

YCC Prior Authorization Code List
Effective 7/1/2020

| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|---|-------------------|-------------------------|
| 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified | 1/1/2018 | |
| 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) | 1/1/2018 | |
| 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified | 1/1/2018 | |
| 11920 | Tattoo/Color Defect to 6.0 Sq Cm | 9/1/2011 | |
| 11921 | Tattooing 6-20 Sq Cm | 9/1/2011 | |
| 11922 | Tattoo/Color Defect Ea Add 20 Sq Cm | 9/1/2011 | |
| 15271 | Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area | 1/1/2012 | |
| 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 | 1/1/2012 | |
| 15273 | Skin Subst Graft To Trunk, Arms, Legs, Area >=00 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children | 1/1/2012 | |
| 15274 | Skin Subst Graft To Trunk, Arms, Legs, Area >=00 Sq Cm; Ea Addl 100 Sq Cm Or Ea Adl 1% Of Body Area Of Inf&Children | 1/1/2012 | |
| 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 | 1/1/2012 | |
| 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 | 1/1/2012 | |
| 15277 | Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >=00 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children | 1/1/2012 | |
| 15278 | Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >=00 Sq Cm; Ea Addl 100 Sq Cm Or 1% Of Body Area Of Inf And Children | 1/1/2012 | |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) | 1/1/2020 | |
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | 1/1/2020 | |
| 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) | 1/1/2020 | |
| 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) | 6/1/2018 | |
| 15820 | Blepharoplasty Lower Eyelids | 9/1/2003 | |

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| 15821 | Blepharoplasty W Extensive Fat Pads | 9/1/2003 | |
| 15822 | Blepharoplasty Upper Eyelid | 9/1/2003 | |
| 15823 | Rhytidectomy W Excess Skin On Lids | 9/1/2003 | |
| 15830 | Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy | 1/1/2007 | |
| 15832 | Exc Excess Skin Subq Tiss Thigh | 5/1/2011 | |
| 15833 | Exc Excess Skin Leg | 5/1/2011 | |
| 15834 | Exc Excess Skin Subq Tiss Hip | 5/1/2011 | |
| 15835 | Exc Excess Skin Buttock | 5/1/2011 | |
| 15836 | Exc Excess Skin Subq Tiss Arm | 5/1/2011 | |
| 15837 | Exc Excess Skin Forearm | 5/1/2011 | |
| 15838 | Exc Excess Skin Subq Tiss Fat Pad | 5/1/2011 | |
| 15839 | Exc Excess Skin Other Area | 5/1/2011 | |
| 15847 | Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen | 1/1/2007 | |
| 15876 | Suction assisted lipectomy; head and neck | 6/1/2017 | |
| 15877 | Suction assisted lipectomy; trunk | 6/1/2017 | |
| 15878 | Suction assisted lipectomy; upper extremity | 6/1/2017 | |
| 15879 | Suction assisted lipectomy; lower extremity | 6/1/2017 | |
| 17106 | Dest Cut Vasc Proliferative Les to 10 Sq | 9/1/2003 | |
| 17107 | Dest Cut Vasc Prolif Les 10-50 Sqcm | 9/1/2003 | |
| 17108 | Dest Cut Vasc Proliferative Les Over 50. | 9/1/2003 | |
| 17380 | Electrolysis epilation, each 30 minutes | 1/1/2018 | |
| 19300 | Mastectomy for gynecomastia | 1/1/2007 | |
| 19316 | Mastopexy | 9/1/2003 | |
| 19318 | Mammoplasty Reduction | 9/1/2003 | |
| 19324 | Mammoplasty Augment Wo/Prosthetic Implan | 9/1/2003 | |
| 19325 | Mammoplasty Augmentation W Implant | 9/1/2003 | |
| 19328 | Removal of Intact Mammary Implant | 9/1/2003 | |
| 19330 | Removal Mammary Implant Unilateral | 9/1/2003 | |

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|---------------|---|-------------------|-------------------------|
| 19340 | Insert Breast Prosthesis Immediate | 9/1/2003 | |
| 19342 | Delay Insert Prosthesis Mast/Recons | 9/1/2003 | |
| 19350 | Reconstruct Nipple/Areolar Unil | 9/1/2003 | |
| 19355 | Correction Inverted Nipple(S) | 9/1/2003 | |
| 19357 | Breast Recon W/Tiss Expander Inc Expansi | 9/1/2003 | |
| 19361 | Breast Recon Latissimus Dorsi Flap W/Wo | 9/1/2003 | |
| 19364 | Breast Reconstruction W/Free Flap | 9/1/2003 | |
| 19366 | Reconstruction Breast Other Method | 9/1/2003 | |
| 19367 | Breast Reconstrn W Trans Rectus Abdominis Musc Flap (Tram), SGL Pedicle | 9/1/2003 | |
| 19368 | Breast Reconstrn, Trans Rect Abd Musc Flap (Tram), SGL Ped; Mic Anast | 9/1/2003 | |
| 19369 | Breast Reconstrn W Trans Rectus Abdominis Musc Flap (Tram), DBL Pedicle | 9/1/2003 | |
| 19370 | Open Periprosthetic Capsulotomy Breast | 9/1/2003 | |
| 19371 | Capsulectomy Periprosthetic Breast | 9/1/2003 | |
| 19380 | Revision Reconstructed Breast | 9/1/2003 | |
| 19396 | Preparation Moulage Breast Implant | 9/1/2003 | |
| 20930 | Allograft for Spine Surgery; Morselized | 10/1/2009 | |
| 20937 | Autograft for Spine Surgery; Morselized | 4/1/2007 | |
| 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) | 2/1/2019 | |
| 20974 | Electrical stimulation to aid bone healing; noninvasive (nonoperative) | 9/1/2003 | |
| 20975 | Electrical stimulation to aid bone healing; invasive (operative) | 9/1/2003 | |
| 20979 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) | 9/1/2003 | |
| 21070 | Coronoidectomy Unilateral | 9/1/2003 | |
| 21077 | Impression and Custom Preparation; Orbital Prosthesis | 9/1/2003 | |
| 21081 | Impress/Prep Mandibular Resection | 9/1/2003 | |
| 21082 | Impress Custom Prep Palatal Augmentation | 9/1/2003 | |
| 21083 | Impress/Prep Palatal Lift Prosth | 9/1/2003 | |
| 21085 | Impress/Prep Oral Surgical Splint | 9/1/2003 | |

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| 21086 | Impression and custom preparation; auricular prosthesis | 9/1/2003 | |
| 21087 | Impression and custom preparation; nasal prosthesis | 9/1/2003 | |
| 21088 | Impression and custom preparation; facial prosthesis | 9/1/2003 | |
| 21110 | Apply Interdental Fixation Other | 12/1/2012 | |
| 21121 | Genioplasty Sliding Osteotomy Single Pie | 9/1/2003 | |
| 21122 | Genioplasty Slide Osteotomy 2+ | 4/1/2007 | |
| 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) | 4/1/2007 | |
| 21141 | Reconstruction Midface, Single Piece | 4/1/2007 | |
| 21142 | Reconstruction Midface, Two Pieces | 1/1/2008 | |
| 21143 | Reconstruction Midface, Three or More Pieces | 1/1/2008 | |
| 21145 | Recon Midface Lefort I Single Graft | 4/1/2007 | |
| 21146 | Recon Midface Lefort I 2 Piece W/Bone Gr | 1/1/2008 | |
| 21147 | Recon Midface Lefort I 3+ Pcs Graft | 1/1/2008 | |
| 21150 | Recon Midface Lefort II Anterior Intrusi | 1/1/2008 | |
| 21151 | Recon Midface Lefort II W/Bone Grft | 1/1/2008 | |
| 21154 | Recon Midface Lefort III Wo/Lefort I | 1/1/2008 | |
| 21155 | Recon Midface Lefort III W/Lefrt I | 1/1/2008 | |
| 21159 | Recon Midface Lefort III W/Graft Wo/Lefo | 1/1/2008 | |
| 21160 | Recon Midface Lefort III W/Grft/L I | 1/1/2008 | |
| 21196 | Recon Mand Ramus Sag Split W/Rigid Rix | 9/1/2003 | |
| 21198 | Osteotomy Mandible Segmental | 9/1/2003 | |
| 21199 | Osteotomy, Mandible, Segmental; with Genioglossus Advancement | 9/1/2003 | |
| 21206 | Osteotomy Maxilla Segmental | 9/1/2003 | |
| 21208 | Osteoplasty Facial Bone Augment | 9/1/2003 | |
| 21209 | Osteoplasty Facial Reduction | 9/1/2003 | |
| 21210 | Graft Bone Nasal Maxilla Malar Area | 9/1/2003 | |
| 21215 | Graft Bone Mandible | 9/1/2003 | |
| 21230 | Grft Rib Cart to Face Chin Nose Ear | 9/1/2003 | |

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| 21244 | Reconstruct Mandible W Bone Plate | 9/1/2003 | |
| 21245 | Recon Mand Max Subperiosteal Part | 9/1/2003 | |
| 21246 | Repair Jaw W Subperiost Implnt Tot | 9/1/2003 | |
| 21247 | Recon Mand Condyle Bone Cart Auto | 1/1/2008 | |
| 21248 | Recon Mandible Maxilla Endosteal Implant | 9/1/2003 | |
| 21249 | Repair Jaw W Endosteal Implnt Tot | 9/1/2003 | |
| 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia) | 9/1/2003 | |
| 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach | 9/1/2003 | |
| 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach | 9/1/2003 | |
| 21263 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement | 9/1/2003 | |
| 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach | 9/1/2003 | |
| 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach | 9/1/2003 | |
| 21275 | Secondary revision of orbitocraniofacial reconstruction | 9/1/2003 | |
| 21685 | Hyoid Myotomy and Suspension | 4/1/2007 | |
| 21740 | Recon Rep Pectus Excava/Carinatum | 9/1/2003 | |
| 21742 | Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), Wo Thoracoscopy | 9/1/2003 | |
| 21743 | Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), w Thoracoscopy | 9/1/2003 | |
| 22110 | Exc Vertebra Part Cervical | 12/1/2012 | |
| 22112 | Exc Vertebra Part Thoracic | 12/1/2012 | |
| 22114 | Exc Vertebra Part Lumbar | 12/1/2012 | |
| 22116 | Partial Excision of Vertebral Body for each additional Vertebral Segme | 1/1/2013 | |
| 22532 | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace; Thoracic | 1/1/2007 | |
| 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | 10/1/2009 | |

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| 22534 | Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy; Thoracic or Lumbar, Each Additional Segment | 4/1/2007 | |
| 22548 | Arthrodesis, Trans/Extraoral, Clivus-C1-2 | 1/1/2007 | |
| 22551 | Arthrodesis, Anterior Interbody; Cervical Below C2 | 1/1/2011 | |
| 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add | 1/1/2011 | |
| 22554 | Arthrodesis Ant Interbody-C2 Below | 9/1/2003 | |
| 22556 | Arthrodesis Ant Interbody-Thoracic | 9/1/2003 | |
| 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | 9/1/2003 | |
| 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) | 12/1/2019 | |
| 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 | 12/1/2019 | |
| 22590 | Arthrodesis Post-Craniocervical | 1/1/2007 | |
| 22595 | Arthrodesis, Poster. Tech, Atlas-Axis, C1-C2 | 1/1/2007 | |
| 22600 | Fusion Cervical Post < C1 | 1/1/2007 | |
| 22610 | Arthrodesis Post-Thoracic | 1/1/2007 | |
| 22612 | Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed) | 9/1/2003 | |
| 22614 | Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) | 5/1/2012 | |
| 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar | 9/1/2003 | |
| 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) | 9/1/2003 | |

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| 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 | 1/1/2012 | |
| 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) | 1/1/2012 | |
| 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | 12/1/2019 | |
| 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | 12/1/2019 | |
| 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | 12/1/2019 | |
| 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | 12/1/2019 | |
| 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | 12/1/2019 | |
| 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | 12/1/2019 | |
| 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments | 12/1/2019 | |
| 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments | 12/1/2019 | |
| 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) | 7/1/2007 | |
| 22841 | Internal Spinal Fixation by Wiring of Spinous Processes | 1/1/2007 | |
| 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) | 7/1/2006 | |
| 22843 | Posterior Segmental Instrumentation, 7 To 12 Vertebral Segments | 9/1/2003 | |
| 22844 | Posterior Segmental Instrumentation, 13 or More Vertebral Segments | 9/1/2003 | |
| 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | 1/1/2007 | |
| 22846 | Anterior Instrumentation, 4 To 7 Vertebral Segments | 1/1/2007 | |
| 22847 | Anterior Instrumentation, 8 or More Vertebral Segments | 1/1/2007 | |
| 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) | 12/1/2019 | |

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| 22849 | Reinsertion of spinal fixation device | 12/1/2019 | |
| 22852 | Removal of posterior segmental instrumentation | 12/1/2019 | |
| 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) | 1/1/2017 | |
| 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) | 1/1/2017 | |
| 22855 | Removal of anterior instrumentation | 12/1/2019 | |
| 22856 | Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical | 4/1/2009 | |
| 22857 | Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace | 9/1/2017 | |
| 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompress | 9/1/2017 | |
| 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) | 1/1/2017 | |
| 22861 | Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv | 4/1/2009 | |
| 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | 9/1/2017 | |
| 22864 | Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical | 4/1/2009 | |
| 22865 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | 9/1/2017 | |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | 1/1/2018 | |
| 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft | 1/1/2018 | |
| 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft | 1/1/2018 | |
| 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft | 1/1/2018 | |
| 27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft | 1/1/2018 | |

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| 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | 12/1/2019 | |
| 27280 | Arthrodesis, Sacroiliac Joint | 10/1/2014 | |
| 27412 | Autologous Chondrocyte Implantation, Knee | 9/1/2010 | |
| 27415 | Rep Ligaments Knee+pes Anserin Tran | 9/1/2010 | |
| 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])Advancement Pes Anserinus | 9/1/2010 | |
| 27445 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) | 1/1/2018 | |
| 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | 1/1/2018 | |
| 27486 | Revision of total knee arthroplasty, with or without allograft; 1 component | 1/1/2018 | |
| 27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component | 1/1/2018 | |
| 29866 | Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft) | 9/1/2010 | |
| 29867 | Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty) | 9/1/2010 | |
| 30400 | Rhinoplasty Primary Partial | 9/1/2003 | |
| 30410 | Rhinoplas,Prim;complet,Extern.Parts | 9/1/2003 | |
| 30420 | Rhinoplasty Primary Maj Septal Rep | 9/1/2003 | |
| 30430 | Rhinoplasty,2ndary;minor Revision | 9/1/2003 | |
| 30435 | Rhinoplasty,Intermed Revis-Bony Work W O | 9/1/2003 | |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) | 9/1/2003 | |
| 31295 | Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g. balloon dilation), transnasal or via canine fossa | 12/1/2015 | |
| 31296 | Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g. balloon dilation) | 12/1/2015 | |
| 31297 | Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g. Balloon dilation) | 12/1/2015 | |
| 31298 | Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation) | 1/1/2018 | |
| 32850 | Donor Pneumonectomy(ies) W Prep and Maintenance of Allograft (Cadaver) | 9/1/2003 | |
| 32851 | Lung Transplant, Single; Without Cardiopulmonary Bypass | 9/1/2003 | |
| 32852 | Lung Transplant, Single, with Cardiopulmonary Bypass | 9/1/2003 | |

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| 32853 | Lung Transplant, Double (Sequential or En Bloc); Without Cardpulm Bypa | 9/1/2003 | |
| 32854 | Lung Transplant, Double (Sequential or En Bloc); with CardPulm Bypass | 9/1/2003 | |
| 32855 | Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral | 9/1/2003 | |
| 32856 | Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral | 9/1/2003 | |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | 1/1/2019 | |
| 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 | 8/1/2018 | |
| 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy | 1/1/2018 | |
| 33928 | Removal and replacement of total replacement heart system (artificial heart) | 1/1/2018 | |
| 33929 | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure) | 1/1/2018 | |
| 33930 | Donr Cardiectomy-Pneum,Prep/Main.Hom | 9/1/2003 | |
| 33933 | Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft | 9/1/2003 | |
| 33935 | Heart-Lung Transplant W Recipient Cardiac | 9/1/2003 | |
| 33940 | Donor Cardiectomy,Prep/Mainten.Homo | 9/1/2003 | |
| 33944 | Backbench Standard Preparation Of Cadaver Donor Heart Allograft | 9/1/2003 | |
| 33945 | Heart Transplant, W/Wo Recipient Cardiac | 9/1/2003 | |
| 33975 | Implantation of Ventricular Assist Device; Single Ventricle Support | 9/1/2003 | |
| 33976 | Implantation of Ventricular Assist Device; Biventricular Support | 9/1/2003 | |
| 33979 | Insertion Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle | 9/1/2003 | |
| 33990 | Insertion Of Ventricular Assist Device, Percutaneous; Arterial Access Only | 1/1/2013 | |
| 33991 | Insertion Of Ventricular Assist Device, Percutaneous; Both Arterial And Venous Access, With Transseptal Puncture | 1/1/2013 | |
| 36215 | Intro Cath Head/Neck Artery | 1/1/2013 | |
| 36216 | Select Cath Plcmt Art; 2nd Order Thoracic | 1/1/2013 | |
| 36217 | Select Cath Plcmt Art;3rd Order Thrac | 1/1/2013 | |
| 36218 | Select Cath Plcmt Art; Add 2nd/3rd Order | 1/1/2013 | |

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| 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) | 1/1/2018 | |
| 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 | 1/1/2018 | |
| 36470 | Injection of sclerosing solution; single vein | 2/1/2006 | |
| 36471 | Inject Sclerosing Agent Mult Veins | 2/1/2006 | |
| 36475 | Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated | 2/1/2006 | |
| 36476 | Endovenous Ablation Therapy Incompetent Vein, Extremity, Percut, Radiofreq; 2nd & Subsequent Veins, Same Extrem, Sep Sites | 2/1/2006 | |
| 36478 | Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated | 2/1/2006 | |
| 36479 | Endovenous Ablation Therapy Incompetent Vein, Extremity, Percutaneous, Laser; 2nd & Subseq Veins, Same Extrem, Sep Sites | 2/1/2006 | |
| 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) | 1/1/2018 | |
| 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 | 1/1/2018 | |
| 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) | 1/1/2018 | |
| 37700 | Lig/Div.Saph.Vein at Junc/Interrupt | 2/1/2006 | |
| 37718 | Ligation, division, and stripping, short saphenous vein | 1/1/2013 | |
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | 2/1/2006 | |
| 37735 | Ligation & Strip Saphen+ulcer Unil | 2/1/2006 | |
| 37760 | Ligation Perforators Rad (Linton) | 2/1/2006 | |
| 37761 | Ligation of Perforator Vein(s), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg | 5/1/2012 | |
| 37765 | Stab Phlebectomy of Varicose Veins, One Extremity; 10-20 Stab Incisions | 2/1/2006 | |
| 37766 | Stab Phlebectomy of Varicose Veins, One Extremity; More Than 20 Incisions | 2/1/2006 | |
| 37780 | Ligation/Divis-Short Saph.Vein @ Sapheno | 2/1/2006 | |

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|---------------|--|-------------------|-------------------------|
| 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg | 2/1/2006 | |
| 38204 | Management of Recipient Hematopoietic Progenitor Cell Donor Search and Cell Acquisition | 9/1/2003 | |
| 38205 | Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Allogenic | 9/1/2003 | |
| 38206 | Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Autologous | 9/1/2003 | |
| 38207 | Transplant Preparation of Hematopoietic Progenitor Cells; Cryopreservation and Storage | 9/1/2003 | |
| 38208 | Transplant Preparation of Hematopoietic Progenitor Cells; Thawing of Previously Frozen Harvest | 9/1/2003 | |
| 38209 | Transplant Preparation of Hematopoietic Progenitor Cells; Washing of Harvest | 9/1/2003 | |
| 38210 | Transplant Preparation of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-Cell Depletion | 9/1/2003 | |
| 38211 | Transplant Preparation of Hematopoietic Progenitor Cells; Tumor Cell Depletion | 9/1/2003 | |
| 38212 | Transplant Preparation of Hematopoietic Progenitor Cells; Red Blood Cell Removal | 9/1/2003 | |
| 38213 | Transplant Preparation of Hematopoietic Progenitor Cells; Platelet Depletion | 9/1/2003 | |
| 38214 | Transplant Preparation of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion | 9/1/2003 | |
| 38215 | Transplant Preparation of Hematopoietic Progenitor Cells; Cell Concentration in Plasma, Mononuclear, or Buffy Coat Layer | 9/1/2003 | |
| 38230 | Harvest Bone Marrow For Transplant | 9/1/2003 | |
| 38232 | Bone Marrow Harvesting For Transplantation; Autologous | 1/1/2012 | |
| 38240 | Bone Marrow Transplantation; Allogenic | 9/1/2003 | |
| 38241 | Bone Marrow Transplant; Autologous | 9/1/2003 | |
| 38242 | Bone Marrow or Blood-Derived Peripheral Stem Cell Transplantation; Allogeneic Donor Lymphocyte Infusions | 9/1/2003 | |
| 42120 | Resect Palate or Extensive Lesion | 4/1/2007 | |
| 42140 | Uvulectomy | 9/1/2003 | |
| 42145 | Uvulopalatopharyngoplasty | 9/1/2003 | |
| 42226 | Lengthening of Palate, and Pharyngeal Flap | 9/1/2003 | |
| 42227 | Lengthen Palate W Island Flap | 9/1/2003 | |
| 42235 | Repair Anterior Palate Including Vomer Flap | 9/1/2003 | |
| 42950 | Pharyngoplasty | 4/1/2007 | |
| 43192 | Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance | 5/1/2018 | |

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| 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | 5/1/2018 | |
| 43631 | Gastrectomy, Partial, Distal; with Gastroduodenostomy | 1/1/2003 | |
| 43644 | Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <=50 Cm) | 9/1/2005 | |
| 43645 | Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction | 9/1/2005 | |
| 43647 | Laparoscopy, Surgical; Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum | 5/1/2010 | |
| 43648 | Laparoscopy, Surgical; Revision or Removal of Gastric Neurostimulator Electrodes, Antrum | 5/1/2010 | |
| 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only | 1/1/2006 | |
| 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only | 1/1/2006 | |
| 43774 | Laparoscopy, surg, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components | 1/1/2006 | |
| 43775 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy) | 5/1/2012 | |
| 43843 | Gastroplasty Non Vert-Banded Obesity | 9/1/2003 | |
| 43845 | Gastric Stapling Morbid Obesity | 9/1/2003 | |
| 43846 | Gastric Bypass W/Roux-En-Y-Mor.Obes | 9/1/2003 | |
| 43847 | Gstrc Restrictive Prcd w Gstrc Bybys F Morbid Obesity; w/Sml Bowel Rcnnstn | 9/1/2003 | |
| 43848 | Revision of Gastric Restrictive Prcd For Morbid Obesity (Separate Prcd) | 9/1/2003 | |
| 43850 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy | 9/1/2018 | |
| 43855 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy | 9/1/2018 | |
| 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy | 9/1/2018 | |
| 43865 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy | 9/1/2018 | |
| 43881 | Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum, Open | 5/1/2010 | |
| 43882 | Revision or Removal of Gastric Neurostimulator Electrodes, Antrum, Open | 5/1/2010 | |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | 1/1/2013 | |
| 43887 | Gastric restrictive procedure, open; removal of subcutaneous port component only | 1/1/2013 | |

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| 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only | 1/1/2013 | |
| 44133 | Donor Enterectomy, Open, w Allograft Prep & Maintenance; Living Donor | 9/1/2003 | |
| 44136 | Intestinal Allotransplantation; From Living Donor | 9/1/2003 | |
| 47133 | Donor Hepatectomy, W Prep & Maintenance-H | 9/1/2003 | |
| 47135 | Transplant Liver (Recipient) | 9/1/2003 | |
| 47140 | Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only | 9/1/2003 | |
| 47141 | Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy | 9/1/2003 | |
| 47142 | Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy | 9/1/2003 | |
| 47143 | Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split | 9/1/2003 | |
| 47144 | Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; W Trisegment Split Of Graft Into Two Partial Grafts | 9/1/2003 | |
| 47145 | Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; With Lobe Split Of Graft Into Two Partial Grafts | 9/1/2003 | |
| 47146 | Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each | 9/1/2003 | |
| 47147 | Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each | 9/1/2003 | |
| 47370 | Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency | 9/1/2003 | |
| 47371 | Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical | 9/1/2003 | |
| 47380 | Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency | 9/1/2003 | |
| 47381 | Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical | 9/1/2003 | |
| 47382 | Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency | 9/1/2003 | |
| 47383 | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation | 1/1/2015 | |
| 48550 | Donor Pancreatectomy For Transplantation | 9/1/2003 | |
| 48551 | Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft | 9/1/2003 | |
| 48552 | Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each | 9/1/2003 | |
| 48554 | Transplantation of Pancreatic Allograft | 9/1/2003 | |
| 48556 | Removal of Transplanted Pancreatic Allograft | 9/1/2003 | |
| 50300 | Nephrectomy Cadaver Donor | 9/1/2003 | |

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| 50320 | Donor Nephrectomy;from Living Donor,Unil | 9/1/2003 | |
| 50323 | Backbench Standard Preparation Of Cadaver Donor Renal Allograft | 9/1/2003 | |
| 50325 | Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic) | 9/1/2003 | |
| 50327 | Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each | 9/1/2003 | |
| 50328 | Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each | 9/1/2003 | |
| 50329 | Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each | 9/1/2003 | |
| 50340 | Nephrectomy Recipient Unilateral | 9/1/2003 | |
| 50360 | Transplant Renal Homograft | 9/1/2003 | |
| 50365 | Renal Homotxplnt,Implnt Gft;w/Recipnt Ne | 9/1/2003 | |
| 50370 | Removal of Transplanted Homograft | 9/1/2003 | |
| 50380 | Transplant Renal Autograft | 9/1/2003 | |
| 50547 | Laparoscopy, surgical; donor nephrectomy from living donor | 9/1/2003 | |
| 51715 | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck | 7/1/2019 | |
| 52327 | Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material | 7/1/2019 | |
| 52441 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant | 7/1/2017 | |
| 52442 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure) | 7/1/2017 | |
| 53430 | Urethroplasty, reconstruction of female urethra | 1/1/2018 | |
| 53444 | Insertion of tandem cuff (dual cuff) | 7/1/2019 | |
| 53445 | Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff | 7/1/2019 | |
| 53446 | Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff | 7/1/2019 | |
| 53447 | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session | 7/1/2019 | |
| 53449 | Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff | 7/1/2019 | |
| 54120 | Amputation of penis; partial | 1/1/2018 | |

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| 54125 | Amputation of penis; complete | 1/1/2018 | |
| 54400 | Insertion of penile prosthesis; non-inflatable (semi-rigid) | 1/1/2018 | |
| 54401 | Insertion of penile prosthesis; inflatable (self-contained) | 1/1/2018 | |
| 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | 1/1/2018 | |
| 54520 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach | 1/1/2018 | |
| 54660 | Insertion of testicular prosthesis (separate procedure) | 1/1/2018 | |
| 54690 | Laparoscopy, surgical; orchiectomy | 1/1/2018 | |
| 55150 | Resection of scrotum | 1/1/2018 | |
| 55175 | Scrotoplasty; simple | 1/1/2018 | |
| 55180 | Scrotoplasty; complicated | 1/1/2018 | |
| 55970 | Intersex Op Male to Female | 1/1/2015 | |
| 55980 | Intersex Surgery;female to Male | 1/1/2015 | |
| 56800 | Plastic repair of introitus | 1/1/2018 | |
| 56805 | Clitoroplasty for intersex state | 1/1/2018 | |
| 57106 | Vaginectomy, partial removal of vaginal wall | 1/1/2018 | |
| 57110 | Vaginectomy, complete removal of vaginal wall | 1/1/2018 | |
| 57291 | Construction of artificial vagina; without graft | 1/1/2018 | |
| 57292 | Construction of artificial vagina; with graft | 1/1/2018 | |
| 57335 | Vaginoplasty for intersex state | 1/1/2018 | |
| 61850 | Twst Drl/Brr Hole-Impl Elec;corticl | 7/1/2010 | |
| 61860 | Craniec/Otmy Impln-Elec,Cerebr;cort | 7/1/2010 | |
| 61863 | Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array | 9/1/2003 | |
| 61864 | Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array | 9/1/2003 | |
| 61867 | Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array | 9/1/2003 | |
| 61868 | Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array | 9/1/2003 | |
| 61880 | Revis/Remv Intracr.Neurost.Electrod | 7/1/2008 | |

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|---------------|--|-------------------|-------------------------|
| 61885 | Placement Subcutan Neurostim Receiv | 7/1/2008 | |
| 61886 | Incision/subcutaneous placement of cranial neurostim pulse generator/receiver, direct or inductive coupling; >1 arrays | 7/1/2008 | |
| 61888 | Rev/Rem.Cran Generatoror Receiver | 7/1/2008 | |
| 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 | 1/1/2017 | |
| 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) | 1/1/2017 | |
| 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 | 1/1/2017 | |
| 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) | 1/1/2017 | |
| 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 | 1/1/2007 | |
| 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 | 1/1/2007 | |
| 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 | 9/1/2003 | |
| 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 | 9/1/2003 | |
| 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) | 9/1/2003 | |
| 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 | 9/1/2003 | |
| 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 | 9/1/2003 | |

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|---------------|---|-------------------|-------------------------|
| 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 | 9/1/2006 | |
| 63020 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical | 1/1/2007 | |
| 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar | 9/1/2003 | |
| 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) | 4/1/2007 | |
| 63040 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical | 1/1/2007 | |
| 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar | 9/1/2003 | |
| 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) | 4/1/2007 | |
| 63044 | Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Lumb Interspace | 1/1/2014 | |
| 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 | 1/1/2007 | |
| 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 | 1/1/2007 | |
| 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 | 9/1/2003 | |
| 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) | 4/1/2007 | |
| 63050 | Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments; | 1/1/2007 | |
| 63051 | Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements | 1/1/2007 | |

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|---------------|---|-------------------|-------------------------|
| 63055 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic | 1/1/2007 | |
| 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) | 9/1/2003 | |
| 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) | 4/1/2007 | |
| 63064 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment | 1/1/2007 | |
| 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) | 4/1/2007 | |
| 63075 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace | 1/1/2007 | |
| 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) | 4/1/2007 | |
| 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace | 1/1/2007 | |
| 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) | 4/1/2007 | |
| 63081 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment | 1/1/2007 | |
| 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) | 4/1/2007 | |
| 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment | 1/1/2007 | |
| 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) | 4/1/2007 | |

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|---------------|--|-------------------|-------------------------|
| 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 | 9/1/2003 | |
| 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) | 12/1/2019 | |
| 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 | 9/1/2003 | |
| 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) | 12/1/2019 | |
| 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 | 4/1/2007 | |
| 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 | 12/1/2019 | |
| 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) | 4/1/2007 | |
| 63170 | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar | 4/1/2007 | |
| 63265 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical | 4/1/2007 | |
| 63266 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic | 4/1/2007 | |
| 63267 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar | 9/1/2003 | |
| 63295 | Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Sep) | 9/1/2003 | |
| 63650 | Percut.Impl-Neurostm.Electrod;epidu | 9/1/2003 | |
| 63655 | Lam-Impl-Neurostim.Electrod;epidurl | 9/1/2003 | |
| 63661 | Removal of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed | 1/1/2010 | |
| 63662 | Removal of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy or Laminectomy, inc Fluoro | 1/1/2010 | |

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| 63663 | Revision including Replacement, When Performed, of Spinal Neurostimulator Electrode Percutaneous Array(s), inc Fluoro | 1/1/2010 | |
| 63664 | Revision inc Replacement, If Performed, of Spinal Neurostimr Electrode Plate/Paddles Placed Via Laminotomy/Ectomy | 1/1/2010 | |
| 63685 | Placement Subcut Neurostim Receiver | 9/1/2003 | |
| 63688 | Rev/Rem. Implted. Generator/Rec. | 9/1/2003 | |
| 64479 | Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, sgl level | 6/1/2015 | |
| 64480 | Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, each addtl level | 6/1/2015 | |
| 64483 | Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, sgl level | 6/1/2015 | |
| 64484 | Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, each addtl level | 6/1/2015 | |
| 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | 5/1/2018 | |
| 64561 | Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed | 3/1/2016 | |
| 64568 | Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | 10/1/2016 | |
| 64569 | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator | 10/1/2016 | |
| 64570 | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | 10/1/2016 | |
| 64575 | Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | 5/1/2018 | |
| 64581 | Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) | 3/1/2016 | |
| 64585 | Revision or removal of peripheral neurostimulator electrode array | 5/1/2018 | |
| 64590 | I & Plcmt. Peripheral Generator/Rec | 5/1/2010 | |
| 64595 | Rev Peripheral Neurostim Receiver | 5/1/2010 | |
| 64633 | Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Cervical Or Thoracic, Single Facet Joint | 1/1/2012 | |
| 64634 | Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Cervical Or Thoracic, Ea Addl Facet Jt | 1/1/2012 | |
| 64635 | Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Lumbar Or Sacral, Single Facet Joint | 1/1/2012 | |
| 64636 | Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Lumbar Or Sacral, Ea Addl Facet Jt | 1/1/2012 | |
| 67900 | Repair Brow Ptosis (Supraciliary/Mid/Cor | 9/1/2003 | |
| 67901 | Repair Blepharoptosis; Frontalis | 9/1/2003 | |
| 67902 | Rep Blepharoptosis Frontalis+sling | 9/1/2003 | |

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| 67903 | Rep. Bleph;adv.;internal Appr. | 9/1/2003 | |
| 67904 | Rep Blepharoptosis Levator External | 9/1/2003 | |
| 67906 | Rep.Bleph;sup.Rectus Tech,Fasc.Slng | 9/1/2003 | |
| 67908 | Rep.Bleph;conjunct-Tarso-Lev.Resec | 9/1/2003 | |
| 69930 | Cochlear Device Implantation, W/Wo Masto | 9/1/2003 | |
| 70336 | Magnetic Resonance (Eg, Proton) Imaging, | 7/1/2007 | Yes |
| 70450 | Ct,Head/Brain;w/O Contrast Material | 1/1/2007 | Yes |
| 70460 | C A T Heador Brain; with Contrast Mater | 7/1/2007 | Yes |
| 70470 | Ct,Head/Brain;w/O,W Contrst Mater'L | 7/1/2007 | Yes |
| 70480 | C A T Orbit,Sella/Post Fossa,Ear;w/O Con | 7/1/2007 | Yes |
| 70481 | Ct,Orbit,Sella,Fossa,Ear;w/Contrast | 7/1/2007 | Yes |
| 70482 | C A T Orbit,Sella/P.Fossa,Ear;wo/W Contr | 7/1/2007 | Yes |
| 70486 | Ct,Maxillofac.Area;w/O Cntrst Mat'L | 7/1/2007 | Yes |
| 70487 | C A T Maxillofacial Area; W/Contrast Mat | 7/1/2007 | Yes |
| 70488 | Ct,Max-Facial Area;w/O,W Cntrst Mat | 7/1/2007 | Yes |
| 70490 | C A T Soft Tissue Neck; W/O Contrast Mat | 7/1/2007 | Yes |
| 70491 | Ct,Soft Tissue Neck;w/Contrast Mat. | 7/1/2007 | Yes |
| 70492 | C A T Soft Tissue Neck;w/O Then W/Contr. | 7/1/2007 | Yes |
| 70496 | Ct Angiography, Head, w/o Contrast then w Contrast & Further Sections | 7/1/2007 | Yes |
| 70498 | Ct Angiography, Neck, w/o Contrast then w Contrast & Further Sections | 7/1/2007 | Yes |
| 70540 | Mri; Orbit, Face, & Neck | 7/1/2007 | Yes |
| 70542 | MRI, Orbit, Face, And Neck; with Contrast Material(S) | 7/1/2007 | Yes |
| 70543 | MRI, Orbit, Face, Neck; wo Contrast then w Contrast, Further Sequences | 7/1/2007 | Yes |
| 70544 | Magnetic Resonance Angiography, Head; without Contrast Material(s) | 7/1/2007 | Yes |
| 70545 | Magnetic Resonance Angiography, Head; with Contrast Material(s) | 7/1/2007 | Yes |
| 70546 | Mr Angiography, Head; w/o Contrast then w Contrast & Further Sequences | 7/1/2007 | Yes |
| 70547 | Magnetic Resonance Angiography, Neck; without Contrast Material(s) | 7/1/2007 | Yes |
| 70548 | Magnetic Resonance Angiography, Neck; with Contrast Material(s) | 7/1/2007 | Yes |

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| 70549 | Mr Angiography, Neck; w/o Contrast then w Contrast & Further Sequences | 7/1/2007 | Yes |
| 70551 | Magnetic Resonance Imag,Brain;w/O Contra | 7/1/2007 | Yes |
| 70552 | Mri, Brain; W/Contrast Material(S) | 7/1/2007 | Yes |
| 70553 | Mri Brain; W/O Contrast & W/Contrast & A | 7/1/2007 | Yes |
| 70554 | MRI, Brain, Functional; inc Test Selection and Admin of Repetitive Body Part Movement & Visual Stim, wo Phys/Psycholgst | 7/1/2007 | Yes |
| 70555 | MRI, Brain, Functional; Requiring Physician or Psychologist Administration of Entire Neurofunctional Testing | 7/1/2007 | Yes |
| 71250 | Ct, Thorax; W/O Contrast Material | 7/1/2007 | Yes |
| 71260 | C A T Thorax; W/Contrast Material | 7/1/2007 | Yes |
| 71270 | Ct, Thorax; W/O Then W/Contrast | 7/1/2007 | Yes |
| 71275 | Ct Angiography, Chest, w/o Contrast then w Contrast & Further Sections | 7/1/2007 | Yes |
| 71550 | Magnetic Resonance Imaging,Chest-Eval.Ly | 7/1/2007 | Yes |
| 71551 | MRI, Chest (Eg, For Lymphadenopathy Eval); with Contrast Material(s) | 7/1/2007 | Yes |
| 71552 | MRI, Chest; w/o Contrast then with Contrast And Further Sequences | 7/1/2007 | Yes |
| 71555 | Magnetic Resonance Angiography, Chest (excluding myocardium) W or Wo Contrast Materials | 7/1/2007 | Yes |
| 72125 | Cat Cerv.Spine;w/O Contrst Material,18-2 | 7/1/2007 | Yes |
| 72126 | Ct Cervical Spine;w/Contrast Mater. | 7/1/2007 | Yes |
| 72127 | Cat,Cerv.Spine;w/O,With Contrast Materia | 7/1/2007 | Yes |
| 72128 | Ct Thoracic Spine;w/O Contrast Mat. | 7/1/2007 | Yes |
| 72129 | Cat,Thoracic Spine;w/Contrst Materl,18-2 | 7/1/2007 | Yes |
| 72130 | Ct Thorac.Spine;w/O,Then W/Contrast | 7/1/2007 | Yes |
| 72131 | Cat Lumbar Spine;w/O Contrst Materl,18-2 | 7/1/2007 | Yes |
| 72132 | Ct Lumbar Spine;w/Contrast Material | 7/1/2007 | Yes |
| 72133 | Cat,Lumbar Spine;w/O,With Contrast Mater | 7/1/2007 | Yes |
| 72141 | Mri,Spin.Canal,Cerv;w/O Contrst Mat | 7/1/2007 | Yes |
| 72142 | Mri,Spinal Canal/Contents,Cerv;w/Contrst | 7/1/2007 | Yes |
| 72146 | Mri,Spin.Canal,Thor;w/O Cntrst Matl | 7/1/2007 | Yes |
| 72147 | Mri,Spinal Canal/Contents,Thorac;w/Cntrs | 7/1/2007 | Yes |

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| 72148 | Mri,Spin.Canal,Lumb;w/O Cntrst Matl | 7/1/2007 | Yes |
| 72149 | Mri,Spinal Canal/Contents,Lumbar;w/Cntrs | 7/1/2007 | Yes |
| 72156 | Mri Spinal Wo & W Contrast: Cerv | 7/1/2007 | Yes |
| 72157 | Mri Spinal Canal Wo & W Contrast; Thorac | 7/1/2007 | Yes |
| 72158 | Mri Spinal Wo & W Contrast: Lumbar | 7/1/2007 | Yes |
| 72159 | Magnetic Resonance Angiography Spine and Contents W/WO Contrast | 7/1/2007 | Yes |
| 72191 | Ct Angiography, Pelvis, w/o Contrast then w Contrast, Further Sections | 7/1/2007 | Yes |
| 72192 | Ct Pelvis; W/O Contrast Material | 7/1/2007 | Yes |
| 72193 | C A T Pelvis; with Contrast Material(S) | 7/1/2007 | Yes |
| 72194 | Ct Pelvis;w/O,Then W/Contrast Mater | 7/1/2007 | Yes |
| 72195 | MRI, Pelvis; without Contrast Material(s) | 7/1/2007 | Yes |
| 72196 | Magnetic Resonance (Eg, Proton) Imaging, | 7/1/2007 | Yes |
| 72197 | MRI, Pelvis; w/o Contrast then with Contrast And Further Sequences | 7/1/2007 | Yes |
| 72198 | Magnetic Resonance Angiography Pelvis W/WO Contrast | 7/1/2007 | Yes |
| 73200 | C A T Upper Extremity; W/O Contrast Mate | 7/1/2007 | Yes |
| 73201 | Ct Upper Extremity;w/Contrast Mater | 7/1/2007 | Yes |
| 73202 | C A T Upper Extremity;w/O Then W/Contr.M | 7/1/2007 | Yes |
| 73206 | Ct Angiography, Upper Extremity, w/o then w Contrast, Further Sections | 7/1/2007 | Yes |
| 73218 | MRI, Upper Extremity, Other Than Joint; without Contrast Material(s) | 7/1/2007 | Yes |
| 73219 | MRI, Upper Extremity, Other Than Joint; with Contrast Material(s) | 7/1/2007 | Yes |
| 73220 | Magnetic Resonance Imag, Upper Extrem, N | 7/1/2007 | Yes |
| 73221 | Mri, Any Joint of Upper Extremity | 7/1/2007 | Yes |
| 73222 | MRI, Any Joint of Upper Extremity; with Contrast Material(s) | 7/1/2007 | Yes |
| 73223 | MRI, Any Joint, Upper Extremity; w/o then w Contrast&Further Sequences | 7/1/2007 | Yes |
| 73225 | Magnetic Resonance Angiography Upper Extremity W/WO Contrast | 7/1/2007 | Yes |
| 73700 | C A T Lower Extremity; W/O Contrast Mate | 7/1/2007 | Yes |
| 73701 | Ct,Lower Extremity;w/Contrast Mater | 7/1/2007 | Yes |
| 73702 | C A T Lower Extremity;w/O Then W/Contr.M | 7/1/2007 | Yes |

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| 73706 | Ct Angiography, Lower Extremity, w/o then w Contrast&Further Sections | 7/1/2007 | Yes |
| 73718 | MRI, Lower Extremity Other Than Joint; without Contrast Material(s) | 7/1/2007 | Yes |
| 73719 | MRI, Lower Extremity Other Than Joint; with Contrast Material(s) | 7/1/2007 | Yes |
| 73720 | Mri Lower Extremity,Other Than Jnt | 7/1/2007 | Yes |
| 73721 | Magnetic Resonance Imaging, Any Jnt-Lowe | 7/1/2007 | Yes |
| 73722 | MRI, Any Joint of Lower Extremity; with Contrast Material(s) | 7/1/2007 | Yes |
| 73723 | MRI, Any Joint of Lower Extremity; w/o then w Contrast, More Sequences | 7/1/2007 | Yes |
| 73725 | Magnetic Resonance Angiography LowerExtremity W/WO Contrast | 7/1/2007 | Yes |
| 74150 | Ct Abdomen; W/O Contrast Material | 7/1/2007 | Yes |
| 74160 | C A T Abdomen; with Contrast Material(S) | 7/1/2007 | Yes |
| 74170 | Ct Abdomen;w/O,Then W/Contrast Mat | 7/1/2007 | Yes |
| 74174 | Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(s), Including Noncontrast Images | 1/1/2012 | Yes |
| 74175 | Ct Angiography, Abdomen, wo Contrast then w Contrast, Further Sections | 7/1/2007 | Yes |
| 74176 | Computed Tomography, Abdomen And Pelvis; Without Contrast Material | 1/1/2011 | Yes |
| 74177 | Computed Tomography, Abdomen And Pelvis; With Contrast Material(S) | 1/1/2011 | Yes |
| 74178 | Ct, Abdomen And Pelvis; W/O Contrast Material In One Or Both Body Regions, Followed By Contrst Mats And Further Sections | 1/1/2011 | Yes |
| 74181 | Magnetic Resonance Imaging,Abdomen | 7/1/2007 | Yes |
| 74182 | MRI, Abdomen; with Contrast Material(s) | 7/1/2007 | Yes |
| 74183 | MRI, Abdomen; w/o Contrast then with Contrast And Further Sequences | 7/1/2007 | Yes |
| 74185 | Magnetic Resonance Angiography Abdomen W/WO Contrast | 7/1/2007 | Yes |
| 74261 | Computed Tomographic (CT) Colonography, Diagnostic, Including Image Postprocessing; without Contrast Material | 1/1/2010 | Yes |
| 74262 | CT Colonography, Diagnostic, including Image Postprocessing; W Contrast Materials inc Non-Contrast Images, If Performed | 1/1/2010 | Yes |
| 74263 | Computed Tomographic (CT) Colonography, Screening, Including Image Postprocessing | 1/1/2010 | Yes |
| 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation | 1/1/2016 | Yes |

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| 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) | 1/1/2016 | Yes |
| 75557 | Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material; | 1/1/2008 | Yes |
| 75559 | Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material; with Stress Imaging | 1/1/2008 | Yes |
| 75561 | Cardiac MRI wo Contrast Followed by Contrast and Further Sequences; | 1/1/2008 | Yes |
| 75563 | Cardiac MRI wo Contrast Followed by Contrast and Further Sequences; with Stress Imaging | 1/1/2008 | Yes |
| 75565 | Cardiac MRI for velocity flow mapping | 1/1/2016 | Yes |
| 75571 | CT Heart w/o Contrast; quantitative eval of coronary calcium | 1/1/2016 | Yes |
| 75572 | CT Heart w/ Contrast; eval of cardiac structure and morphology | 1/1/2016 | Yes |
| 75573 | CT Heart w/ Contrast; eval of cardiac structure and morphology in setting of congenital heart disease | 1/1/2016 | Yes |
| 75574 | CT angiography, heart, coronary arteries, and bypass grafts | 1/1/2016 | Yes |
| 75635 | Ct Angio, Aorta&Iliofemoral, Rad Sup&Int, wo, w Contrast, Addl Sectns | 7/1/2007 | Yes |
| 76376 | 3D rendering w/ interpretationand reporting of CT MRI, US or other Tomographyic modality with image postprocessing under concurrent supervision | 1/1/2016 | Yes |
| 76380 | CT, limited or localized follow-up study | 1/1/2016 | Yes |
| 76390 | Magnetic Resonance Spectroscopy | 7/1/2007 | Yes |
| 76391 | Magnetic resonance (eg, vibration) elastography | 1/1/2020 | Yes |
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | 1/1/2019 | Yes |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | 1/1/2019 | 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 | 1/1/2019 | 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 | 1/1/2019 | Yes |
| 77078 | Computed Tomography, Bone Mineral Density Study, 1 or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine) | 7/1/2007 | Yes |
| 77084 | Magnetic Resonance (Eg, Proton) Imaging, Bone Marrow Blood Supply | 7/1/2007 | Yes |
| 77520 | Proton beam delivery to a sgl treatment area, sgl port, custom block | 9/1/2003 | |
| 77522 | Proton Treatment Delivery; Simple, with Compensation | 9/1/2003 | |
| 77523 | Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks | 9/1/2003 | |

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| 77525 | Proton Treatment Delivery; Complex | 9/1/2003 | |
| 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 | 1/1/2020 | 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 | 1/1/2020 | 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 | 1/1/2020 | 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) | 1/1/2020 | 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 | 1/1/2020 | Yes |
| 78451 | Myocardial Perfusion Imaging, Tomographic (Spect); Single Study, At Rest or Stress | 1/1/2010 | Yes |
| 78452 | Myocardial Perfusion Imaging, Tomographic (Spect); Mult Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection | 1/1/2010 | Yes |
| 78453 | Myocardial Perfusion Imaging, Planar; Single Study, At Rest or Stress (Exercise or Pharmacologic) | 1/1/2010 | Yes |
| 78454 | Myocardial Perfusion Imaging, Planar; Multiple Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection | 1/1/2010 | Yes |
| 78459 | Myocardial Imaging | 7/1/2007 | Yes |
| 78466 | Myocardial Imge Infarct; | 7/1/2007 | Yes |
| 78468 | Myocardial Img Infarct; Eject 1pass | 7/1/2007 | Yes |
| 78469 | Myocardial Image Infarct; Spect | 7/1/2007 | Yes |
| 78472 | Card Bld Pool Image; 1 Rest W/Motn | 7/1/2007 | Yes |
| 78473 | Cardiac Blood Pool; Mult Study Rest & St | 7/1/2007 | Yes |
| 78481 | Cardiac Blood Pool 1st Pass; Single at R | 7/1/2007 | Yes |
| 78483 | Cardiac Blood Pool 1st Pass; Mult | 7/1/2007 | Yes |

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| 78491 | Myocardial Imaging, Pet, Perfusion; Single Study Rest/Stress | 7/1/2007 | Yes |
| 78492 | Myocardial Imaging, Pet, Perfusion; Multiple Studies Rest And/Or Stress | 7/1/2007 | Yes |
| 78494 | Cardiac blood pool imaging gated equilib SPECT at rest wall motion study + eject fract w/wo quant process | 7/1/2007 | Yes |
| 78496 | cardiac Blood Pool Imaging, single study | 1/1/2016 | Yes |
| 78608 | Brain Imaging Positron Emission Tomography | 7/1/2007 | Yes |
| 78609 | Brain Imaging Positron Emission Tomography Perfusion Evaluation | 7/1/2007 | Yes |
| 78811 | Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (Eg, Chest, Head/Neck) | 7/1/2007 | Yes |
| 78812 | Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh | 7/1/2007 | Yes |
| 78813 | Tumor Imaging, Positron Emission Tomography (Pet); Whole Body | 7/1/2007 | Yes |
| 78814 | Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Limited Area (Eg, Chest, Head/Neck) | 7/1/2007 | Yes |
| 78815 | Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Skull Base To Mid-Thigh | 7/1/2007 | Yes |
| 78816 | Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Whole Body | 7/1/2007 | 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) | 1/1/2018 | |
| 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) | 1/1/2018 | |
| 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) | 1/1/2018 | |
| 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) | 1/1/2018 | |
| 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)) | 1/1/2018 | |

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| 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) | 1/1/2018 | |
| 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) | 1/1/2018 | |
| 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) | 1/1/2018 | |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C) | 1/1/2018 | |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M) | 1/1/2018 | |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed | 2/1/2018 | |
| 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis | 1/1/2016 | |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 1/1/2019 | |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 1/1/2019 | |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 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) | 1/1/2019 | |
| 81173 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence | 1/1/2019 | |
| 81174 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant | 1/1/2019 | |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence | 1/1/2018 | |
| 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) | 1/1/2018 | |

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| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81184 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81185 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence | 1/1/2019 | |
| 81186 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant | 1/1/2019 | |
| 81187 | CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence | 1/1/2019 | |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s) | 1/1/2019 | |
| 81200 | ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X) | 2/1/2018 | |
| 81201 | APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence | 1/1/2013 | |
| 81202 | APC (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants | 1/1/2013 | |
| 81203 | APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants | 1/1/2013 | |
| 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) | 1/1/2019 | |

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| 81205 | BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X) | 2/1/2018 | |
| 81209 | BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant | 2/1/2018 | |
| 81210 | BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s) | 1/1/2013 | |
| 81212 | Brca1, Brca2 Gene Analysis; 185Delag, 5385Insc, 6174Delt Variants | 1/1/2012 | |
| 81215 | Brca1 (Breast Cancer 1) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant | 1/1/2012 | |
| 81216 | Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Full Sequence Analysis | 1/1/2012 | |
| 81217 | Brca2 (Breast Cancer 2) (Eg, Hereditary Breast And Ovarian Cancer) Gene Analysis; Known Familial Variant | 1/1/2012 | |
| 81219 | CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9 | 3/1/2018 | |
| 81225 | Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants | 1/1/2012 | |
| 81226 | Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants | 1/1/2012 | |
| 81227 | Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6) | 1/1/2012 | |
| 81230 | CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22) | 1/1/2018 | |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7) | 1/1/2018 | |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6) | 1/1/2018 | |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F) | 1/1/2019 | |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles | 1/1/2019 | |
| 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) | 1/1/2016 | |
| 81236 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence | 1/1/2019 | |
| 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) | 1/1/2019 | |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence | 1/1/2018 | |

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| 81239 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size) | 1/1/2019 | |
| 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant | 2/1/2018 | |
| 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant | 2/1/2018 | |
| 81242 | FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T) | 2/1/2018 | |
| 81243 | FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | 2/1/2018 | |
| 81244 | FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status) | 2/1/2018 | |
| 81247 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-) | 1/1/2018 | |
| 81248 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) | 1/1/2018 | |
| 81249 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence | 1/1/2018 | |
| 81250 | G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X) | 2/1/2018 | |
| 81251 | GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A) | 2/1/2018 | |
| 81255 | HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S) | 2/1/2018 | |
| 81256 | Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D) | 1/1/2013 | |
| 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) | 2/1/2018 | |
| 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 | 1/1/2018 | |
| 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 | 1/1/2018 | |

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| 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) | 2/1/2018 | |
| 81265 | Comparative analysis using Short Tandem Repeat Markers | 2/1/2018 | |
| 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 | 1/1/2018 | |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant | 3/1/2018 | |
| 81271 | HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81274 | HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size) | 1/1/2019 | |
| 81275 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13) | 10/1/2014 | |
| 81276 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146) | 10/1/2016 | |
| 81280 | Long Qt Syndrome Gene Analyses; Full Sequence Analysis | 1/1/2013 | |
| 81281 | Long Qt Syndrome Gene Analyses; Known Familial Sequence Variant | 1/1/2013 | |
| 81282 | Long Qt Syndrome Gene Analyses; Duplication/Deletion Variants | 1/1/2013 | |
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant | 1/1/2018 | |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles | 1/1/2019 | |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size) | 1/1/2019 | |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence | 1/1/2019 | |
| 81287 | MGMT, methylation analysis | 1/1/2015 | |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis | 1/1/2015 | |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s) | 1/1/2019 | |
| 81290 | MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb) | 2/1/2018 | |
| 81292 | MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis | 1/1/2012 | |
| 81293 | MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Known Familial Variants | 1/1/2012 | |
| 81294 | MLH1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants | 1/1/2012 | |
| 81295 | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis | 1/1/2012 | |

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| 81296 | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Known Familial Variants | 1/1/2012 | |
| 81297 | Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants | 1/1/2012 | |
| 81298 | Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Full Sequence Analysis | 1/1/2012 | |
| 81299 | Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants | 1/1/2012 | |
| 81300 | Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants | 1/1/2012 | |
| 81302 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis | 2/1/2018 | |
| 81303 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant | 2/1/2018 | |
| 81304 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants | 2/1/2018 | |
| 81305 | MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant | 1/1/2019 | |
| 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence | 1/1/2020 | |
| 81308 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant | 1/1/2020 | |
| 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) | 1/1/2020 | |
| 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) | 1/1/2016 | |
| 81312 | PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81315 | Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Common Breakpoints, Qual/Quant | 10/1/2014 | |
| 81316 | Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Single Breakpoint, Qual/Quant | 10/1/2014 | |
| 81317 | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis | 1/1/2012 | |
| 81318 | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Known Familial Variants | 1/1/2012 | |
| 81319 | Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants | 1/1/2012 | |
| 81321 | PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis | 1/1/2013 | |
| 81322 | PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant | 1/1/2013 | |
| 81323 | PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant | 1/1/2013 | |

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| 81324 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis | 2/1/2018 | |
| 81325 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis | 2/1/2018 | |
| 81326 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant | 2/1/2018 | |
| 81327 | SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis | 1/1/2017 | |
| 81328 | SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5) | 11/1/2018 | |
| 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 | 1/1/2019 | |
| 81330 | SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330) | 2/1/2018 | |
| 81331 | SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis | 2/1/2018 | |
| 81332 | Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1), Gene Analysis,Common Vars | 1/1/2012 | |
| 81333 | TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q) | 1/1/2019 | |
| 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) | 1/1/2018 | |
| 81335 | TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3) | 1/1/2018 | |
| 81336 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence | 1/1/2019 | |
| 81337 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s) | 1/1/2019 | |
| 81343 | PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |
| 81344 | TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | 1/1/2019 | |

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| 81345 | TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region) | 1/1/2019 | |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant) | 1/1/2018 | |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37) | 2/1/2018 | |
| 81355 | Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants | 1/1/2012 | |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE) | 4/1/2018 | |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s) | 4/1/2018 | |
| 81363 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s) | 4/1/2018 | |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence | 4/1/2018 | |
| 81382 | HLA class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each | 8/1/2016 | |
| 81400 | Molecular Pathology Procedure Level 1 | 1/1/2012 | |
| 81401 | Molecular Pathology Procedure Level 2 | 1/1/2012 | |
| 81402 | Molecular Pathology Procedure Level 3 | 1/1/2012 | |
| 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) | 1/1/2012 | |
| 81404 | Molecular Pathology Procedure Level 5 | 1/1/2012 | |
| 81405 | Molecular Pathology Procedure Level 6 | 1/1/2012 | |
| 81406 | Molecular Pathology Procedure Level 7 | 1/1/2012 | |
| 81407 | Molecular Pathology Procedure Level 8 | 1/1/2012 | |
| 81408 | Molecular Pathology Procedure Level 9 | 1/1/2012 | |

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| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 81415 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | 2/1/2018 | |
| 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) | 2/1/2018 | |
| 81417 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome) | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 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 | 1/1/2016 | |
| 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 | 1/1/2016 | |

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| 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 | 2/1/2018 | |
| 81435 | Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including | 1/1/2015 | |
| 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 | 1/1/2015 | |
| 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 | 1/1/2016 | |
| 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 | 1/1/2016 | |
| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 81443 | Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis 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) | 1/1/2019 | |
| 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 | 1/1/2015 | |

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| 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) | 1/1/2018 | |
| 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) | 1/1/2015 | |
| 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) | 1/1/2015 | |
| 81460 | Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [| 1/1/2015 | |
| 81465 | Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor | 1/1/2015 | |
| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 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 | 2/1/2018 | |
| 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 | 1/1/2019 | |
| 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 | 9/1/2017 | |
| 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 | 3/1/2018 | |
| 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 | 3/1/2019 | |

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| 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 | 1/1/2020 | |
| 81545 | Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious) | 1/1/2016 | |
| 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 | 1/1/2020 | |
| 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 | 1/1/2016 | |
| 83921 | Organic acid, single, quantitative | 1/1/2016 | |
| 86813 | Tissue Typing, Hla Typing, A,B,&/Or C, Mul | 9/1/2003 | |
| 86816 | Hla Typing Dr/Dq Single Antigen | 9/1/2003 | |
| 86817 | Hla Typing Dr/Dq Multiple Antigens | 9/1/2003 | |
| 86821 | Hla Typing Lymphocyte Culture Mixed | 9/1/2003 | |
| 86822 | Hla Typing Lymphocyte Culture Prime | 9/1/2003 | |
| 89259 | Cryopreservation; Sperm | 4/1/2007 | |
| 91110 | Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, w Phys Interp and Report | 9/1/2003 | |
| 91111 | Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report | 1/1/2007 | |
| 92640 | Diagnostic analysis with programming of auditory brainstem implant, per hour | 10/1/2017 | |
| 93228 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report | 10/1/2009 | |
| 93229 | Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support | 10/1/2009 | |
| 93303 | Transthoracic Echo cardiac anomalies | 1/1/2016 | Yes |
| 93304 | Transthoracic Echo cardiac anomalies, limited | 1/1/2016 | Yes |
| 93306 | Transthoracic Echo complete w color & spectral | 1/1/2016 | Yes |
| 93307 | Transthoracic Echo complete wo color & spectral | 1/1/2016 | Yes |
| 93308 | Transthoracic Echo limited | 1/1/2016 | Yes |

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| 93312 | Transesophageal Echo | 1/1/2016 | Yes |
| 93313 | Transesophageal Echo probe only | 1/1/2016 | Yes |
| 93314 | Transesophageal Echo interpretation | 1/1/2016 | Yes |
| 93315 | Transesophageal Echo congenital | 1/1/2016 | Yes |
| 93316 | Transesophageal Echo congenital, probe only | 1/1/2016 | Yes |
| 93317 | Transesophageal Echo congenital interpretation | 1/1/2016 | Yes |
| 93350 | Transthoracic Stress Echo, complete | 1/1/2016 | Yes |
| 93351 | Transthoracic Stress Echo, complete w cont EKG | 1/1/2016 | Yes |
| 93590 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve | 1/1/2017 | |
| 93591 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve | 1/1/2017 | |
| 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | 1/1/2009 | |
| 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist | 1/1/2009 | |
| 95808 | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist | 1/1/2009 | |
| 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | 1/1/2009 | |
| 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 | 1/1/2009 | |
| 95836 | Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days | 1/1/2019 | |
| 96116 | Neurobehavioral status exam, per hr psychologist/physician time, patient time and interpretation/report time | 1/1/2006 | |
| 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) | 1/1/2019 | |

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| 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 | 1/1/2019 | |
| 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) | 1/1/2019 | |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | 1/1/2019 | |
| 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) | 1/1/2019 | |
| 97605 | Negative Pressure Wound Therapy, Per Session; Total Area | 9/1/2003 | |
| 97606 | Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm | 9/1/2003 | |
| 99183 | Physician Attendance and Supervision of Hyperbaric Oxygen Therapy; Per Session | 1/1/2008 | |
| 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 | 7/1/2015 | |
| 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 | 8/1/2018 | |
| 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 | 3/1/2018 | |
| 0027U | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15 | 8/1/2019 | |
| 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 | 11/1/2018 | |
| 0030T | Antiprothrombin (phospholipid cofactor) antibody, each Ig class | 1/1/2003 | |
| 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 | 10/1/2017 | |
| 0095T | Removal of total disc arthroplasty, anterior approach; each additional interspace | 9/1/2017 | |

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| 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) | 9/1/2017 | |
| 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 | 10/1/2019 | |
| 0124U | Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21 | 10/1/2019 | |
| 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) | 10/1/2019 | |
| 0137U | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) | 10/1/2019 | |
| 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) | 10/1/2019 | |
| 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) | 1/1/2020 | |
| 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) | 1/1/2020 | |
| 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) | 1/1/2020 | |
| 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) | 1/1/2020 | |
| 0159U | MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) | 1/1/2020 | |
| 0160U | MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) | 1/1/2020 | |
| 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) | 1/1/2020 | |
| 0162U | Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure) | 1/1/2020 | |

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| 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) | 9/1/2019 | |
| 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 | 4/1/2020 | |
| 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 | 4/1/2020 | |
| 0182T | HDR Electronic Brachytherapy Per Fraction | 1/1/2007 | |
| 0239T | Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differe | 1/1/2011 | |
| 0240T | Esophageal motility study with interpretation and report; with 3-dimensional high resolution esophageal pressure topogr | 1/1/2011 | |
| 0241T | Esophageal motility study with interpretation and report; with stimulation or perfusion during 3-dimensional high resolu | 1/1/2011 | |
| 0249T | Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance | 1/1/2011 | |
| 0250T | Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure) | 1/1/2011 | |
| 0251T | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), in | 1/1/2011 | |
| 0252T | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), ea | 1/1/2011 | |
| 0291T | Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter | 1/1/2012 | |
| 0292T | Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, inter | 1/1/2012 | |
| 0330T | Tear film imaging, unilateral or bilateral, with interpretation and report | 10/1/2017 | |
| 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment | 10/1/2017 | |
| 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | 10/1/2017 | |
| 0333T | Visual evoked potential, screening of visual acuity, automated, with report | 10/1/2017 | |

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| 0358T | Bioelectrical impedance analysis whole body composition assessment, with interpretation and report | 10/1/2017 | |
| 0376T | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure) | 10/1/2017 | |
| 0402T | Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed) | 11/1/2018 | |
| 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) | 1/1/2018 | |
| 0440T | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve | 10/1/2017 | |
| 0442T | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve) | 10/1/2017 | |
| 0464T | Visual evoked potential, testing for glaucoma, with interpretation and report | 10/1/2017 | |
| 0465T | Suprachoroidal injection of a pharmacologic agent (does not include supply of medication) | 10/1/2017 | |
| 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) | 12/1/2019 | |
| 0467T | Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator | 12/1/2019 | |
| 0468T | Removal of chest wall respiratory sensor electrode or electrode array | 12/1/2019 | |
| 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 | 1/1/2018 | |
| 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 | 1/1/2018 | |
| 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) | 1/1/2018 | |

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| 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 | 1/1/2018 | |
| 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 | 1/1/2018 | |
| 0499T | Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed | 1/1/2018 | |
| 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 | 9/1/2018 | |
| 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 | 9/1/2018 | |
| 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 | 9/1/2018 | |
| 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 | 9/1/2018 | |
| 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 | 1/1/2020 | |
| 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 | 1/1/2020 | |

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| 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 | 1/1/2020 | |
| 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 | 1/1/2020 | |
| A4290 | Sacral nerve stimulation test lead, each | 3/1/2016 | |
| A4555 | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only | 3/1/2017 | |
| A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each | 1/1/2012 | |
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories | 5/1/2020 | |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = day supply | 9/1/2017 | |
| A9277 | Transmitter; external, for use with interstitial continuous glucose monitoring system | 9/1/2017 | |
| A9278 | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system | 9/1/2017 | |
| A9513 | Lutetium lu 177, dotatate, therapeutic, 1 millicurie | 1/1/2019 | |
| A9590 | Iodine i-131, iobenguane, 1 millicurie | 1/1/2020 | |
| A9606 | Radium Ra-223 dichloride, therapeutic, per microcurie | 1/1/2015 | |
| B4100 | Food thickener, administered orally, per ounce | 1/1/2013 | |
| B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = unit | 1/1/2013 | |
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 mL = unit | 1/1/2013 | |
| B4104 | Additive for enteral formula (e.g., fiber) | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |

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| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| 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 = unit | 1/1/2013 | |
| B4164 | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = unit) - home mix | 1/1/2013 | |

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|---------------|---|-------------------|-------------------------|
| B4168 | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = unit) - home mix | 1/1/2013 | |
| B4172 | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = unit) - home mix | 1/1/2013 | |
| B4176 | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = unit) - home mix | 1/1/2013 | |
| B4178 | Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = unit) - home mix | 1/1/2013 | |
| B4180 | Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = unit) - home mix | 1/1/2013 | |
| B4185 | Parenteral nutrition solution, per 10 grams lipids | 1/1/2013 | |
| B4187 | Omegaven, 10 grams lipids | 1/1/2020 | |
| 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 | 1/1/2013 | |
| 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 | 1/1/2013 | |
| 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 | 1/1/2013 | |
| 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 | 1/1/2013 | |
| B4216 | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day | 1/1/2013 | |
| B4220 | Parenteral nutrition supply kit; premix, per day | 1/1/2013 | |
| B4222 | Parenteral nutrition supply kit; home mix, per day | 1/1/2013 | |
| B4224 | Parenteral nutrition administration kit, per day | 1/1/2013 | |
| 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 | 1/1/2013 | |
| B5100 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix | 1/1/2013 | |
| 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 | 1/1/2013 | |
| C1754 | Catheter, intradiscal | 3/1/2010 | |
| C1755 | Catheter, intraspinal | 3/1/2010 | |
| C1764 | Event recorder, cardiac (implantable) | 9/1/2017 | |
| C1767 | Generator, neurostimulator (implantable), non-rechargeable | 2/1/2016 | |

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|---------------|--|-------------------|-------------------------|
| C1776 | Joint device (implantable) | 12/1/2018 | |
| C1778 | Lead, neurostimulator (implantable) | 2/1/2016 | |
| C1787 | Patient programmer, neurostimulator | 11/1/2017 | |
| C1813 | Prosthesis, penile, inflatable | 1/1/2018 | |
| C1815 | Prosthesis, urinary sphincter (implantable) | 7/1/2019 | |
| C1816 | Receiver and/or transmitter, neurostimulator (implantable) | 2/1/2016 | |
| C1820 | Generator, neurostimulator (implantable), with rechargeable battery and charging system | 11/1/2017 | |
| C1822 | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system | 10/1/2017 | |
| C1823 | Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads | 1/1/2019 | |
| C1883 | Adapter/extension, pacing lead or neurostimulator lead (implantable) | 2/1/2016 | |
| C1889 | Implantable/insertable device for device intensive procedure, not otherwise classified | 1/1/2017 | |
| C1897 | Lead, neurostimulator test kit (implantable) | 10/1/2017 | |
| C2616 | Brachytherapy seed, yttrium-90 | 10/1/2008 | |
| C2622 | Prosthesis, penile, non-inflatable | 1/1/2018 | |
| C2698 | Brachytherapy source, stranded, not otherwise specified, per source | 7/1/2012 | |
| C2699 | Brachytherapy source, non-stranded, not otherwise specified, per source | 7/1/2012 | |
| C8900 | Magnetic resonance angiography with contrast, abdomen | 1/1/2012 | Yes |
| C8901 | Magnetic resonance angiography without contrast, abdomen | 1/1/2012 | Yes |
| C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen | 1/1/2012 | Yes |
| C8903 | Magnetic resonance imaging with contrast, breast; unilateral | 1/1/2012 | Yes |
| C8904 | Magnetic resonance imaging without contrast, breast; unilateral | 1/1/2012 | Yes |
| C8905 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral | 1/1/2012 | Yes |
| C8906 | Magnetic resonance imaging with contrast, breast; bilateral | 1/1/2012 | Yes |
| C8907 | Magnetic resonance imaging without contrast, breast; bilateral | 1/1/2012 | Yes |
| C8908 | Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral | 1/1/2012 | Yes |
| C8909 | Magnetic resonance angiography with contrast, chest (excluding myocardium) | 1/1/2012 | Yes |
| C8910 | Magnetic resonance angiography without contrast, chest (excluding myocardium) | 1/1/2012 | Yes |
| C8911 | Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) | 1/1/2012 | Yes |

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|---------------|---|-------------------|-------------------------|
| C8912 | Magnetic resonance angiography with contrast, lower extremity | 1/1/2012 | Yes |
| C8913 | Magnetic resonance angiography without contrast, lower extremity | 1/1/2012 | Yes |
| C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity | 1/1/2012 | Yes |
| C8918 | Magnetic resonance angiography with contrast, pelvis | 1/1/2012 | Yes |
| C8919 | Magnetic resonance angiography without contrast, pelvis | 1/1/2012 | Yes |
| C8920 | Magnetic resonance angiography without contrast followed by with contrast, | 1/1/2012 | Yes |
| C9047 | Injection, caplacizumab-yhdp, 1 mg | 7/1/2019 | |
| C9053 | Injection, crizanlizumab-tmca, 1 mg | 4/1/2020 | |
| C9054 | Injection, lefamulin (xenleta), 1 mg | 1/1/2020 | |
| C9055 | Injection, brexanolone, 1mg | 1/1/2020 | |
| C9056 | Injection, givosiran, 0.5 mg | 4/1/2020 | |
| C9254 | Injection, lacosamide, 1 mg | 8/1/2018 | |
| C9354 | Veritas collagen matrix, cm2 | 3/1/2010 | |
| C9356 | Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (tenoglide tendon protector sheet), per square centimeter | 6/1/2018 | |
| C9363 | Integra Meshed Bil Wound Mat | 3/1/2010 | |
| C9399 | Unclassified drugs or biologicals (Hospital Outpatient Use ONLY) | 1/1/2018 | |
| C9734 | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance | 1/1/2018 | |
| C9739 | Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants | 9/1/2017 | |
| C9740 | Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants | 9/1/2017 | |
| 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 | 1/1/2020 | |
| C9899 | Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage | 3/1/2010 | |
| E0170 | Commode chair with integrated seat lift mechanism, electric, any type | 1/1/2019 | |
| E0171 | Commode chair with integrated seat lift mechanism, non-electric, any type | 1/1/2019 | |

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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|--|-------------------|-------------------------|
| 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 | 1/1/2009 | |
| 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) | 1/1/2009 | |
| 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) | 4/1/2018 | |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, | 4/1/2007 | |
| E0601 | Continuous positive airway pressure (CPAP) device | 1/1/2009 | |
| E0616 | Implantable cardiac event recorder with memory, activator and programmer | 10/1/2014 | |
| E0617 | External defibrillator with integrated electrocardiogram analysis | 1/1/2009 | |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism | 10/1/2007 | |
| E0629 | Separate seat lift mechanism for use with patient owned furniture - non-electric | 10/1/2007 | |
| E0636 | Multipositional patient support system, with integrated lift, patient accessible controls | 1/1/2019 | |
| E0638 | Standing frame /table system, one position (e.g ., . upright, supine or prone stander), any size including pediatric, with or without wheels | 1/1/2019 | |
| E0641 | Standing frame /table system, multi-position (e.g ., . three-way stander), any size including pediatric, with or without wheels | 1/1/2019 | |
| E0642 | Standing frame /table system, mobile (dynamic stander), any size including pediatric | 1/1/2019 | |
| E0745 | Neuromuscular stimulator, electronic shock unit | 7/1/2019 | |
| E0747 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications | 9/1/2003 | |
| E0748 | Osteogenesis stimulator, electrical, non-invasive, spinal applications | 9/1/2003 | |
| E0749 | Osteogenesis stimulator, electrical, surgically implanted | 9/1/2003 | |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | 9/1/2003 | |
| E0765 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting | 7/1/2008 | |
| E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type | 3/1/2017 | |
| E0784 | External ambulatory infusion pump, insulin | 5/1/2020 | |
| E0787 | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing | 1/1/2020 | |
| E0988 | Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair | 7/1/2013 | |

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|---------------|--|-------------------|-------------------------|
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | 1/1/2016 | |
| E1230 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number | 7/1/2020 | |
| E2300 | Wheelchair accessory, power seat elevation system, any type | 7/1/2020 | |
| E2331 | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware | 7/1/2020 | |
| E2358 | Power Wheelchair Accessory, Group 34 Non-Sealed Lead Acid Battery, Each | 7/1/2020 | |
| E2360 | Power wheelchair accessory, 22nf non-sealed lead acid battery, each | 7/1/2020 | |
| E2362 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each | 7/1/2020 | |
| E2364 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each | 7/1/2020 | |
| E2372 | Power wheelchair accessory, group 27 non-sealed lead acid battery, each | 7/1/2020 | |
| E2378 | Pw actuator replacement | 7/1/2013 | |
| E2402 | Negative pressure wound therapy electrical pump, stationary or portable | 9/1/2003 | |
| E2599 | Accessory for speech generating device, not otherwise classified | 3/1/2016 | |
| E2610 | Wheelchair seat cushion, powered | 7/1/2020 | |
| 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 | 1/1/2019 | |
| G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval | 1/1/2015 | |
| G0297 | Low Dose CT scan (LDCT) for lung cancer screening | 7/1/2007 | Yes |
| G0455 | Fecal microbiota prep instil | 7/1/2013 | |
| G9748 | Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant | 1/1/2017 | |
| G9750 | Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant | 1/1/2017 | |
| J0129 | Abatacept injection | 1/1/2007 | |
| J0135 | Injection, adalimumab, 20 mg | 4/1/2017 | |
| J0178 | Injection, aflibercept, 1 mg | 5/1/2018 | |
| J0179 | Injection, brolocizumab-dbl, 1 mg | 1/1/2020 | |
| J0180 | Injection, agalsidase beta, 1 mg | 2/1/2019 | |

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|---------------|---|-------------------|-------------------------|
| J0202 | Injection, alemtuzumab, 1 mg | 1/1/2016 | |
| J0221 | Injection, alglucosidase alfa, (lumizyme), 10 mg | 1/1/2012 | |
| J0222 | Injection, Patisiran, 0.1 mg | 10/1/2019 | |
| J0256 | Alpha 1 Proteinase Inhibitor | 1/1/2007 | |
| J0257 | Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg | 1/1/2012 | |
| J0490 | Injection, belimumab, 10 mg | 1/1/2012 | |
| J0517 | Injection, benralizumab, 1 mg | 1/1/2019 | |
| J0565 | Injection, bezlotoxumab, 10 mg | 1/1/2018 | |
| J0567 | Injection, cerliponase alfa, 1 mg | 1/1/2019 | |
| J0570 | Buprenorphine implant, 74.2 mg | 1/1/2017 | |
| J0584 | Injection, burosumab-twza 1 mg | 1/1/2019 | |
| 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) | 10/1/2019 | |
| J0596 | Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units | 1/1/2016 | |
| J0597 | C-1 esterase, berinert | 1/1/2011 | |
| J0598 | C1 esterase inhibitor inj | 1/1/2010 | |
| J0599 | Injection, c-1 esterase inhibitor (human), (haegarda), 10 units | 1/1/2019 | |
| J0630 | Injection, calcitonin salmon, up to 400 units | 3/1/2018 | |
| J0638 | Canakinumab injection | 1/1/2011 | |
| 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 | 1/1/2014 | |
| J0725 | Chorionic Gonadotropin/1000u | 9/1/2003 | |
| J0800 | Corticotropin Injection | 11/1/2008 | |
| J0881 | Darbepoetin alfa, non-esrd | 9/1/2003 | |
| J0885 | Epoetin alfa, non-esrd | 9/1/2003 | |
| J0888 | Injection, epoetin beta, 1 microgram (for non-ESRD use) | 1/1/2015 | |
| J0894 | Decitabine injection | 1/1/2007 | |
| J1290 | Ecallantide injection | 1/1/2011 | |

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|---------------|---|-------------------|-------------------------|
| J1300 | Eculizumab injection | 1/1/2008 | |
| J1301 | Injection, edaravone, 1 mg | 1/1/2019 | |
| J1303 | Injection, ravulizumab-cwvz, 10 mg | 10/1/2019 | |
| J1322 | Injection, elosulfase alfa, 1mg | 1/1/2015 | |
| J1325 | Epoprostenol Injection | 9/1/2003 | |
| J1428 | Injection, eteplirsén, 10 mg | 1/1/2018 | |
| J1438 | Injection, etanercept, 25 mg | 4/1/2017 | |
| J1458 | Galsulfase injection | 1/1/2007 | |
| J1459 | Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg | 1/1/2009 | |
| J1555 | Injection, immune globulin (cuvitru), 100 mg | 1/1/2018 | |
| J1556 | Injection, immune globulin (Bivigam), 500 mg | 1/1/2014 | |
| J1557 | Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg | 1/1/2012 | |
| J1559 | Hizentra injection | 1/1/2011 | |
| J1561 | Immune Globulin 500 Mg | 1/1/2008 | |
| J1566 | Immune globulin, powder | 9/1/2003 | |
| J1568 | Octagam injection | 1/1/2008 | |
| J1569 | Gammagard liquid injection | 1/1/2008 | |
| J1572 | Flebogamma injection | 1/1/2008 | |
| J1575 | Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin | 1/1/2016 | |
| J1599 | Ivig non-lyophilized, NOS | 1/1/2011 | |
| J1602 | Injection, golimumab, 1 mg, for intravenous use | 4/1/2017 | |
| J1628 | Injection, guselkumab, 1 mg | 1/1/2019 | |
| J1743 | Injection, idursulfase, 1 mg | 10/1/2017 | |
| J1744 | Icatibant injection | 1/1/2013 | |
| J1745 | Injection, infliximab, excludes biosimilar, 10 mg | 4/1/2017 | |
| J1746 | Injection, ibalizumab-uiyk, 10 mg | 1/1/2019 | |
| J1786 | Injection, imiglucerase, 10 units | 7/1/2019 | |
| J1830 | Interferon Beta-1b / .25 Mg | 8/1/2009 | |

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|---------------|---|-------------------|-------------------------|
| J1931 | Injection, laronidase, 0.1 mg | 10/1/2017 | |
| J1950 | Leuprolide Acetate /3.75 Mg | 9/1/2003 | |
| J2170 | Injection, mecasermin, 1 mg | 6/1/2018 | |
| J2182 | Injection, mepolizumab, 1 mg | 1/1/2017 | |
| J2212 | Methylnaltrexone injection | 1/1/2013 | |
| J2323 | Natalizumab injection | 1/1/2008 | |
| J2326 | Injection, nusinersen, 0.1 mg | 1/1/2018 | |
| J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | 11/1/2008 | |
| J2354 | Injection, octreotide, non-depot form for subcutaneous or intravenous | 11/1/2008 | |
| J2357 | Omalizumab injection | 9/1/2003 | |
| J2502 | Injection, pasireotide long acting, 1 mg | 1/1/2016 | |
| J2503 | Injection, pegaptanib sodium, 0.3 mg | 5/1/2018 | |
| J2507 | Injection, pegloticase, 1 mg | 1/1/2012 | |
| J2778 | Injection, ranibizumab, 0.1 mg | 5/1/2018 | |
| J2786 | Injection, reslizumab, 1 mg | 1/1/2017 | |
| J2787 | Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL | 1/1/2019 | |
| J2793 | Rilonacept injection | 1/1/2010 | |
| J2796 | Romiplostim injection | 1/1/2010 | |
| J2840 | Injection, sebelipase alfa, 1 mg | 1/1/2017 | |
| J2860 | Injection, siltuximab, 10 mg | 1/1/2016 | |
| J2941 | Injection, somatropin, 1 mg | 1/1/2007 | |
| 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) | 10/1/2019 | |
| J3060 | Injection, taliglucerase alfa, 10 units (Eleyso) | 7/1/2019 | |
| J3110 | Teriparatide injection | 1/1/2007 | |
| J3111 | Injection, romosozumab-aqqg, 1 mg | 10/1/2019 | |
| J3145 | Injection, testosterone undecanoate, 1 mg | 10/1/2015 | |
| J3245 | Injection, tildrakizumab, 1 mg | 1/1/2019 | |

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|---------------|---|-------------------|-------------------------|
| J3262 | Tocilizumab injection | 1/1/2011 | |
| J3285 | Treprostinil injection | 9/1/2003 | |
| J3316 | Injection, triptorelin, extended-release, 3.75 mg | 1/1/2019 | |
| J3355 | Urofollitropin, 75 iu | 9/1/2003 | |
| J3357 | Ustekinumab, for subcutaneous injection, 1 mg | 4/1/2017 | |
| J3358 | Ustekinumab, for intravenous injection, 1 mg | 1/1/2018 | |
| J3380 | Injection, vedolizumab, 1 mg | 1/1/2016 | |
| J3385 | Injection, velaglucerase alfa, 100 units (VPRIV) | 7/1/2019 | |
| J3397 | Injection, vestronidase alfa-vjbk, 1 mg | 1/1/2019 | |
| J3398 | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes | 1/1/2019 | |
| J3490 | Unclassified drugs | 1/1/2018 | |
| J3590 | Unclassified biologics | 1/1/2018 | |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg | 1/1/2019 | |
| J7330 | Cultured Chondrocytes Implnt | 9/1/2003 | |
| J7508 | Tacrolimus Oral Per 5 Mg | 1/1/2014 | |
| J7686 | Treprostinil, non-comp unit | 1/1/2011 | |
| J7699 | NOC drugs, inhalation solution administered through DME | 1/1/2018 | |
| J8565 | Gefitinib oral | 1/1/2007 | |
| J8600 | Melphalan Oral 2 Mg | 11/1/2008 | |
| J8700 | Temozolmide | 11/1/2008 | |
| J9022 | Injection, atezolizumab, 10 mg | 1/1/2018 | |
| J9023 | Injection, avelumab, 10 mg | 1/1/2018 | |
| J9025 | Azacitidine injection | 9/1/2003 | |
| J9032 | Injection, belinostat, 10 mg | 1/1/2016 | |
| J9033 | Injection, bendamustine Hcl, 1 mg | 1/1/2009 | |
| J9034 | Injection, bendamustine hcl (bendeka), 1 mg | 1/1/2017 | |
| J9035 | injection, bevacizumab (for Chemotherapy) | 10/1/2009 | |
| J9036 | Injection, bendamustine hydrochloride, (Belrapzo), 1 mg | 7/1/2019 | |

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|---------------|--|-------------------|-------------------------|
| J9039 | Injection, blinatumomab, 1 microgram | 1/1/2016 | |
| J9041 | Injection, bortezomib (velcade), 0.1 mg | 3/1/2009 | |
| J9042 | Injection, brentuximab vedotin, 1 mg | 1/1/2013 | |
| J9043 | Injection, cabazitaxel, 1 mg | 1/1/2012 | |
| J9044 | Injection, bortezomib, not otherwise specified, 0.1 mg | 1/1/2019 | |
| J9047 | Injection, carfilzomib, 1 mg | 1/1/2014 | |
| J9055 | Cetuximab injection | 7/17/2007 | |
| J9057 | Injection, copanlisib, 1 mg | 1/1/2019 | |
| J9118 | Injection, calaspargase pegol-mknl, 10 units | 10/1/2019 | |
| J9119 | Injection, cemiplimab-rwlc, 1 mg | 10/1/2019 | |
| J9145 | Injection, daratumumab, 10 mg | 1/1/2017 | |
| J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | 1/1/2019 | |
| J9173 | Injection, durvalumab, 10 mg | 1/1/2019 | |
| J9176 | Injection, elotuzumab, 1 mg | 1/1/2017 | |
| J9179 | Injection, eribulin mesylate, 0.1 mg | 1/1/2012 | |
| J9202 | Goserelin acetate implant, per 3.6 mg | 1/1/2019 | |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg | 10/1/2019 | |
| J9205 | Injection, irinotecan liposome, 1 mg | 1/1/2017 | |
| J9207 | Injection, ixabepilone, 1 mg | 1/1/2009 | |
| J9210 | Injection, emapalumab-lzsg, 1 mg | 10/1/2019 | |
| J9216 | Interferon Gamma 1-B Inj | 9/1/2003 | |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg | 10/1/2014 | |
| J9218 | Leuprolide acetate, per 1 mg | 10/1/2014 | |
| J9225 | Histrelin implant (Vantas), 50 mg | 9/1/2019 | |
| J9226 | Histrelin implant (Supprelin LA), 50 mg | 3/1/2018 | |
| J9228 | Injection, ipilimumab, 1 mg | 1/1/2012 | |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg | 1/1/2019 | |
| J9245 | Inj Melphalan Hydrochl 50 Mg | 11/1/2008 | |

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|---------------|---|-------------------|-------------------------|
| J9261 | Nelarabine injection | 1/1/2007 | |
| J9262 | Injection, omacetaxine mepesuccinate, 0.01 mg | 1/1/2014 | |
| J9264 | Injection, paclitaxel protein-bound particles, 1 mg | 6/1/2016 | |
| J9269 | Injection, tagraxofusp-erzs, 10 micrograms | 10/1/2019 | |
| J9271 | Injection, pembrolizumab, 1 mg | 1/1/2016 | |
| J9285 | Injection, olaratumab, 10 mg | 1/1/2018 | |
| J9295 | Injection, necitumumab, 1 mg | 1/1/2017 | |
| J9299 | Injection, nivolumab, 1 mg | 1/1/2016 | |
| J9302 | Ofatumumab injection | 1/1/2011 | |
| J9303 | Panitumumab injection | 1/1/2008 | |
| J9306 | Injection, pertuzumab, 1 mg | 1/1/2014 | |
| J9307 | Pralatrexate injection | 1/1/2011 | |
| J9308 | Injection, ramucirumab, 5 mg | 1/1/2016 | |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg | 1/1/2020 | |
| J9311 | Injection, rituximab 10 mg and hyaluronidase | 1/1/2019 | |
| J9312 | Injection, rituximab, 10 mg | 1/1/2019 | |
| J9313 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg | 10/1/2019 | |
| J9315 | Romidepsin injection | 1/1/2011 | |
| J9325 | Injection, talimogene laherparepvec, per 1 million plaque forming units | 1/1/2017 | |
| J9328 | Temozolomide injection | 1/1/2010 | |
| J9330 | Injection, temsirolimus, 1 mg | 1/1/2009 | |
| J9352 | Injection, trabectedin, 0.1 mg | 1/1/2017 | |
| J9354 | Injection, ado-trastuzumab emtansine, 1 mg | 1/1/2014 | |
| J9355 | Injection, trastuzumab, excludes biosimilar, 10 mg | 9/1/2003 | |
| J9356 | Injection, trastuzumab, 10 mg and Hyaluronidase-oysk | 7/1/2019 | |
| J9395 | Injection, fulvestrant, 25 mg | 9/1/2003 | |
| J9400 | Injection, ziv-aflibercept, 1 mg | 1/1/2014 | |
| J9999 | Not otherwise classified, antineoplastic drugs | 1/1/2018 | |

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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|---|-------------------|-------------------------|
| K0010 | Stnd Wt Frame Power Whlchr | 11/1/2013 | |
| K0011 | Stnd Wt Pwr Whlchr W Control | 11/1/2013 | |
| K0012 | Ltwt Portbl Power Whlchr | 11/1/2013 | |
| K0013 | Custom Power Whlchr Base | 11/1/2013 | |
| K0014 | Other Power Whlchr Base | 11/1/2013 | |
| K0553 | Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit of service = month's supply | 7/1/2017 | |
| K0554 | Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor system. | 7/1/2017 | |
| K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | 1/1/2009 | |
| K0743 | Suction pump, home model, portable, for use on wounds | 7/1/2011 | |
| K0744 | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less | 7/1/2011 | |
| 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 | 7/1/2011 | |
| K0746 | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches | 7/1/2011 | |
| K0800 | Power operated vehicle,grp 1 standard,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0801 | Power operated vehicle,grp 1 heavy duty,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0802 | Power operated vehicle, grp 1 very heavy duty,patient weight cap 451-600 lbs | 1/1/2007 | |
| K0806 | Power operated vehicle, grp 2 standard,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0807 | Power operated vehicle,grp 2 heavy duty,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0808 | Power operated vehicle,grp 2 very heavy duty,patient weight cap 451-600 lbs | 1/1/2007 | |
| K0812 | Power operated vehicle,not otherwise classified | 1/1/2007 | |
| K0813 | Power wheelchair,grp 1 standard,portable,slng/solid seat/back,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0814 | Power wheelchair,grp 1 standard,portable,captains chair,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0815 | Power wheelchair,grp 1 standard,slng/solid seat/back,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0816 | Power wheelchair,grp 1 standard,captains chair,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0820 | Power wheelchair,grp 2 standard,portable,slng/solid seat/back,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0821 | Power wheelchair,grp 2 standard,portable,captains chair,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0822 | Power wheelchair,grp 2 standard,slng/solid seat/back,patient weight cap up to and incl 300 lbs | 1/1/2007 | |

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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|--|-------------------|-------------------------|
| K0823 | Power wheelchair,grp 2 stnd,captains chair,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0824 | Power wheelchair,grp 2 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0825 | Power wheelchair,grp 2 heavy duty,captains chair,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0826 | Power wheelchair,grp 2 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs | 1/1/2007 | |
| K0827 | Power wheelchair,grp 2 very heavy duty,captains chair,patient weight cap 451-600 lbs | 1/1/2007 | |
| K0828 | Power wheelchair,grp 2 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more | 1/1/2007 | |
| K0829 | Power wheelchair,grp 2 extra heavy duty,captains chair,patient weight cap 601 lbs or more | 1/1/2007 | |
| K0830 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds | 7/1/2020 | |
| K0831 | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds | 7/1/2020 | |
| K0835 | Power wheelchair,grp 2 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0836 | Power wheelchair,grp 2 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0837 | Power wheelchair,grp 2 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0838 | Power wheelchair,grp 2 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0839 | Power wheelchair,grp 2 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs | 1/1/2007 | |
| K0840 | Power wheelchair,grp 2 extra heavy duty,single power option,sling/solid seat/back,patient weight cap up to and incl 300 | 1/1/2007 | |
| K0841 | Power wheelchair,grp 2 stnd,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0842 | Power wheelchair,grp 2 stnd,mult power option,captains chair,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0843 | Power wheelchair,grp 2 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0848 | Power wheelchair,grp 3 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0849 | Power wheelchair,grp 3 stnd,captains chair,patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0850 | Power wheelchair,grp 3 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0851 | Power wheelchair,grp 3 heavy duty,captains chair,patient weight cap 301-450 lbs | 1/1/2007 | |
| K0852 | Power wheelchair,grp 3 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs | 1/1/2007 | |
| K0853 | Power wheelchair,grp 3 very heavy duty,captains chair,patient weight cap 451-600 lbs | 1/1/2007 | |
| K0854 | Power wheelchair,grp 3 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more | 1/1/2007 | |



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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|--|-------------------|-------------------------|
| K0855 | Power wheelchair,grp 3 extra heavy duty,captains chair,patient weight cap 601 lbs or more | 1/1/2007 | |
| K0856 | Power wheelchair,grp 3 std, single power option, sling/solid seat/back, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0857 | Power wheelchair,grp 3 std, single power option, captains chair, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0858 | Power wheelchair,grp 3 heavy duty, single power option, sling/solid seat/back, patient weight cap 301-450 lbs | 1/1/2007 | |
| K0859 | Power wheelchair,grp 3 heavy duty, single power option, captains chair, patient weight cap 301-450 lbs | 1/1/2007 | |
| K0860 | Power wheelchair,grp 3 very heavy duty, single power option, sling/solid seat/back, patient weight cap 451-600 lbs | 1/1/2007 | |
| K0861 | Power wheelchair,grp 3 std, mult power option, sling/solid seat/back, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0862 | Power wheelchair,grp 3 heavy duty, mult power option, sling/solid seat/back, patient weight cap 301-450 lbs | 1/1/2007 | |
| K0863 | Power wheelchair,grp 3 very heavy duty, mult power option, sling/solid seat/back, patient weight cap 451-600 lbs | 1/1/2007 | |
| K0864 | Power wheelchair,grp 3 extra heavy duty, mult power option, sling/solid seat/back, patient weight cap 601 lbs or more | 1/1/2007 | |
| K0868 | Power wheelchair,grp 4 std, sling/solid seat/back, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0869 | Power wheelchair,grp 4 std, captains chair, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0870 | Power wheelchair,grp 4 heavy duty, sling/solid seat/back, patient weight cap 301-450 lbs | 1/1/2007 | |
| K0871 | Power wheelchair,grp 4 very heavy duty, sling/solid seat/back, patient weight cap 451-600 lbs | 1/1/2007 | |
| K0877 | Power wheelchair,grp 4 std, single power option, sling/solid seat/back, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0878 | Power wheelchair,grp 4 std, single power option, captains chair, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0879 | Power wheelchair,grp 4 heavy duty, single power option, sling/solid seat/back, patient weight cap 301-450 lbs | 1/1/2007 | |
| K0880 | Power wheelchair,grp 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451-600 lbs | 1/1/2007 | |
| K0884 | Power wheelchair,grp 4 std, mult power option, sling/solid seat/back, patient weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0885 | Power wheelchair,grp 4 std, mult power option, captains chair, weight cap up to and incl 300 lbs | 1/1/2007 | |
| K0886 | Power wheelchair,grp 4 heavy duty, mult power option, sling/solid seat/back, patient weight cap 301-450 lbs | 1/1/2007 | |
| K0890 | Power wheelchair,grp 5 ped, single power option, sling/solid seat/back, patient weight cap up to and incl 125 lbs | 1/1/2007 | |
| K0891 | Power wheelchair,grp 5 pediatric, mult power option, sling/solid seat/back, patient weight cap up to and incl 125 lbs | 1/1/2007 | |
| K0898 | Power wheelchair, not otherwise classified | 1/1/2007 | |
| 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 | 1/1/2020 | |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydraulic system | 2/1/2014 | |

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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|---|-------------------|-------------------------|
| L5613 | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with hydraulic swing | 2/1/2014 | |
| L5614 | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with pneumatic swing | 2/1/2014 | |
| L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | 2/1/2014 | |
| L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | 2/1/2014 | |
| L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | 2/1/2014 | |
| L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | 2/1/2014 | |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | 2/1/2014 | |
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | 2/1/2014 | |
| L5816 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | 3/1/2017 | |
| L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | 2/1/2014 | |
| L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | 2/1/2014 | |
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | 2/1/2014 | |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | 2/1/2014 | |
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | 2/1/2014 | |
| L5840 | Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | 2/1/2014 | |
| L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability | 2/1/2014 | |
| L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance | 2/1/2014 | |
| L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, | 2/1/2014 | |
| L5858 | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only | 2/1/2014 | |
| L5859 | Knee-shin pro flex/ext cont | 2/1/2014 | |
| L5961 | Endo poly hip, pneu/hyd/rot | 3/1/2011 | |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | 3/1/2017 | |

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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|--|-------------------|-------------------------|
| L6628 | Upper extremity addition, quick disconnect hook adapter, otto bock or equal | 1/1/2015 | |
| L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal | 1/1/2015 | |
| L6632 | Upper extremity addition, latex suspension sleeve, each | 1/1/2015 | |
| L6680 | Upper extremity addition, test socket, wrist disarticulation or below elbow | 1/1/2015 | |
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | 1/1/2015 | |
| L6715 | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement | 1/1/2015 | |
| L6810 | Addition to terminal device, precision pinch device | 1/1/2015 | |
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | 1/1/2015 | |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | 1/1/2015 | |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | 1/1/2015 | |
| L6890 | Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment | 1/1/2015 | |
| 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 | 1/1/2015 | |
| 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 | 1/1/2015 | |
| 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 | 1/1/2015 | |
| 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 | 1/1/2015 | |
| 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 | 1/1/2015 | |
| 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 | 1/1/2015 | |
| L7007 | Electric hand, switch or myoelectric controlled, adult | 1/1/2015 | |

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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|--|-------------------|-------------------------|
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | 1/1/2015 | |
| L7009 | Electric hand, switch or myoelectric, controlled, pediatric | 1/1/2015 | |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | 1/1/2015 | |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | 1/1/2015 | |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | 1/1/2015 | |
| L7190 | Electronic elbow, adolescent, variety village or equal, myoelectronically controlled | 1/1/2015 | |
| L7191 | Electronic elbow, child, variety village or equal, myoelectronically controlled | 1/1/2015 | |
| L7368 | Lithium ion battery charger, replacement only | 1/1/2015 | |
| L7400 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal) | 1/1/2015 | |
| L7403 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material | 1/1/2015 | |
| L8465 | Prosthetic shrinker, upper limb, each | 1/1/2015 | |
| L8600 | Implantable breast prosthesis, silicone or equal | 1/1/2018 | |
| L8603 | Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies | 7/1/2019 | |
| L8604 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies | 7/1/2019 | |
| L8606 | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies | 7/1/2019 | |
| L8614 | Cochlear device, includes all internal and external components | 5/1/2010 | |
| L8615 | Headset/headpiece for use with cochlear implant device, replacement | 5/1/2010 | |
| L8616 | Microphone for use with cochlear implant device, replacement | 5/1/2010 | |
| L8617 | Transmitting coil for use with cochlear implant device, replacement | 5/1/2010 | |
| L8618 | Transmitter cable for use with cochlear implant device, replacement | 5/1/2010 | |
| L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement | 5/1/2010 | |
| L8627 | Cochlear implant, external speech processor, component, replacement | 1/1/2010 | |
| L8628 | Cochlear implant, external controller component, replacement | 5/1/2010 | |
| L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement | 1/1/2010 | |
| L8679 | Implantable neurostimulator, pulse generator, any type | 1/1/2014 | |
| L8680 | Implantable neurostimulator electrode, each | 7/1/2010 | |

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| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|--|-------------------|-------------------------|
| L8681 | Pt prgrm for implt neurostim | 7/1/2010 | |
| L8682 | Implt neurostim radiofq rec | 7/1/2010 | |
| L8683 | Radiofq trsmtr for implt neu | 7/1/2010 | |
| L8684 | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement | 3/1/2016 | |
| L8685 | Implt nrostm pls gen sng rec | 7/1/2010 | |
| L8686 | Implt nrostm pls gen sng non | 7/1/2010 | |
| L8687 | Implt nrostm pls gen dua rec | 7/1/2010 | |
| L8688 | Implt nrostm pls gen dua non | 7/1/2010 | |
| L8689 | External recharging system | 7/1/2010 | |
| L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | 1/1/2018 | |
| L8695 | External recharg sys extern | 7/1/2010 | |
| Q0478 | Power adapter, combo vad | 3/1/2011 | |
| Q0507 | Misc supply or accessory for use with an external ventricular assist device | 7/1/2013 | |
| Q0508 | Miscellaneous supply or accessory for use with an implanted ventricular assist device | 1/1/2015 | |
| Q0509 | Misc supply or accessory for use with any implanted ventricular assist device for which pymt was not made under Medicare Part A | 7/1/2013 | |
| Q2041 | Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, Including leukapheresis and dose preparation procedures, per infusion | 4/1/2018 | |
| Q2042 | Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose | 1/1/2019 | |
| Q2043 | Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion | 7/1/2011 | |
| Q3001 | Brachytherapy Radioelements | 10/1/2008 | |
| Q4074 | Iloprost non-comp unit dose | 1/1/2010 | |
| Q4101 | Skin substitute, Apligraf, per square centimeter | 4/1/2009 | |
| Q4102 | Skin substitute, Oasis Wound Matrix, per square centimeter | 4/1/2009 | |
| Q4104 | Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter | 7/1/2009 | |

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|---------------|---|-------------------|-------------------------|
| Q4105 | Skin substitute, Integra Dermal Regeneration Template (DRT), per square centimeter | 7/1/2009 | |
| Q4106 | Skin substitute, Dermagraft, per square centimeter | 4/1/2009 | |
| Q4107 | Skin substitute, Graftjacket, per square centimeter | 9/1/2011 | |
| Q4108 | Skin substitute, Integra Matrix, per square centimeter | 7/1/2009 | |
| Q4116 | Alloderm skin sub | 10/1/2018 | |
| Q4121 | Theraskin | 3/1/2011 | |
| Q4122 | Dermacell, per square centimeter | 10/1/2018 | |
| Q4124 | Oasis ultra tri-layer wound matrix, per square centimeter | 1/1/2012 | |
| Q4128 | FlexHD, allopachHD, or Matrix HD, per sq cm | 1/1/2016 | |
| Q4131 | Epifix | 1/1/2013 | |
| Q4132 | Grafix core | 1/1/2013 | |
| Q4133 | Grafix prime | 1/1/2013 | |
| Q4182 | Transcyte, per square centimeter | 6/1/2018 | |
| Q4186 | Epifix, per square centimeter | 1/1/2019 | |
| Q4205 | Membrane graft or membrane wrap, per square centimeter | 10/1/2019 | |
| Q4206 | Fluid flow or fluid GF, 1 cc | 10/1/2019 | |
| Q5103 | Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg | 4/1/2018 | |
| Q5104 | Injection, infliximab-abda, biosimilar, (renflexis), 10 mg | 4/1/2018 | |
| Q5106 | Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units | 7/1/2018 | |
| Q5107 | Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg | 1/1/2019 | |
| Q5109 | Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg | 1/1/2019 | |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg | 7/1/2019 | |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg | 7/1/2019 | |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg | 7/1/2019 | |
| Q5115 | Injection, rituximab-abbs, biosimilar, 10 mg | 7/1/2019 | |
| Q5117 | Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg | 10/1/2019 | |
| Q9991 | Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg | 7/1/2018 | |
| Q9992 | Injection, buprenorphine extended-release (sublocade), greater than 100 mg | 7/1/2018 | |

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|---------------|---|-------------------|-------------------------|
| S0122 | Injection, Menotropins, 75 lu | 9/1/2003 | |
| S0189 | Testosterone pellet. 75 mg | 10/1/2015 | |
| S1030 | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code) | 9/1/2017 | |
| S1031 | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use cpt code) | 9/1/2017 | |
| 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 | 11/1/2017 | |
| S1035 | Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system | 11/1/2017 | |
| S1036 | Transmitter; external, for use with artificial pancreas device system | 11/1/2017 | |
| S1037 | Receiver (monitor); external, for use with artificial pancreas device system | 11/1/2017 | |
| S2112 | Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells) | 4/1/2019 | |
| S2202 | Echosclerotherapy | 1/1/2018 | |
| S2235 | Implantation of auditory brain stem implant | 10/1/2017 | |
| S2340 | Chemodenervation Of Abductor | 9/1/2012 | |
| S2341 | Chemodenervation of adductor muscle(s) of vocal cord | 9/1/2012 | |
| S3854 | Gene expression profiling panel for use in the management of breast cancer treatment | 3/1/2018 | |
| S3870 | Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability | 7/1/2018 | |
| S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | 5/1/2019 | |
| 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 | 1/1/2013 | |
| 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 | 1/1/2013 | |

YCC Prior Authorization Code List
Effective 7/1/2020

| Procedure Low | Description | PA Effective Date | AIM Prior Auth Required |
|---------------|---|-------------------|-------------------------|
| 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 | 1/1/2013 | |
| 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 | 1/1/2013 | |
| S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake | 11/1/2019 | |
| S9434 | Modified solid food supplements for inborn errors of metabolism | 11/1/2019 | |
| S9435 | Medical foods for inborn errors of metabolism | 1/1/2013 | |