & Further Sections	07/01/2007		Yes
71550	Magnetic Resonance Imaging,Chest-Eval.Ly	07/01/2007		Yes
71551	MRI, Chest (Eg, For Lymphadenopathy Eval); with Contrast Material(s)	07/01/2007		Yes
71552	MRI, Chest; w/o Contrast then with Contrast And Further Sequences	07/01/2007		Yes
71555	Magnetic Resonance Angiography, Chest (excluding myocardium) W or Wo Contrast Materials	07/01/2007		Yes
72125	Cat Cerv.Spine;w/O Contrst Material,18-2	07/01/2007		Yes
72126	Ct Cervical Spine;w/Contrast Mater.	07/01/2007		Yes
72127	Cat,Cerv.Spine;w/O,With Contrast Materia	07/01/2007		Yes
72128	Ct Thoracic Spine;w/O Contrast Mat.	07/01/2007		Yes
72129	Cat,Thoracic Spine;w/Contrst Materl,18-2	07/01/2007		Yes
72130	Ct Thorac.Spine;w/O,Then W/Contrast	07/01/2007		Yes
72131	Cat Lumbar Spine;w/O Contrst Materl,18-2	07/01/2007		Yes
72132	Ct Lumbar Spine;w/Contrast Material	07/01/2007		Yes
72133	Cat,Lumbar Spine;w/O,With Contrast Mater	07/01/2007		Yes
72141	Mri,Spin.Canal,Cerv;w/O Contrst Mat	07/01/2007		Yes
72142	Mri,Spinal Canal/Contents,Cerv;w/Contrst	07/01/2007		Yes
72146	Mri,Spin.Canal,Thor;w/O Cntrst Matl	07/01/2007		Yes
72147	Mri,Spinal Canal/Contents,Thorac;w/Cntrs	07/01/2007		Yes
72148	Mri,Spin.Canal,Lumb;w/O Cntrst Matl	07/01/2007		Yes
72149	Mri,Spinal Canal/Contents,Lumbar;w/Cntrs	07/01/2007		Yes
72156	Mri Spinal Wo & W Contrast: Cerv	07/01/2007		Yes
72157	Mri Spinal Canal Wo & W Contrast; Thorac	07/01/2007		Yes
72158	Mri Spinal Wo & W Contrast: Lumbar	07/01/2007		Yes



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

72159	Magnetic Resonance Angiography Spine and Contents W/WO Contrast	07/01/2007		Yes
72191	Ct Angiography, Pelvis, w/o Contrast then w Contrast, Further Sections	07/01/2007		Yes
72192	Ct Pelvis; W/O Contrast Material	07/01/2007		Yes
72193	C A T Pelvis; with Contrast Material(S)	07/01/2007		Yes
72194	Ct Pelvis;w/O,Then W/Contrast Mater	07/01/2007		Yes
72195	MRI, Pelvis; without Contrast Material(s)	07/01/2007		Yes
72196	Magnetic Resonance (Eg, Proton) Imaging,	07/01/2007		Yes
72197	MRI, Pelvis; w/o Contrast then with Contrast And Further Sequences	07/01/2007		Yes
72198	Magnetic Resonance Angiography Pelvis W/WO Contrast	07/01/2007		Yes
73200	C A T Upper Extremity; W/O Contrast Mate	07/01/2007		Yes
73201	Ct Upper Extremity;w/Contrast Mater	07/01/2007		Yes
73202	C A T Upper Extremity;w/O Then W/Contr.M	07/01/2007		Yes
73206	Ct Angiography, Upper Extremity, w/o then w Contrast, Further Sections	07/01/2007		Yes
73218	MRI, Upper Extremity, Other Than Joint; without Contrast Material(s)	07/01/2007		Yes
73219	MRI, Upper Extremity, Other Than Joint; with Contrast Material(s)	07/01/2007		Yes
73220	Magnetic Resonance Imag, Upper Extrem, N	07/01/2007		Yes
73221	Mri, Any Joint of Upper Extremity	07/01/2007		Yes
73222	MRI, Any Joint of Upper Extremity; with Contrast Material(s)	07/01/2007		Yes
73223	MRI, Any Joint, Upper Extremity; w/o then w Contrast&Further Sequences	07/01/2007		Yes
73225	Magnetic Resonance Angiography Upper Extremity W/WO Contrast	07/01/2007		Yes
73700	C A T Lower Extremity; W/O Contrast Mate	07/01/2007		Yes
73701	Ct,Lower Extremity;w/Contrast Mater	07/01/2007		Yes
73702	C A T Lower Extremity;w/O Then W/Contr.M	07/01/2007		Yes
73706	Ct Angiography, Lower Extremity, w/o then w Contrast&Further Sections	07/01/2007		Yes
73718	MRI, Lower Extremity Other Than Joint; without Contrast Material(s)	07/01/2007		Yes
73719	MRI, Lower Extremity Other Than Joint; with Contrast Material(s)	07/01/2007		Yes
73720	Mri Lower Extremity,Other Than Jnt	07/01/2007		Yes

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

73721	Magnetic Resonance Imaging, Any Jnt-Lowe	07/01/2007		Yes
73722	MRI, Any Joint of Lower Extremity; with Contrast Material(s)	07/01/2007		Yes
73723	MRI, Any Joint of Lower Extremity; w/o then w Contrast, More Sequences	07/01/2007		Yes
73725	Magnetic Resonance Angiography LowerExtremity W/WO Contrast	07/01/2007		Yes
74150	Ct Abdomen; W/O Contrast Material	07/01/2007		Yes
74160	C A T Abdomen; with Contrast Material(S)	07/01/2007		Yes
74170	Ct Abdomen;w/O,Then W/Contrast Mat	07/01/2007		Yes
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(s), Including Noncontrast Images	01/01/2012		Yes
74175	Ct Angiography, Abdomen, wo Contrast then w Contrast, Further Sections	07/01/2007		Yes
74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material	01/01/2011		Yes
74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	01/01/2011		Yes
74178	Ct, Abdomen And Pelvis; W/O Contrast Material In One Or Both Body Regions, Followed By Contrst Mats And Further Sections	01/01/2011		Yes
74181	Magnetic Resonance Imaging,Abdomen	07/01/2007		Yes
74182	MRI, Abdomen; with Contrast Material(s)	07/01/2007		Yes
74183	MRI, Abdomen; w/o Contrast then with Contrast And Further Sequences	07/01/2007		Yes
74185	Magnetic Resonance Angiography Abdomen W/WO Contrast	07/01/2007		Yes
74261	Computed Tomographic (CT) Colonography, Diagnostic, Including Image Postprocessing; without Contrast Material	01/01/2010		Yes
74262	CT Colonography, Diagnostic, including Image Postprocessing; W Contrast Materials inc Non-Contrast Images, If Performed	01/01/2010		Yes
74263	Computed Tomographic (CT) Colonography, Screening, Including Image Postprocessing	01/01/2010		Yes
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	01/01/2016		Yes
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	01/01/2016		Yes

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

75557	Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material;	01/01/2008		Yes
75559	Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material; with Stress Imaging	01/01/2008		Yes
75561	Cardiac MRI wo Contrast Followed by Contrast and Further Sequences;	01/01/2008		Yes
75563	Cardiac MRI wo Contrast Followed by Contrast and Further Sequences; with Stress Imaging	01/01/2008		Yes
75565	Cardiac MRI for velocity flow mapping	01/01/2016		Yes
75571	CT Heart w/o Contrast; quantitative eval of coronary calcium	01/01/2016		Yes
75572	CT Heart w/ Contrast; eval of cardiac structure and morphology	01/01/2016		Yes
75573	CT Heart w/ Contrast; eval of cardiac structure and morphology in setting of congenital heart disease	01/01/2016		Yes
75574	CT angiography, heart, coronary arteries, and bypass grafts	01/01/2016		Yes
75635	Ct Angio, Aorta&Iliofemoral, Rad Sup&Int, wo, w Contrast, Addl Sectns	07/01/2007		Yes
76376	3D rendering w/ interpretationand reporting of CT MRI, US or other Tomographyic modality with image postprocessing under concurrent supervision	01/01/2016		Yes
76380	CT, limited or localized follow-up study	01/01/2016		Yes
76390	Magnetic Resonance Spectroscopy	07/01/2007		Yes
76391	Magnetic resonance (eg, vibration) elastography	01/01/2020		Yes
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	01/01/2019		Yes
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	01/01/2019		Yes
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	01/01/2019		Yes
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	01/01/2019		Yes
77078	Computed Tomography, Bone Mineral Density Study, 1 or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine)	07/01/2007		Yes
77084	Magnetic Resonance (Eg, Proton) Imaging, Bone Marrow Blood Supply	07/01/2007		Yes

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

77520	Proton beam delivery to a sgl treatment area, sgl port, custom block	09/01/2003		
77522	Proton Treatment Delivery; Simple, with Compensation	09/01/2003		
77523	Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks	09/01/2003		
77525	Proton Treatment Delivery; Complex	09/01/2003		
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	01/01/2020		Yes
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01/01/2020		Yes
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01/01/2020		Yes
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)	01/01/2020		Yes
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	01/01/2020		Yes
78451	Myocardial Perfusion Imaging, Tomographic (Spect); Single Study, At Rest or Stress	01/01/2010		Yes
78452	Myocardial Perfusion Imaging, Tomographic (Spect); Mult Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection	01/01/2010		Yes
78453	Myocardial Perfusion Imaging, Planar; Single Study, At Rest or Stress (Exercise or Pharmacologic)	01/01/2010		Yes
78454	Myocardial Perfusion Imaging, Planar; Multiple Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection	01/01/2010		Yes



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

78459	Myocardial Imaging	07/01/2007		Yes
78466	Myocardial Imge Infarct;	07/01/2007		Yes
78468	Myocardial Img Infarct; Eject 1pass	07/01/2007		Yes
78469	Myocardial Image Infarct; Spect	07/01/2007		Yes
78472	Card Bld Pool Image; 1 Rest W/Motn	07/01/2007		Yes
78473	Cardiac Blood Pool; Mult Study Rest & St	07/01/2007		Yes
78481	Cardiac Blood Pool 1st Pass; Single at R	07/01/2007		Yes
78483	Cardiac Blood Pool 1st Pass; Mult	07/01/2007		Yes
78491	Myocardial Imaging, Pet, Perfusion; Single Study Rest/Stress	07/01/2007		Yes
78492	Myocardial Imaging, Pet, Perfusion; Multiple Studies Rest And/Or Stress	07/01/2007		Yes
78494	Cardiac blood pool imaging gated equilib SPECT at rest wall motion study + eject fract w/wo quant process	07/01/2007		Yes
78496	cardiac Blood Pool Imaging, single study	01/01/2016		Yes
78608	Brain Imaging Positron Emission Tomography	07/01/2007		Yes
78609	Brain Imaging Positron Emission Tomography Perfusion Evaluation	07/01/2007		Yes
78811	Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (Eg, Chest, Head/Neck)	07/01/2007		Yes
78812	Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh	07/01/2007		Yes
78813	Tumor Imaging, Positron Emission Tomography (Pet); Whole Body	07/01/2007		Yes
78814	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Limited Area (Eg, Chest, Head/Neck)	07/01/2007		Yes
78815	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Skull Base To Mid-Thigh	07/01/2007		Yes
78816	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Whole Body	07/01/2007		Yes
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	01/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	01/01/2018		
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	01/01/2018		
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	01/01/2018		
81109	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-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	01/01/2018		
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	01/01/2018		
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	01/01/2018		
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	01/01/2018		
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	01/01/2018		
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	01/01/2018		
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	02/01/2018		
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	01/01/2016		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01/01/2019		
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01/01/2019		
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81172	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)	01/01/2019		
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	01/01/2019		
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	01/01/2019		
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	01/01/2018		
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	01/01/2018		
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	01/01/2019		
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	01/01/2019		
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	01/01/2019		
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	01/01/2019		
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	02/01/2018		
81201	APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence	01/01/2013		
81202	APC (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants	01/01/2013		
81203	APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants	01/01/2013		
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	01/01/2019		
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	02/01/2018		
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	02/01/2018		
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	01/01/2013		
81212	Brca1, Brca2 Gene Analysis; 185Delag, 5385Insc, 6174Delt Variants	01/01/2012		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81215	Brca1 (Breast Cancer 1) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	01/01/2012		
81216	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis	01/01/2012		
81217	Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant	01/01/2012		
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	03/01/2018		
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants	01/01/2012		
81226	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants	01/01/2012		
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	01/01/2012		
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	01/01/2018		
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	01/01/2018		
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	01/01/2018		
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	01/01/2019		
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	01/01/2019		
81235	EGFR (Epidermal growth factor receptor)(EG, non-small cell lung cancer) gene analysis, common variants (EG, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	01/01/2016		
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	01/01/2019		
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	01/01/2019		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	01/01/2018		
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	01/01/2019		
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	02/01/2018		
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	02/01/2018		
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	02/01/2018		
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	02/01/2018		
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	02/01/2018		
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	01/01/2018		
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	01/01/2018		
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	01/01/2018		
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	02/01/2018		
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	02/01/2018		
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	02/01/2018		
81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)	01/01/2013		
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	02/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	01/01/2018		
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	01/01/2018		
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	02/01/2018		
81265	Comparative analysis using Short Tandem Repeat Markers	02/01/2018		
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	01/01/2018		
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	03/01/2018		
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	01/01/2019		
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	10/01/2014		
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	10/01/2016		
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	01/01/2018		
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	01/01/2019		
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	01/01/2019		
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	01/01/2019		
81287	MGMT, methylation analysis	01/01/2015		
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	01/01/2015		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	01/01/2019		
81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	02/01/2018		
81292	MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis	01/01/2012		
81293	MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Known Familial Variants	01/01/2012		
81294	MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants	01/01/2012		
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis	01/01/2012		
81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Known Familial Variants	01/01/2012		
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants	01/01/2012		
81298	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Full Sequence Analysis	01/01/2012		
81299	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants	01/01/2012		
81300	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants	01/01/2012		
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	02/01/2018		
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	02/01/2018		
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	02/01/2018		
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	01/01/2019		
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	01/01/2020		
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	01/01/2020		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	01/01/2020		
81311	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)	01/01/2016		
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81315	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Common Breakpoints, Qual/Quant	10/01/2014		
81316	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Single Breakpoint, Qual/Quant	10/01/2014		
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis	01/01/2012		
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Known Familial Variants	01/01/2012		
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants	01/01/2012		
81321	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis	01/01/2013		
81322	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant	01/01/2013		
81323	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant	01/01/2013		
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	02/01/2018		
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	02/01/2018		
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	02/01/2018		
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	01/01/2017		
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	11/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	01/01/2019		
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	02/01/2018		
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	02/01/2018		
81332	Serpina1 (Serpine Peptidase Inhibitor, Clade A, Alpha-1 Antitrypsin, Member 1), Gene Analysis, Common Vars	01/01/2012		
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	01/01/2019		
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	01/01/2018		
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	01/01/2018		
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	01/01/2019		
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	01/01/2019		
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	01/01/2019		
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	01/01/2019		
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	01/01/2018		
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	02/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants	01/01/2012		
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	04/01/2018		
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	04/01/2018		
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	04/01/2018		
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	04/01/2018		
81382	HLA class II typing, high resolutionn (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	08/01/2016		
81400	Molecular Pathology Procedure Level 1	01/01/2012		
81401	Molecular Pathology Procedure Level 2	01/01/2012		
81402	Molecular Pathology Procedure Level 3	01/01/2012		
81403	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons	01/01/2012		
81404	Molecular Pathology Procedure Level 5	01/01/2012		
81405	Molecular Pathology Procedure Level 6	01/01/2012		
81406	Molecular Pathology Procedure Level 7	01/01/2012		
81407	Molecular Pathology Procedure Level 8	01/01/2012		
81408	Molecular Pathology Procedure Level 9	01/01/2012		
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	02/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	02/01/2018		
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	02/01/2018		
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	02/01/2018		
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	02/01/2018		
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	02/01/2018		
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	02/01/2018		
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	02/01/2018		
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	02/01/2018		
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	01/01/2016		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	01/01/2016		
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	02/01/2018		
81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including	01/01/2015		
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, i	01/01/2015		
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	01/01/2016		
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	01/01/2016		
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	02/01/2018		
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	02/01/2018		
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	02/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	01/01/2019		
81445	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)	01/01/2015		
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	01/01/2018		
81450	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)	01/01/2015		
81455	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)	01/01/2015		
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [01/01/2015		
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor	01/01/2015		
81470	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, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	02/01/2018		
81471	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, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	02/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	02/01/2018		
81518	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, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	01/01/2019		
81519	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	09/01/2017		
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	03/01/2018		
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	03/01/2019		
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	01/01/2020		
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	01/01/2016		
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	01/01/2020		
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	01/01/2016		
83921	Organic acid, single, quantitative	01/01/2016		
86813	Tissue Typing, HLA Typing, A,B,&/Or C,Mul	09/01/2003		
86816	HLA Typing Dr/Dq Single Antigen	09/01/2003		
86817	HLA Typing Dr/Dq Multiple Antigens	09/01/2003		
86821	HLA Typing Lymphocyte Culture Mixed	09/01/2003		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

86822	Hla Typing Lymphocyte Culture Prime	09/01/2003		
89259	Cryopreservation; Sperm	04/01/2007		
91110	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, w Phys Interp and Report	09/01/2003		
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	10/01/2017		
93228	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report	10/01/2009		
93229	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support	10/01/2009		
93303	Transthoracic Echo cardiac anomalies	01/01/2016		Yes
93304	Transthoracic Echo cardiac anomalies, limited	01/01/2016		Yes
93306	Transthoracic Echo complete w color & spectral	01/01/2016		Yes
93307	Transthoracic Echo complete wo color & spectral	01/01/2016		Yes
93308	Transthoracic Echo limited	01/01/2016		Yes
93312	Transesophageal Echo	01/01/2016		Yes
93313	Transesophageal Echo probe only	01/01/2016		Yes
93314	Transesophageal Echo interpretation	01/01/2016		Yes
93315	Transesophageal Echo congenital	01/01/2016		Yes
93316	Transesophageal Echo congenital, probe only	01/01/2016		Yes
93317	Transesophageal Echo congenital interpretation	01/01/2016		Yes
93350	Transthoracic Stress Echo, complete	01/01/2016		Yes
93351	Transthoracic Stress Echo, complete w cont EKG	01/01/2016		Yes
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	01/01/2017		
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	01/01/2017		
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	01/01/2009		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	01/01/2009		
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	01/01/2009		
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	01/01/2009		
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	01/01/2009		
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	01/01/2019		
96116	Neurobehavioral status exam, per hr psychologist/physician time, patient time and interpretation/report time	01/01/2006		
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	01/01/2019		
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	01/01/2019		
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	01/01/2019		
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	01/01/2019		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	01/01/2019		
97605	Negative Pressure Wound Therapy, Per Session; Total Area	09/01/2003		
97606	Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm	09/01/2003		
99183	Physician Attendance and Supervision of Hyperbaric Oxygen Therapy; Per Session	01/01/2008		
0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	07/01/2015		
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	08/01/2018		
0017U	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 detected	03/01/2018		
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	08/01/2019		
0028U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis	11/01/2018		
0030T	Antiprothrombin (phospholipid cofactor) antibody, each Ig class	01/01/2003		
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	10/01/2017		
0095T	Removal of total disc arthroplasty, anterior approach; each additional interspace	09/01/2017		
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	09/01/2017		
0111U	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	10/01/2019		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

0129U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	10/01/2019		
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/01/2019		
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/01/2019		
0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	01/01/2020		
0155U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	01/01/2020		
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020		
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020		
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020		
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020		
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	01/01/2020		
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	01/01/2020		
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	09/01/2019		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	04/01/2020		
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	04/01/2020		
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	07/01/2020		
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	07/01/2020		
0182T	HDR Electronic Brachytherapy Per Fraction	01/01/2007		
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	07/01/2020		
0239T	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid difference	01/01/2011		
0240T	Esophageal motility study with interpretation and report; with 3-dimensional high resolution esophageal pressure topography	01/01/2011		
0241T	Esophageal motility study with interpretation and report; with stimulation or perfusion during 3-dimensional high resolution	01/01/2011		
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	01/01/2011		
0250T	Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure)	01/01/2011		
0251T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), in	01/01/2011		
0252T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), ea	01/01/2011		
0291T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter	01/01/2012		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

0292T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter	01/01/2012		
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	10/01/2017		
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	10/01/2017		
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	10/01/2017		
0333T	Visual evoked potential, screening of visual acuity, automated, with report	10/01/2017		
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	10/01/2017		
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	11/01/2018		
0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	01/01/2018		
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	10/01/2017		
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	10/01/2017		
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	10/01/2017		
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	10/01/2017		
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	12/01/2019		
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	12/01/2019		
0468T	Removal of chest wall respiratory sensor electrode or electrode array	12/01/2019		
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	01/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	01/01/2018		
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	01/01/2018		
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	01/01/2018		
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	01/01/2018		
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	01/01/2018		
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	09/01/2018		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	09/01/2018		
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	09/01/2018		
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	09/01/2018		
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	01/01/2020		
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	01/01/2020		
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	01/01/2020		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	01/01/2020		
A4290	Sacral nerve stimulation test lead, each	03/01/2016		
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	03/01/2017		
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	01/01/2012		
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	05/01/2020		
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	09/01/2017		
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	09/01/2017		
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	09/01/2017		
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	01/01/2019		
A9590	Iodine i-131, iobenguane, 1 millicurie	01/01/2020		
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie	01/01/2015		
B4100	Food thickener, administered orally, per ounce	01/01/2013		
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	01/01/2013		
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 mL = 1 unit	01/01/2013		
B4104	Additive for enteral formula (e.g., fiber)	01/01/2013		
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	01/01/2013		
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	01/01/2013		
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	01/01/2013		
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	01/01/2013		
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	01/01/2013		
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	01/01/2013		
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	01/01/2013		
B4185	Parenteral nutrition solution, per 10 grams lipids	01/01/2013		
B4187	Omegaven, 10 grams lipids	01/01/2020		
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	01/01/2013		
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	01/01/2013		
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	01/01/2013		
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	01/01/2013		
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day	01/01/2013		
B4220	Parenteral nutrition supply kit; premix, per day	01/01/2013		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

B4222	Parenteral nutrition supply kit; home mix, per day	01/01/2013		
B4224	Parenteral nutrition administration kit, per day	01/01/2013		
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	01/01/2013		
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	01/01/2013		
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	01/01/2013		
C1754	Catheter, intradiscal	03/01/2010		
C1755	Catheter, intraspinal	03/01/2010		
C1764	Event recorder, cardiac (implantable)	09/01/2017		
C1767	Generator, neurostimulator (implantable), non-rechargeable	02/01/2016		
C1776	Joint device (implantable)	12/01/2018		
C1778	Lead, neurostimulator (implantable)	02/01/2016		
C1787	Patient programmer, neurostimulator	11/01/2017		
C1813	Prosthesis, penile, inflatable	01/01/2018		
C1815	Prosthesis, urinary sphincter (implantable)	07/01/2019		
C1816	Receiver and/or transmitter, neurostimulator (implantable)	02/01/2016		
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	11/01/2017		
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	10/01/2017		
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	01/01/2019		
C1849	Skin substitute, synthetic, resorbable, per square centimeter	07/01/2020		
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	02/01/2016		
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified	01/01/2017		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

C1897	Lead, neurostimulator test kit (implantable)	10/01/2017		
C2616	Brachytherapy seed, yttrium-90	10/01/2008		
C2622	Prosthesis, penile, non-inflatable	01/01/2018		
C2698	Brachytherapy source, stranded, not otherwise specified, per source	07/01/2012		
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	07/01/2012		
C8900	Magnetic resonance angiography with contrast, abdomen	01/01/2012		Yes
C8901	Magnetic resonance angiography without contrast, abdomen	01/01/2012		Yes
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	01/01/2012		Yes
C8903	Magnetic resonance imaging with contrast, breast; unilateral	01/01/2012		Yes
C8904	Magnetic resonance imaging without contrast, breast; unilateral	01/01/2012		Yes
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	01/01/2012		Yes
C8906	Magnetic resonance imaging with contrast, breast; bilateral	01/01/2012		Yes
C8907	Magnetic resonance imaging without contrast, breast; bilateral	01/01/2012		Yes
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	01/01/2012		Yes
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	01/01/2012		Yes
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	01/01/2012		Yes
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	01/01/2012		Yes
C8912	Magnetic resonance angiography with contrast, lower extremity	01/01/2012		Yes
C8913	Magnetic resonance angiography without contrast, lower extremity	01/01/2012		Yes
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	01/01/2012		Yes
C8918	Magnetic resonance angiography with contrast, pelvis	01/01/2012		Yes
C8919	Magnetic resonance angiography without contrast, pelvis	01/01/2012		Yes
C8920	Magnetic resonance angiography without contrast followed by with contrast,	01/01/2012		Yes
C9047	Injection, caplacizumab-yhdp, 1 mg	07/01/2019		
C9053	Injection, crizanlizumab-tmca, 1 mg	04/01/2020		
C9054	Injection, lefamulin (xenleta), 1 mg	01/01/2020		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

C9056	Injection, givosiran, 0.5 mg	04/01/2020		
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	10/01/2020		
C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg	10/01/2020		
C9066	Injection, sacituzumab govitecan-hziy, 10 mg	10/01/2020		
C9254	Injection, lacosamide, 1 mg	08/01/2018		
C9354	Veritas collagen matrix, cm2	03/01/2010		
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (tenoglide tendon protector sheet), per square centimeter	06/01/2018		
C9363	Integra Meshed Bil Wound Mat	03/01/2010		
C9399	Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	01/01/2018		
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	01/01/2018		
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	09/01/2017		
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	09/01/2017		
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	01/01/2020		
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	03/01/2010		
E0170	Commode chair with integrated seat lift mechanism, electric, any type	01/01/2019		
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	01/01/2019		
E0470	respiratory assis device, bi-level pressure capability, without back-up rate feature, used with non-invasive interface, eg, nasal or facial mask(intermittent assist device with continous positive airway pressure device	01/01/2009		
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with non-invasive interface, EG nasal or facial mask (intermittent assist device with continuous positive pressure device)	01/01/2009		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	04/01/2018		
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated,	04/01/2007		
E0601	Continuous positive airway pressure (CPAP) device	01/01/2009		
E0616	Implantable cardiac event recorder with memory, activator and programmer	10/01/2014		
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	10/01/2007		
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	10/01/2007		
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	01/01/2019		
E0638	Standing frame /table system, one position (e.g ., . upright, supine or prone stander), any size including pediatric, with or without wheels	01/01/2019		
E0641	Standing frame /table system, multi-position (e.g ., . three-way stander), any size including pediatric, with or without wheels	01/01/2019		
E0642	Standing frame /table system, mobile (dynamic stander), any size including pediatric	01/01/2019		
E0745	Neuromuscular stimulator, electronic shock unit	07/01/2019		
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	09/01/2003		
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	09/01/2003		
E0749	Osteogenesis stimulator, electrical, surgically implanted	09/01/2003		
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	09/01/2003		
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	07/01/2008		
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	03/01/2017		
E0784	External ambulatory infusion pump, insulin	05/01/2020		
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	01/01/2020		
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	07/01/2020		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	07/01/2020		
E2358	Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each	07/01/2020		
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each	07/01/2020		
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	07/01/2020		
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	07/01/2020		
E2372	Power wheelchair accessory, Group 27 non-sealed lead acid battery, each	07/01/2020		
E2378	Pw actuator replacement	07/01/2013		
E2402	Negative pressure wound therapy electrical pump, stationary or portable	09/01/2003		
E2599	Accessory for speech generating device, not otherwise classified	03/01/2016		
E2610	Wheelchair seat cushion, powered	07/01/2020		
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	01/01/2019		
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	01/01/2015		
G0297	Low Dose CT scan (LDCT) for lung cancer screening	07/01/2007		Yes
G0455	Fecal microbiota prep instil	07/01/2013		
G9748	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	01/01/2017		
G9750	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	01/01/2017		
J0129	Abatacept injection	01/01/2007		
J0135	Injection, adalimumab, 20 mg	04/01/2017		
J0178	Injection, aflibercept, 1 mg	05/01/2018		
J0179	Injection, brotacizumab-dbl, 1 mg	01/01/2020		
J0180	Injection, agalsidase beta, 1 mg	02/01/2019		
J0202	Injection, alemtuzumab, 1 mg	01/01/2016		
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	01/01/2012		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

J0222	Injection, Patisiran, 0.1 mg	10/01/2019		
J0223	Injection, givosiran, 0.5 mg	07/01/2020		
J0256	Alpha 1 Proteinase Inhibitor	01/01/2007		
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	01/01/2012		
J0490	Injection, belimumab, 10 mg	01/01/2012		
J0517	Injection, benralizumab, 1 mg	01/01/2019		
J0565	Injection, bezlotoxumab, 10 mg	01/01/2018		
J0567	Injection, cerliponase alfa, 1 mg	01/01/2019		
J0570	Buprenorphine implant, 74.2 mg	01/01/2017		
J0584	Injection, burosumab-twza 1 mg	01/01/2019		
J0593	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)	10/01/2019		
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	01/01/2016		
J0597	C-1 esterase, berinert	01/01/2011		
J0598	C1 esterase inhibitor inj	01/01/2010		
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	01/01/2019		
J0630	Injection, calcitonin salmon, up to 400 units	03/01/2018		
J0638	Canakinumab injection	01/01/2011		
J0717	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)	01/01/2014		
J0725	Chorionic Gonadotropin/1000u	09/01/2003		
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	07/01/2020		
J0791	Injection, crizanlizumab-tmca, 5 mg	07/01/2020		
J0800	Corticotropin Injection	11/01/2008		
J0881	Darbepoetin alfa, non-esrd	09/01/2003		
J0885	Epoetin alfa, non-esrd	09/01/2003		
J0888	Injection, epoetin beta, 1 microgram (for non-ESRD use)	01/01/2015		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

J0894	Decitabine injection	01/01/2007		
J0896	Injection, luspatercept-aamt, 0.25 mg	07/01/2020		
J1290	Ecallantide injection	01/01/2011		
J1300	Eculizumab injection	01/01/2008		
J1301	Injection, edaravone, 1 mg	01/01/2019		
J1303	Injection, ravulizumab-cwvz, 10 mg	10/01/2019		
J1322	Injection, elosulfase alfa, 1mg	01/01/2015		
J1325	Epoprostenol Injection	09/01/2003		
J1428	Injection, eteplirsen, 10 mg	01/01/2018		
J1429	Injection, golodirsen, 10 mg	07/01/2020		
J1438	Injection, etanercept, 25 mg	04/01/2017		
J1458	Galsulfase injection	01/01/2007		
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	01/01/2009		
J1555	Injection, immune globulin (cuvitru), 100 mg	01/01/2018		
J1556	Injection, immune globulin (Bivigam), 500 mg	01/01/2014		
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	01/01/2012		
J1558	Injection, immune globulin (xembify), 100 mg	07/01/2020		
J1559	Hizentra injection	01/01/2011		
J1561	Immune Globulin 500 Mg	01/01/2008		
J1566	Immune globulin, powder	09/01/2003		
J1568	Octagam injection	01/01/2008		
J1569	Gammagard liquid injection	01/01/2008		
J1572	Flebogamma injection	01/01/2008		
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	01/01/2016		
J1599	Ivig non-lyophilized, NOS	01/01/2011		
J1602	Injection, golimumab, 1 mg, for intravenous use	04/01/2017		
J1628	Injection, guselkumab, 1 mg	01/01/2019		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

J1632	Injection, brexanolone, 1 mg	10/01/2020		
J1743	Injection, idursulfase, 1 mg	10/01/2017		
J1744	Icatibant injection	01/01/2013		
J1745	Injection, infliximab, excludes biosimilar, 10 mg	04/01/2017		
J1746	Injection, ibalizumab-uiyk, 10 mg	01/01/2019		
J1786	Injection, imiglucerase, 10 units	07/01/2019		
J1830	Interferon Beta-1b / .25 Mg	08/01/2009		
J1931	Injection, laronidase, 0.1 mg	10/01/2017		
J1950	Leuprolide Acetate /3.75 Mg	09/01/2003		
J2170	Injection, mecasermin, 1 mg	06/01/2018		
J2182	Injection, mepolizumab, 1 mg	01/01/2017		
J2212	Methylnaltrexone injection	01/01/2013		
J2323	Natalizumab injection	01/01/2008		
J2326	Injection, nusinersen, 0.1 mg	01/01/2018		
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	11/01/2008		
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous	11/01/2008		
J2357	Omalizumab injection	09/01/2003		
J2502	Injection, pasireotide long acting, 1 mg	01/01/2016		
J2503	Injection, pegaptanib sodium, 0.3 mg	05/01/2018		
J2507	Injection, pegloticase, 1 mg	01/01/2012		
J2778	Injection, ranibizumab, 0.1 mg	05/01/2018		
J2786	Injection, reslizumab, 1 mg	01/01/2017		
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	01/01/2019		
J2793	Rilonacept injection	01/01/2010		
J2796	Romiplostim injection	01/01/2010		
J2840	Injection, sebelipase alfa, 1 mg	01/01/2017		
J2860	Injection, siltuximab, 10 mg	01/01/2016		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

J2941	Injection, somatropin, 1 mg	01/01/2007		
J3031	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-administered)	10/01/2019		
J3032	Injection, eptinezumab-jjmr, 1 mg	10/01/2020		
J3060	Injection, taliglucerase alfa, 10 units (Elelyso)	07/01/2019		
J3110	Teriparatide injection	01/01/2007		
J3111	Injection, romosozumab-aqqg, 1 mg	10/01/2019		
J3145	Injection, testosterone undecanoate, 1 mg	10/01/2015		
J3241	Injection, teprotumumab-trbw, 10 mg	10/01/2020		
J3245	Injection, tildrakizumab, 1 mg	01/01/2019		
J3262	Tocilizumab injection	01/01/2011		
J3285	Treprostinil injection	09/01/2003		
J3316	Injection, triptorelin, extended-release, 3.75 mg	01/01/2019		
J3355	Urofollitropin, 75 iu	09/01/2003		
J3357	Ustekinumab, for subcutaneous injection, 1 mg	04/01/2017		
J3358	Ustekinumab, for intravenous injection, 1 mg	01/01/2018		
J3380	Injection, vedolizumab, 1 mg	01/01/2016		
J3385	Injection, velaglucerase alfa, 100 units (VPRIV)	07/01/2019		
J3397	Injection, vestronidase alfa-vjbk, 1 mg	01/01/2019		
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	01/01/2019		
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	07/01/2020		
J3490	Unclassified drugs	01/01/2018		
J3590	Unclassified biologics	01/01/2018		
J7170	Injection, emicizumab-kxwh, 0.5 mg	01/01/2019		
J7330	Cultured Chondrocytes Implnt	09/01/2003		
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	10/01/2020		
J7508	Tacrolimus Oral Per 5 Mg	01/01/2014		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

J7686	Treprostinil, non-comp unit	01/01/2011		
J7699	NOC drugs, inhalation solution administered through DME	01/01/2018		
J8565	Gefitinib oral	01/01/2007		
J8600	Melphalan Oral 2 Mg	11/01/2008		
J8700	Temozolmide	11/01/2008		
J9022	Injection, atezolizumab, 10 mg	01/01/2018		
J9023	Injection, avelumab, 10 mg	01/01/2018		
J9025	Azacitidine injection	09/01/2003		
J9032	Injection, belinostat, 10 mg	01/01/2016		
J9033	Injection, bendamustine Hcl, 1 mg	01/01/2009		
J9034	Injection, bendamustine hcl (bendeka), 1 mg	01/01/2017		
J9035	injection, bevacizumab (for Chemotherapy)	10/01/2009		
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	07/01/2019		
J9039	Injection, blinatumomab, 1 microgram	01/01/2016		
J9041	Injection, bortezomib (velcade), 0.1 mg	03/01/2009		
J9042	Injection, brentuximab vedotin, 1 mg	01/01/2013		
J9043	Injection, cabazitaxel, 1 mg	01/01/2012		
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	01/01/2019		
J9047	Injection, carfilzomib, 1 mg	01/01/2014		
J9055	Cetuximab injection	07/17/2007		
J9057	Injection, copanlisib, 1 mg	01/01/2019		
J9118	Injection, calaspargase pegol-mknl, 10 units	10/01/2019		
J9119	Injection, cemiplimab-rwlc, 1 mg	10/01/2019		
J9145	Injection, daratumumab, 10 mg	01/01/2017		
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	01/01/2019		
J9173	Injection, durvalumab, 10 mg	01/01/2019		
J9176	Injection, elotuzumab, 1 mg	01/01/2017		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	07/01/2020		
J9179	Injection, eribulin mesylate, 0.1 mg	01/01/2012		
J9202	Goserelin acetate implant, per 3.6 mg	01/01/2019		
J9204	Injection, mogamulizumab-kpkc, 1 mg	10/01/2019		
J9205	Injection, irinotecan liposome, 1 mg	01/01/2017		
J9207	Injection, ixabepilone, 1 mg	01/01/2009		
J9210	Injection, emapalumab-lzsg, 1 mg	10/01/2019		
J9216	Interferon Gamma 1-B Inj	09/01/2003		
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	10/01/2014		
J9218	Leuprolide acetate, per 1 mg	10/01/2014		
J9225	Histrelin implant (Vantas), 50 mg	09/01/2019		
J9226	Histrelin implant (Supprelin LA), 50 mg	03/01/2018		
J9227	Injection, isatuximab-irfc, 10 mg	10/01/2020		
J9228	Injection, ipilimumab, 1 mg	01/01/2012		
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	01/01/2019		
J9245	Inj Melphalan Hydrochl 50 Mg	11/01/2008		
J9246	Injection, melphalan (evomela), 1 mg	07/01/2020		
J9261	Nelarabine injection	01/01/2007		
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	01/01/2014		
J9264	Injection, paclitaxel protein-bound particles, 1 mg	06/01/2016		
J9269	Injection, tagraxofusp-erzs, 10 micrograms	10/01/2019		
J9271	Injection, pembrolizumab, 1 mg	01/01/2016		
J9285	Injection, olaratumab, 10 mg	01/01/2018		
J9295	Injection, necitumumab, 1 mg	01/01/2017		
J9299	Injection, nivolumab, 1 mg	01/01/2016		
J9302	Ofatumumab injection	01/01/2011		
J9303	Panitumumab injection	01/01/2008		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

J9304	Injection, pemetrexed (pemfexy), 10 mg	10/01/2020		
J9306	Injection, pertuzumab, 1 mg	01/01/2014		
J9307	Pralatrexate injection	01/01/2011		
J9308	Injection, ramucirumab, 5 mg	01/01/2016		
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	01/01/2020		
J9311	Injection, rituximab 10 mg and hyaluronidase	01/01/2019		
J9312	Injection, rituximab, 10 mg	01/01/2019		
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	10/01/2019		
J9315	Romidepsin injection	01/01/2011		
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	01/01/2017		
J9328	Temozolomide injection	01/01/2010		
J9330	Injection, temsirolimus, 1 mg	01/01/2009		
J9352	Injection, trabectedin, 0.1 mg	01/01/2017		
J9354	Injection, ado-trastuzumab emtansine, 1 mg	01/01/2014		
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	09/01/2003		
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	07/01/2019		
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	07/01/2020		
J9395	Injection, fulvestrant, 25 mg	09/01/2003		
J9400	Injection, ziv-aflibercept, 1 mg	01/01/2014		
J9999	Not otherwise classified, antineoplastic drugs	01/01/2018		
K0010	Stnd Wt Frame Power Whlchr	11/01/2013		
K0011	Stnd Wt Pwr Whlchr W Control	11/01/2013		
K0012	Ltwl Portbl Power Whlchr	11/01/2013		
K0013	Custom Power Whlchr Base	11/01/2013		
K0014	Other Power Whlchr Base	11/01/2013		
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit of service = 1 month's supply	07/01/2017		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

K0554	Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor system.	07/01/2017		
K0743	Suction pump, home model, portable, for use on wounds	07/01/2011		
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	07/01/2011		
K0745	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	07/01/2011		
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	07/01/2011		
K0800	Power operated vehicle,grp 1 standard,patient weight cap up to and incl 300 lbs	01/01/2007		
K0801	Power operated vehicle,grp 1 heavy duty,patient weight cap 301-450 lbs	01/01/2007		
K0802	Power operated vehicle, grp 1 very heavy duty,patient weight cap 451-600 lbs	01/01/2007		
K0806	Power operated vehicle, grp 2 standard,patient weight cap up to and incl 300 lbs	01/01/2007		
K0807	Power operated vehicle,grp 2 heavy duty,patient weight cap 301-450 lbs	01/01/2007		
K0808	Power operated vehicle,grp 2 very heavy duty,patient weight cap 451-600 lbs	01/01/2007		
K0812	Power operated vehicle,not otherwise classified	01/01/2007		
K0813	Power wheelchair,grp 1 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0814	Power wheelchair,grp 1 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0815	Power wheelchair,grp 1 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0816	Power wheelchair,grp 1 standard,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0820	Power wheelchair,grp 2 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0821	Power wheelchair,grp 2 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0822	Power wheelchair,grp 2 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0823	Power wheelchair,grp 2 stnd,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

K0824	Power wheelchair,grp 2 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		
K0825	Power wheelchair,grp 2 heavy duty,captains chair,patient weight cap 301-450 lbs	01/01/2007		
K0826	Power wheelchair,grp 2 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		
K0827	Power wheelchair,grp 2 very heavy duty,captains chair,patient weight cap 451-600 lbs	01/01/2007		
K0828	Power wheelchair,grp 2 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	01/01/2007		
K0829	Power wheelchair,grp 2 extra heavy duty,captains chair,patient weight cap 601 lbs or more	01/01/2007		
K0830	Power wheelchair,grp 2 std,seat elevator,sling/solid seat/back,patient weight cap up to and incl 300 lbs	07/01/2020		
K0831	Power wheelchair,grp 2 std,seat elevator,captains chair,patient weight cap up to and incl 300 lbs	07/01/2020		
K0835	Power wheelchair,grp 2 std,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0836	Power wheelchair,grp 2 std,single power option,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0837	Power wheelchair,grp 2 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		
K0838	Power wheelchair,grp 2 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	01/01/2007		
K0839	Power wheelchair,grp 2 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		
K0840	Power wheelchair,grp 2 extra heavy duty,single power option,sling/solid seat/back,patient weight cap up to and incl 300	01/01/2007		
K0841	Power wheelchair,grp 2 std,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0842	Power wheelchair,grp 2 std,mult power option,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0843	Power wheelchair,grp 2 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		
K0848	Power wheelchair,grp 3 std,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

K0849	Power wheelchair,grp 3 stdn,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0850	Power wheelchair,grp 3 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		
K0851	Power wheelchair,grp 3 heavy duty,captains chair,patient weight cap 301-450 lbs	01/01/2007		
K0852	Power wheelchair,grp 3 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		
K0853	Power wheelchair,grp 3 very heavy duty,captains chair,patient weight cap 451-600 lbs	01/01/2007		
K0854	Power wheelchair,grp 3 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	01/01/2007		
K0855	Power wheelchair,grp 3 extra heavy duty,captains chair,patient weight cap 601 lbs or more	01/01/2007		
K0856	Power wheelchair,grp 3 stdn,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0857	Power wheelchair,grp 3 stdn,single power option,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0858	Power wheelchair,grp 3 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		
K0859	Power wheelchair,grp 3 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	01/01/2007		
K0860	Power wheelchair,grp 3 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		
K0861	Power wheelchair,grp 3 stdn,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0862	Power wheelchair,grp 3 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		
K0863	Power wheelchair,grp 3 very heavy duty,mult power option,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		
K0864	Power wheelchair,grp 3 extra heavy duty,mult power option,sling/solid seat/back,patient weight cap 601 lbs or more	01/01/2007		
K0868	Power wheelchair,grp 4 stdn,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0869	Power wheelchair,grp 4 stdn,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0870	Power wheelchair,grp 4 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	01/01/2007		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

K0871	Power wheelchair,grp 4 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	01/01/2007		
K0877	Power wheelchair,grp 4 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0878	Power wheelchair,grp 4 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	01/01/2007		
K0879	Power wheelchair,grp 4 heavy duty,single power option,sling/solid seat/back, patient weight cap 301-450 lbs	01/01/2007		
K0880	Power wheelchair,grp 4 very heavy duty,single power option,sling/solid seat/back,patient weight 451-600 lbs	01/01/2007		
K0884	Power wheelchair,grp 4 stnd,mult power potion,sling/solid seat/back,patient weight cap up to and incl 300 lbs	01/01/2007		
K0885	Power wheelchair,grp 4 stnd,mult power option,captains chair,weight cap up to and incl 300 lbs	01/01/2007		
K0886	Power wheelchair,grp 4 heavy duty,mult power option,sling/solid seat/back,patent weight cap 301-450 lbs	01/01/2007		
K0890	Power wheelchair,grp 5 ped,single power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	01/01/2007		
K0891	Power wheelchair,grp 5 pediatric,mult power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	01/01/2007		
K0898	Power wheelchair,not otherwise classified	01/01/2007		
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	01/01/2020		
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	02/01/2014		
L5613	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with hydraulic swing	02/01/2014		
L5614	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with pneumatic swing	02/01/2014		
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	02/01/2014		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	02/01/2014		
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	02/01/2014		
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	02/01/2014		
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	02/01/2014		
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	02/01/2014		
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	03/01/2017		
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	02/01/2014		
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	02/01/2014		
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	02/01/2014		
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	02/01/2014		
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	02/01/2014		
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	02/01/2014		
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	02/01/2014		
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance	02/01/2014		
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only,	02/01/2014		
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	02/01/2014		
L5859	Knee-shin pro flex/ext cont	02/01/2014		
L5961	Endo poly hip, pneu/hyd/rot	03/01/2011		
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	03/01/2017		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

L6628	Upper extremity addition, quick disconnect hook adapter, otto bock or equal	01/01/2015		
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal	01/01/2015		
L6632	Upper extremity addition, latex suspension sleeve, each	01/01/2015		
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	01/01/2015		
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	01/01/2015		
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	01/01/2015		
L6810	Addition to terminal device, precision pinch device	01/01/2015		
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	01/01/2015		
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	01/01/2015		
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	01/01/2015		
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	01/01/2015		
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015		
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015		
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015		
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015		
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	01/01/2015		
L7007	Electric hand, switch or myoelectric controlled, adult	01/01/2015		
L7008	Electric hand, switch or myoelectric, controlled, pediatric	01/01/2015		
L7009	Electric hand, switch or myoelectric, controlled, pediatric	01/01/2015		
L7045	Electric hook, switch or myoelectric controlled, pediatric	01/01/2015		
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	01/01/2015		
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	01/01/2015		
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	01/01/2015		
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	01/01/2015		
L7368	Lithium ion battery charger, replacement only	01/01/2015		
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	01/01/2015		
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	01/01/2015		
L8465	Prosthetic shrinker, upper limb, each	01/01/2015		
L8600	Implantable breast prosthesis, silicone or equal	01/01/2018		
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	07/01/2019		
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	07/01/2019		
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	07/01/2019		
L8614	Cochlear device, includes all internal and external components	05/01/2010		
L8615	Headset/headpiece for use with cochlear implant device, replacement	05/01/2010		
L8616	Microphone for use with cochlear implant device, replacement	05/01/2010		
L8617	Transmitting coil for use with cochlear implant device, replacement	05/01/2010		
L8618	Transmitter cable for use with cochlear implant device, replacement	05/01/2010		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	05/01/2010		
L8627	Cochlear implant, external speech processor, component, replacement	01/01/2010		
L8628	Cochlear implant, external controller component, replacement	05/01/2010		
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	01/01/2010		
L8679	Implantable neurostimulator, pulse generator, any type	01/01/2014		
L8680	Implantable neurostimulator electrode, each	07/01/2010		
L8681	Pt prgrm for implt neurostim	07/01/2010		
L8682	Implt neurostim radiofq rec	07/01/2010		
L8683	Radiofq trsmtr for implt neu	07/01/2010		
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	03/01/2016		
L8685	Implt nrostm pls gen sng rec	07/01/2010		
L8686	Implt nrostm pls gen sng non	07/01/2010		
L8687	Implt nrostm pls gen dua rec	07/01/2010		
L8688	Implt nrostm pls gen dua non	07/01/2010		
L8689	External recharging system	07/01/2010		
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	01/01/2018		
L8695	External recharg sys extern	07/01/2010		
Q0478	Power adapter, combo vad	03/01/2011		
Q0507	Misc supply or accessory for use with an external ventricular assist device	07/01/2013		
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	01/01/2015		
Q0509	Misc supply or accessory for use with any implanted ventricular assist device for which pymt was not made under Medicare Part A	07/01/2013		
Q2041	Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, Including leukapheresis and dose preparation procedures, per infusion	04/01/2018		
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	01/01/2019		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	07/01/2011		
Q3001	Brachytherapy Radioelements	10/01/2008		
Q4074	Iloprost non-comp unit dose	01/01/2010		
Q4101	Skin substitute, Apligraf, per square centimeter	04/01/2009		
Q4102	Skin substitute, Oasis Wound Matrix, per square centimeter	04/01/2009		
Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWd), per square centimeter	07/01/2009		
Q4105	Skin substitute, Integra Dermal Regeneration Template (DRT), per square centimeter	07/01/2009		
Q4106	Skin substitute, Dermagraft, per square centimeter	04/01/2009		
Q4107	Skin substitute, Graftjacket, per square centimeter	09/01/2011		
Q4108	Skin substitute, Integra Matrix, per square centimeter	07/01/2009		
Q4116	Alloderm skin sub	10/01/2018		
Q4121	Theraskin	03/01/2011		
Q4122	Dermacell, per square centimeter	10/01/2018		
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	01/01/2012		
Q4128	FlexHD, allopatchHD, or Matrix HD, per sq cm	01/01/2016		
Q4131	Epifix	01/01/2013		
Q4132	Grafix core	01/01/2013		
Q4133	Grafix prime	01/01/2013		
Q4182	Transcyte, per square centimeter	06/01/2018		
Q4186	Epifix, per square centimeter	01/01/2019		
Q4205	Membrane graft or membrane wrap, per square centimeter	10/01/2019		
Q4206	Fluid flow or fluid GF, 1 cc	10/01/2019		
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	04/01/2018		
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	04/01/2018		
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	07/01/2018		
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	01/01/2019		



YCC Prior Authorization Code List
Active Codes as of 09/18/2020

Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	01/01/2019		
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	07/01/2019		
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	07/01/2019		
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	07/01/2019		
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	07/01/2019		
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	07/01/2020		
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	10/01/2019		
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	07/01/2020		
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	07/01/2020		
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	07/01/2020		
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	07/01/2018		
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	07/01/2018		
S0122	Injection, Menotropins, 75 lu	09/01/2003		
S0189	Testosterone pellet. 75 mg	10/01/2015		
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	09/01/2017		
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use cpt code)	09/01/2017		
S1034	Artificial pancreas device system (e.g., low glucose suspend (lgs) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	11/01/2017		
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	11/01/2017		
S1036	Transmitter; external, for use with artificial pancreas device system	11/01/2017		
S1037	Receiver (monitor); external, for use with artificial pancreas device system	11/01/2017		
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	04/01/2019		
S2202	Echosclerotherapy	01/01/2018		
S2235	Implantation of auditory brain stem implant	10/01/2017		

YCC Prior Authorization Code List
Active Codes as of 09/18/2020

S2340	Chemodenervation Of Abductor	09/01/2012		
S2341	Chemodenervation of adductor muscle(s) of vocal cord	09/01/2012		
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	03/01/2018		
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	07/01/2018		
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	05/01/2019		
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013		
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013		
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013		
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	01/01/2013		
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	11/01/2019		
S9434	Modified solid food supplements for inborn errors of metabolism	11/01/2019		
S9435	Medical foods for inborn errors of metabolism	01/01/2013		