

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
11920	Tattoo/Color Defect to 6.0 Sq Cm	9/1/11	
11921	Tattooing 6-20 Sq Cm	9/1/11	
11922	Tattoo/Color Defect Ea Add 20 Sq Cm	9/1/11	
15271	Skin Subst Graft To Trunk, Arms, Legs, Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	1/1/12	
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	1/1/12	
15273	Skin Subst Graft To Trunk, Arms, Legs, Area >= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	1/1/12	
15274	Skin Subst Graft To Trunk, Arms, Legs, Area >= 100 Sq Cm; Ea Adtl 100 Sq Cm Or Ea Adl 1% Of Body Area Of Inf&Children	1/1/12	
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	1/1/12	
15276	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area Up To 100 Sq Cm; Ea Adtl 25 Sq Cm Wound Surface Area, Or Part Thereof	1/1/12	
15277	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >= 100 Sq Cm; 1St 100 Sq Cm Or 1% Of Body Area Of Infants And Children	1/1/12	
15278	Skin Subst Graft To F/S/E/M/N/E/O/G/H/F/D, Area >= 100 Sq Cm; Ea Adtl 100 Sq Cm Or 1% Of Body Area Of Inf And Children	1/1/12	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	1/1/20	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	1/1/20	
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	1/1/20	
15777	Implantation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk)	6/1/18	
15820	Blepharoplasty Lower Eyelids	9/1/03	
15821	Blepharoplasty W Extensive Fat Pads	9/1/03	
15822	Blepharoplasty Upper Eyelid	9/1/03	
15823	Rhytidectomy W Excess Skin On Lids	9/1/03	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
15830	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy	1/1/07	
15832	Exc Excess Skin Subq Tiss Thigh	5/1/11	
15833	Exc Excess Skin Leg	5/1/11	
15834	Exc Excess Skin Subq Tiss Hip	5/1/11	
15835	Exc Excess Skin Buttock	5/1/11	
15836	Exc Excess Skin Subq Tiss Arm	5/1/11	
15837	Exc Excess Skin Forearm	5/1/11	
15838	Exc Excess Skin Subq Tiss Fat Pad	5/1/11	
15839	Exc Excess Skin Other Area	5/1/11	
15847	Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy), Abdomen	1/1/07	
15876	Suction Assist Lipectomy Head Neck	6/1/17	
15877	Suction Assist Lipectomy Trunk	6/1/17	
15878	Suction Assist Lipectomy Up Extrem	6/1/17	
15879	Suction Assist Lipectomy Lower Extremity	6/1/17	
17106	Dest Cut Vasc Proliferative Les to 10 Sq	9/1/03	
17107	Dest Cut Vasc Prolif Les 10-50 Sqcm	9/1/03	
17108	Dest Cut Vasc Proliferative Les Over 50.	9/1/03	
17380	Electrolysis Epilation	1/1/18	
19300	Mastectomy for gynecomastia	1/1/07	
19316	Mastopexy	9/1/03	
19318	Mammoplasty Reduction	9/1/03	
19324	Mammoplasty Augment Wo/Prosthetic Implan	9/1/03	
19325	Mammoplasty Augmentation W Implant	9/1/03	
19328	Removal of Intact Mammary Implant	9/1/03	
19330	Removal Mammary Implant Unilateral	9/1/03	
19340	Insert Breast Prosthesis Immediate	9/1/03	
19342	Delay Insert Prosthesis Mast/Recons	9/1/03	
19350	Reconstruct Nipple/Areolar Unil	9/1/03	
19355	Correction Inverted Nipple(S)	9/1/03	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
19357	Breast Recon W/Tiss Expander Inc Expansi	9/1/03	
19361	Breast Recon Latissimus Dorsi Flap W/Wo	9/1/03	
19364	Breast Reconstruction W/Free Flap	9/1/03	
19366	Reconstruction Breast Other Method	9/1/03	
19367	Breast Reconstn W Trans Rectus Abdominis Musc Flap (Tram), SGL Pedicle	9/1/03	
19368	Breast Reconstn, Trans Rect Abd Musc Flap (Tram), SGL Ped; Mic Anast	9/1/03	
19369	Breast Reconstn W Trans Rectus Abdominis Musc Flap (Tram), DBL Pedicle	9/1/03	
19370	Open Periprosthetic Capsulotomy Breast	9/1/03	
19371	Capsulectomy Periprosthetic Breast	9/1/03	
19380	Revision Reconstructed Breast	9/1/03	
19396	Preparation Moulage Breast Implant	9/1/03	
20930	Allograft for Spine Surgery; Morselized	10/1/09	
20937	Autograft for Spine Surgery; Morselized	4/1/07	
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)	2/1/19	
20974	Stimulate Bone Electric Noninvasive	9/1/03	
20975	Electrical Stim Aid Bone Heal Invasive	9/1/03	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	9/1/03	
21070	Coronoidectomy Unilateral	9/1/03	
21077	Impression and Custom Preparation; Orbital Prosthesis	9/1/03	
21081	Impress/Prep Mandibular Resection	9/1/03	
21082	Impress Custom Prep Palatal Augmentation	9/1/03	
21083	Impress/Prep Palatal Lift Prosth	9/1/03	
21085	Impress/Prep Oral Surgical Splint	9/1/03	
21086	Impress Custom Prep Auricular Prosth	9/1/03	
21087	Impress/Prep Nasal Prosth	9/1/03	
21088	Impress Custom Prep Facial Prosth	9/1/03	
21110	Apply Interdental Fixation Other	12/1/12	
21121	Genioplasty Sliding Osteotomy Single Pie	9/1/03	
21122	Genioplasty Slide Osteotomy 2+	4/1/07	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
21123	Genioplasty Sliding Augmentation W/Bone	4/1/07	
21141	Reconstruction Midface, Single Piece	4/1/07	
21142	Reconstruction Midface, Two Pieces	1/1/08	
21143	Reconstruction Midface, Three or More Pieces	1/1/08	
21145	Recon Midface Lefort I Single Graft	4/1/07	
21146	Recon Midface Lefort I 2 Piece W/Bone Gr	1/1/08	
21147	Recon Midface Lefort I 3+ Pcs Graft	1/1/08	
21150	Recon Midface Lefort II Anterior Intrusi	1/1/08	
21151	Recon Midface Lefort II W/Bone Grft	1/1/08	
21154	Recon Midface Lefort III Wo/Lefort I	1/1/08	
21155	Recon Midface Lefort III W/Lefrt I	1/1/08	
21159	Recon Midface Lefort III W/Graft Wo/Lefo	1/1/08	
21160	Recon Midface Lefort III W/Grft/L I	1/1/08	
21196	Recon Mand Ramus Sag Split W/Rigid Rix	9/1/03	
21198	Osteotomy Mandible Segmental	9/1/03	
21199	Osteotomy, Mandible, Segmental; with Genioglossus Advancement	9/1/03	
21206	Osteotomy Maxilla Segmental	9/1/03	
21208	Osteoplasty Facial Bone Augment	9/1/03	
21209	Osteoplasty Facial Reduction	9/1/03	
21210	Graft Bone Nasal Maxilla Malar Area	9/1/03	
21215	Graft Bone Mandible	9/1/03	
21230	Grft Rib Cart to Face Chin Nose Ear	9/1/03	
21244	Reconstruct Mandible W Bone Plate	9/1/03	
21245	Recon Mand Max Subperiosteal Part	9/1/03	
21246	Repair Jaw W Subperiost Implnt Tot	9/1/03	
21247	Recon Mand Condyle Bone Cart Auto	1/1/08	
21248	Recon Mandible Maxilla Endosteal Implant	9/1/03	
21249	Repair Jaw W Endosteal Implnt Tot	9/1/03	
21256	Recon Orbit W/Osteotomies/Bone Grft	9/1/03	
21260	Periorbital Osteotomy W/Graft Extracrani	9/1/03	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
21261	Rep Orbit Hypertelorism Combin Appr	9/1/03	
21263	Periorbital Osteotomy W/Graft Forehead A	9/1/03	
21267	Reposition Orbit Unil Extracranial	9/1/03	
21268	Orbit Reposition Unilat W/Graft Intra/Ex	9/1/03	
21275	2ndary Revision Orbitocraniofacial Recon	9/1/03	
21685	Hyoid Myotomy and Suspension	4/1/07	
21740	Recon Rep Pectus Excava/Carinatum	9/1/03	
21742	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), Wo Thoracoscopy	9/1/03	
21743	Reconstructive Repair of Pectus Excavatum or Carinatum; Minimally Invasive Approach (Nuss Procedure), w Thoracoscopy	9/1/03	
22110	Exc Vertebra Part Cervical	12/1/12	
22112	Exc Vertebra Part Thoracic	12/1/12	
22114	Exc Vertebra Part Lumbar	12/1/12	
22116	Partial Excision of Vertebral Body for each additional Vertebral Segme	1/1/13	
22532	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy To Prepare Interspace; Thoracic	1/1/07	
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy To Prepare Interspace; Lumbar	10/1/09	
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Diskectomy; Thoracic or Lumbar, Each Additional Segment	4/1/07	
22548	Arthrodes,Txs/Extraoral,Clivus-C1-2	1/1/07	
22551	Arthrodesis, Anterior Interbody; Cervical Below C2	1/1/11	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add	1/1/11	
22554	Arthrodesis Ant Interbody-C2 Below	9/1/03	
22556	Arthrodesis Ant Interbody-Thoracic	9/1/03	
22558	Arthrod,Interbdy Tech;lumbar,Allogf	9/1/03	
22585	Arthrodesis, Anterior/-Lateral,Ea Add.In	12/1/19	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
22586	Arthrodesis, Pre-Sacral Interbody Tech, With Posterior Instrumentation, With Image Guidance, L5-S1 Interspace	12/1/19	
22590	Arthrodesis Post-Craniocervical	1/1/07	
22595	Arthrodesis,Poster.Tech,Atlas-Axis,C1-C2	1/1/07	
22600	Fusion Cervical Post < C1	1/1/07	
22610	Arthrodesis Post-Thoracic	1/1/07	
22612	Arthrodesis,Posterior/Posterolateral Tec	9/1/03	
22614	Arthrodesis, each additional Vertebral Segment	5/1/12	
22630	Arthrodesis Post Interbody-Lumbar	9/1/03	
22632	Arthrodesis, each additional Interspace	9/1/03	
22633	Arthrodesis, Combined Post Or Postlatl Tech W Post Interbdy Tech,Incl Lamectmy &/Discectomy,Sgl Interspace & Segmt; Lumb	1/1/12	
22634	Arthrodesis, Combind Post Or Postlatl Tech W Post Interbdy Tech,Incl Lamectmy &/Discectomy,Sgl Interspce & Segmt;Ea Addl	1/1/12	
22800	Arthrod,Post,Spin.Deform,Gft;6/Less	12/1/19	
22802	Arthrod,Post,Spin.Deform,Gft;7+vert	12/1/19	
22804	Arthrodesis, 13 or More Vertebral Segments	12/1/19	
22808	Arthrodesis, 2 To 3 Vertebral Segments	12/1/19	
22810	Arthrodesis,Ant,Deform,Gft;4-7 Vert	12/1/19	
22812	Arthrodesis Anterior 8+ Vertebrae	12/1/19	
22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs	12/1/19	
22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More	12/1/19	
22840	Pos.Instrumnt;e.g. Harringt n Rod	7/1/07	
22841	Internal Spinal Fixation by Wiring of Spinous Processes	1/1/07	
22842	Instrumentat Post W Segment Wiring	7/1/06	
22843	Posterior Segmental Instrumentation, 7 To 12 Vertebral Segments	9/1/03	
22844	Posterior Segmental Instrumentation, 13 or More Vertebral Segments	9/1/03	
22845	Anterior Instrumentation	1/1/07	
22846	Anterior Instrumentation, 4 To 7 Vertebral Segments	1/1/07	
22847	Anterior Instrumentation, 8 or More Vertebral Segments	1/1/07	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
22848	Pelvic Fixation	12/1/19	
22849	Reinsert Spinal Fixation Device	12/1/19	
22852	Removal Post Segmental Instrument	12/1/19	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	1/1/17	
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performe	1/1/17	
22855	Removal of Anterior Instrumentation	12/1/19	
22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	4/1/09	
22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace	9/1/17	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompres	9/1/17	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth	1/1/17	
22861	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv	4/1/09	
22862	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc) Anterior Approach, Lumbar, Single Interspace	9/1/17	
22864	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	4/1/09	
22865	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Lumbar, Single Interspace	9/1/17	
27130	Replacement Hip Total Simple	1/1/18	
27132	Conversion Prev.Hip Surg to Total Hip Re	1/1/18	
27134	Revis.Tot.Hip Arthropl;both Compnts	1/1/18	
27137	Revision Total Hip-Acetabular Only	1/1/18	
27138	Revis.Total Hip Arthroplas;femoral Only,	1/1/18	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of	12/1/19	
27280	Arthrodesis, Sacroiliac Joint	10/1/14	
27412	Autologous Chondrocyte Implantation, Knee	9/1/10	
27415	Rep Ligaments Knee+pes Anserin Tran	9/1/10	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])Advancement Pes Anserinus	9/1/10	
27445	Arthroplasty Knee Total Prosthetic	1/1/18	
27447	Replacement Knee Total	1/1/18	
27486	Revis.Totl Knee Arthroplas;1 Compon	1/1/18	
27487	Revis.Totl Knee Arthroplas,W/Wo Allogft;	1/1/18	
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft)	9/1/10	
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	9/1/10	
30400	Rhinoplasty Primary Partial	9/1/03	
30410	Rhinoplas,Prim;complet,Extern.Parts	9/1/03	
30420	Rhinoplasty Primary Maj Septal Rep	9/1/03	
30430	Rhinoplasty,2ndary;minor Revision	9/1/03	
30435	Rhinoplasty,Intermed Revis-Bony Work W O	9/1/03	
30450	Rhinoplasty,2ndary;major Revision	9/1/03	
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	12/1/15	
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	12/1/15	
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	12/1/15	
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	1/1/18	
31513	Laryngoscopy,Indir;vocal Cord Injec	9/1/19	
32850	Donor Pneumonectomy(ies) W Prep and Maintenance of Allograft (Cadaver)	9/1/03	
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	9/1/03	
32852	Lung Transplant, Single, with Cardiopulmonary Bypass	9/1/03	



## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
32853	Lung Transplant, Double (Sequential or En Bloc); Without Cardpulm Bypa	9/1/03	
32854	Lung Transplant, Double (Sequential or En Bloc); with CardPulm Bypass	9/1/03	
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	9/1/03	
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	9/1/03	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	1/1/19	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angio	8/1/18	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	1/1/18	
33928	Removal and replacement of total replacement heart system (artificial heart)	1/1/18	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	1/1/18	
33930	Donr Cardiectomy-Pneum,Prep/Main.Hom	9/1/03	
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	9/1/03	
33935	Heart-Lung Transplant W Recipient Cardi/	9/1/03	
33940	Donor Cardiectomy,Prep/Mainten.Homo	9/1/03	
33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	9/1/03	
33945	Heart Transplant, W/Wo Recipient Cardiec	9/1/03	
33975	Implantation of Ventricular Assist Device; Single Ventricle Support	9/1/03	
33976	Implantation of Ventricular Assist Device; Biventricular Support	9/1/03	
33979	Insertion Of Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	9/1/03	
33990	Insertion Of Ventricular Assist Device, Percutaneous; Arterial Access Only	1/1/13	
33991	Insertion Of Ventricular Assist Device, Percutaneous; Both Arterial And Venous Access, With Transeptal Puncture	1/1/13	
36215	Intro Cath Head/Neck Artery	1/1/13	
36216	Select Cath Plcmt Art; 2nd Order Thoraci	1/1/13	
36217	Select Cath Plcmt Art;3rd Ord Thrc	1/1/13	
36218	Select Cath Plcmt Art; Add 2nd/3rd Order	1/1/13	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; singl	1/1/18	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multi	1/1/18	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	2/1/06	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	2/1/06	
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	2/1/06	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a sin	2/1/06	
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	2/1/06	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extre	2/1/06	
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	1/1/18	
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	1/1/18	
37500	Phleborrhaphy Neck	1/1/18	
37700	Lig/Div.Saph.Vein at Junc/Interrupt	2/1/06	
37718	Ligation, division, and stripping, short saphenous vein	2/1/06	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	2/1/06	
37735	Ligation & Strip Saphen+ulcer Unil	2/1/06	
37760	Ligation Perforators Rad (Linton)	2/1/06	
37761	Ligation of Perforator Vein(s), Subfascial, Open, Including Ultrasound Guidance, When Performed, 1 Leg	5/1/12	
37765	Stab Phlebectomy of Varicose Veins, One Extremity; 10-20 Stab Incisions	2/1/06	
37766	Stab Phlebectomy of Varicose Veins, One Extremity; More Than 20 Incisions	2/1/06	
37780	Ligation/Divis-Short Saph.Vein @ Sapheno	2/1/06	
37785	Ligation 2ndary Varicose Vein Unil	2/1/06	
38204	Management of Recipient Hematopoietic Progenitor Cell Donor Search and Cell Acquisition	9/1/03	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Allogenic	9/1/03	
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting for Transplantation, Per Collection; Autologous	9/1/03	
38207	Transplant Preparation of Hematopoietic Progenitor Cells; Cryopreservation and Storage	9/1/03	
38208	Transplant Preparation of Hematopoietic Progenitor Cells; Thawing of Previously Frozen Harvest	9/1/03	
38209	Transplant Preparation of Hematopoietic Progenitor Cells; Washing of Harvest	9/1/03	
38210	Transplant Preparation of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest, T-Cell Depletion	9/1/03	
38211	Transplant Preparation of Hematopoietic Progenitor Cells; Tumor Cell Depletion	9/1/03	
38212	Transplant Preparation of Hematopoietic Progenitor Cells; Red Blood Cell Removal	9/1/03	
38213	Transplant Preparation of Hematopoietic Progenitor Cells; Platelet Depletion	9/1/03	
38214	Transplant Preparation of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	9/1/03	
38215	Transplant Preparation of Hematopoietic Progenitor Cells; Cell Concentration in Plasma, Mononuclear, or Buffy Coat Layer	9/1/03	
38230	Harvest Bone Marrow For Transplant	9/1/03	
38232	Bone Marrow Harvesting For Transplantation; Autologous	1/1/12	
38240	Bone Marrow Transplantation; Allogenic	9/1/03	
38241	Bone Marrow Transplant; Autologous	9/1/03	
38242	Bone Marrow or Blood-Derived Peripheral Stem Cell Transplantation; Allogeneic Donor Lymphocyte Infusions	9/1/03	
41530	Submucosal Ablation of the Tongue Base, Radiofrequency, One or More Sites, Per Session	5/1/10	
42120	Resect Palate or Extensive Lesion	4/1/07	
42140	Uvulectomy	9/1/03	
42145	Uvuloplastopharyngoplasty	9/1/03	
42160	Destruct Lesion Palate/Uvula	9/1/03	
42226	Lengthening of Palate, and Pharyngeal Fl	9/1/03	
42227	Lengthen Palate W Island Flap	9/1/03	
42235	Repair Anterior Palate Including Vomer F	9/1/03	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
42950	Pharyngoplasty	4/1/07	
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	5/1/18	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	5/1/18	
43631	Gastrectomy, Partial, Distal; with Gastroduodenostomy	1/1/03	
43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)	9/1/05	
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction	9/1/05	
43647	Laparoscopy, Surgical; Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum	5/1/10	
43648	Laparoscopy, Surgical; Revision or Removal of Gastric Neurostimulator Electrodes, Antrum	5/1/10	
43659	Unlisted laparoscopy procedure, stomach	1/1/12	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	1/1/06	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	1/1/06	
43774	Laparoscopy, surg, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	1/1/06	
43775	Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (ie, Sleeve Gastrectomy)	5/1/12	
43843	Gastroplsty Non Vert-Banded Obesity	9/1/03	
43845	Gastric Stapling Morbid Obesity	9/1/03	
43846	Gastric Bypass W/Roux-En-Y-Mor.Obes	9/1/03	
43847	Gstrc Restrictve Prcd w Gstrc Byp F Morbid Obesty; w/Sml Bowel Rcnstn	9/1/03	
43848	Revision of Gastrc Restrictive Prcd For Morbid Obesity (Separate Prcd)	9/1/03	
43850	Rev Gastroduodenostomy Wo Vagotomy	9/1/18	
43855	Revis.Gastroduo.Anast,Recons;w/Vag	9/1/18	
43860	Rev Gastrojejunostomy Wo Vagotomy	9/1/18	
43865	Gastrojejunostomy;with Vagotomy	9/1/18	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
43881	Implantation or Replacement of Gastric Neurostimulator Electrodes, Antrum, Open	5/1/10	
43882	Revision or Removal of Gastric Neurostimulator Electrodes, Antrum, Open	5/1/10	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1/1/13	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1/1/13	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1/1/13	
44133	Donor Enterectomy, Open, w Allograft Prep & Maintenance; Living Donor	9/1/03	
44136	Intestinal Allotransplantation; From Living Donor	9/1/03	
47133	Donor Hepatectomy, W Prep & Maintenance-H	9/1/03	
47135	Transplant Liver (Recipient)	9/1/03	
47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	9/1/03	
47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	9/1/03	
47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	9/1/03	
47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	9/1/03	
47144	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; W Trisegment Split Of Graft Into Two Partial Grafts	9/1/03	
47145	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; With Lobe Split Of Graft Into Two Partial Grafts	9/1/03	
47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	9/1/03	
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	9/1/03	
47370	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency	9/1/03	
47371	Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical	9/1/03	
47379	Unlisted Laparoscopic Procedure, Liver	4/1/15	
47380	Ablation, Open, Of One Or More Liver Tumor(S); Radiofrequency	9/1/03	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
47381	Ablation, Open, Of One Or More Liver Tumor(S); Cryosurgical	9/1/03	
47382	Ablation, One Or More Liver Tumor(S), Percutaneous, Radiofrequency	9/1/03	
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	1/1/15	
47399	Unlisted Procedure Liver	4/1/15	
48550	Donor Pancreatectomy For Transplantation	9/1/03	
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	9/1/03	
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	9/1/03	
48554	Transplantation of Pancreatic Allograft	9/1/03	
48556	Removal of Transplanted Pancreatic Allograft	9/1/03	
50300	Nephrectomy Cadaver Donor	9/1/03	
50320	Donor Nephrectomy;from Living Donor,Unil	9/1/03	
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	9/1/03	
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	9/1/03	
50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	9/1/03	
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	9/1/03	
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	9/1/03	
50340	Nephrectomy Recipient Unilateral	9/1/03	
50360	Transplant Renal Homograft	9/1/03	
50365	Renal Homotxplnt,Implnt Gft;w/Recipnt Ne	9/1/03	
50370	Removal of Transplanted Homograft	9/1/03	
50380	Transplant Renal Autograft	9/1/03	
50547	Laparoscopy, surgical; donor nephrectomy from living donor	9/1/03	
51715	Endoscopic Injectn. Implant Material into Tissues of Ureth/Bladder Nec	7/1/19	
52327	Cystouethroscopy; w/Subureteric Injection of Implant Material	7/1/19	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	7/1/17	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to c	7/1/17	
53430	Urethroplas,Reconst.Female Urethra	1/1/18	
53444	Insertion Of Tandem Cuff (Dual Cuff)	7/1/19	
53445	Corrct Urinary Incontin-Inflat.Sphn	7/1/19	
53446	Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff	7/1/19	
53447	Repor Remove Inflatable Sphincter	7/1/19	
53449	Surg.Correct-Hydraulic Abnorm-Sphin	7/1/19	
54120	Amputation of Penis; Partial	1/1/18	
54125	Amputation Penis Complete	1/1/18	
54400	Insertion Prosthesis Penis	1/1/18	
54401	Insert Prosthesis Penis-Inflatable	1/1/18	
54405	Insert Prosth Penis-Multicomponent	1/1/18	
54520	Orchiectomy Simple Unilat	1/1/18	
54660	Insertion of Testicular Prosthesis--Sepa	1/1/18	
54690	Laparoscopy, surgical; orchiectomy	1/1/18	
55150	Resection of Scrotum	1/1/18	
55175	Scrotoplasty; Simple	1/1/18	
55180	Scrotoplasty Complicated	1/1/18	
55970	Intersex Op Male to Female	1/1/15	
55980	Intersex Surgery;female to Male	1/1/15	
56800	Plastic Repair of Introitus	1/1/18	
56805	Clitoroplasty Adrenogenital Syndrome	1/1/18	
57106	Vaginectomy partial removal of vaginal wall	1/1/18	
57110	Colpectomy Complete	1/1/18	
57291	Construct Artificial Vagina Wo Grft	1/1/18	
57292	Construction Artificial Vagina;w Graft	1/1/18	
57335	Vaginoplasty Adrenogenital Syndrome	1/1/18	
61517	Implantation of Brain Intracavitary ChemoTherapy Agent	9/1/03	
61850	Twst Drl/Brr Hole-Impl Elec;corticl	7/1/10	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
61860	Craniec/Otmy Impln-Elec,Cerebr;cort	7/1/10	
61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	9/1/03	
61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array	9/1/03	
61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	9/1/03	
61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array	9/1/03	
61880	Revis/Remv Intracr.Neurost.Electrod	7/1/08	
61885	Placement Subcutan Neurostim Receiv	7/1/08	
61886	Incision/subcutaneous placement of cranial neurostim pulse generator/receiver, direct or inductive coupling; >1 arrays	7/1/08	
61888	Rev/Rem.Cran Generatoror Receiver	7/1/08	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17	
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	1/1/17	
63001	Laminec-Expl/Decomp,1,2 Segm;cerv.	1/1/07	
63003	Decompress Spine <2 Seg Thoracic	1/1/07	
63005	Laminec=expl/Decomp,1,2 Segm;lumb	9/1/03	
63011	Laminec-Expl/Decomp,1,2 Segm;sacr	9/1/03	
63012	Laminectomy/Rem Facets,Lumbar (Gill Type)	9/1/03	
63015	Laminec-Expl/Dec,3+seg;cerv	9/1/03	
63016	Decompress Spine >2 Seg Thoracic	9/1/03	
63017	Laminec-Expl/Dec,3+seg;lumb	9/1/06	



## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
63020	Exc Iv Disk Cervical Unilat	1/1/07	
63030	Exc Iv Disk Lumbar Unilat	9/1/03	
63035	Exc Iv Disk Cervical/Lumb >1 Space	4/1/07	
63040	Laminotomy W Dec Nrv Rts;reex;cerv	1/1/07	
63042	Laminotomy W Dec Nrv Rts;reex;lumb	9/1/03	
63043	Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Cerv Interspace	4/1/07	
63044	Laminotomy w Decompressn Nerve Root, Reexplor; Ea Addl Lumb Interspace	1/1/14	
63045	Laminectomy W Facetectomy-Cervical	1/1/07	
63046	Laminect, 1 Segm;thoracic	1/1/07	
63047	Laminectomy W Facetectomy-Lumbar	9/1/03	
63048	Lam.,Facetect,Foraminot;ea Adtl.Seg	4/1/07	
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;	1/1/07	
63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements	1/1/07	
63055	Decompress Spine Transpedic-Thorac	1/1/07	
63056	Transped App/Decomp;sgle;lumb	9/1/03	
63057	Decomp Spine Transpedic-Ea Add Seg	4/1/07	
63064	Decompress Spine Costoverteb 1 Seg	1/1/07	
63066	Decomp Spine Costoverteb-Ea Add Seg	4/1/07	
63075	Diskectomy,Ante.W/Decomp Cord/Root;cerv;	1/1/07	
63076	Exc Iv Disk Ant Cervical >1 Seg	4/1/07	
63077	Diskectomy,Ante.W/Decomp Cord/Root;thor;	1/1/07	
63078	Exc Iv Disk Ant Thoracic-Ea Add Seg	4/1/07	
63081	Vert Corpectomy,Part/Comp.;anter.App;cer	1/1/07	
63082	Corpecto Verteb Ant Cerv Ea Add Seg	4/1/07	
63085	Vert Corpect.,Part/Comp,Transthoracic;th	1/1/07	
63086	Corpecto Verteb Thoracic Ea Add Seg	4/1/07	
63087	Vert.Corpect;thoracolumbar/Thor/Lumbar;s	9/1/03	
63088	Corpect Verteb Thor-Lumb-Ea Add Seg	12/1/19	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
63090	Vert.Corpec;peritoneal Appr.;single	9/1/03	
63091	Corpectomy Verteb Transperit >1 Seg	12/1/19	
63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment	4/1/07	
63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment	12/1/19	
63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg	4/1/07	
63170	Laminectomy W Myelotomy;cerv,Thoracic,Th	4/1/07	
63265	Laminect;intraspin Lesion;cerv.	4/1/07	
63266	Exc Les Intraspin Extradur-Thoracic	4/1/07	
63267	Laminect;intraspin Lesion;lumb	9/1/03	
63295	Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Sep)	9/1/03	
63650	Percut.Impl-Neurostm.Electrod;epidu	9/1/03	
63655	Lam-Impl-Neurostim.Electrod;epidurl	9/1/03	
63661	Removal of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed	1/1/10	
63662	Removal of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy or Laminectomy, inc Fluoro	1/1/10	
63663	Revision including Replacement, When Performed, of Spinal Neurostimulator Electrode Percutaneous Array(s), inc Fluoro	1/1/10	
63664	Revision inc Replacement, If Performed, of Spinal Neurostimr Electrode Plate/Paddles Placed Via Laminotomy/Ectomy	1/1/10	
63685	Placement Subcut Neurostim Receiver	9/1/03	
63688	Rev/Rem. Implted. Generator/Rec.	9/1/03	
64479	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, sgl level	6/1/15	
64480	Injection, anes agent and/or steroid, transforaminal epidural; cervical or thoracic, each addtl level	6/1/15	
64483	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, sgl level	6/1/15	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
64484	Injection, anes agent and/or steroid, transforaminal epidural; lumbar or sacral, each addtl level	6/1/15	
64553	Implant Neurostim Cranial-Percut	10/1/16	
64555	Percut.Impl-Neurost.Electrod;periph	5/1/18	
64561	Percutaneous Implantation Of Neurostimulator Electrodes; Sacral Nerve (Transforaminal Placement)	3/1/16	
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	10/1/16	
64569	Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection	10/1/16	
64570	Removal Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	10/1/16	
64575	Incis-Impl-Neuro.Electrod;periph.Nv	5/1/18	
64581	Incision For Implantation Of Neurostimulator Electrodes; Sacral Nerve (Transforaminal Placement)	3/1/16	
64585	Rev Peripheral Neurostim Electrode	5/1/18	
64590	I & Plcmt. Peripheral Generator/Rec	5/1/10	
64595	Rev Peripheral Neurostim Receiver	5/1/10	
64633	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Cervical Or Thoracic, Single Facet Joint	1/1/12	
64634	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Cervical Or Thoracic, Ea Addl Facet Jt	1/1/12	
64635	Destruction By Neurolytic Agt, Paraverteb Facet Jt Nrvs, W Imaging Guidance; Lumbar Or Sacral, Single Facet Joint	1/1/12	
64636	Destruction By Neurolytic Agt, Paraverteb Facet Joint Nrvs, W Imaging Guidance; Lumbar Or Sacral, Ea Addl Facet Jt	1/1/12	
67900	Repair Brow Ptosis (Supraciliary/Mid/Cor	9/1/03	
67901	Repair Blepharoptosis; Frontalis	9/1/03	
67902	Rep Blepharoptosis Frontalis+sling	9/1/03	
67903	Rep. Bleph;adv.;internal Appr.	9/1/03	
67904	Rep Blepharoptosis Levator External	9/1/03	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
67906	Rep.Bleph;sup.Rectus Tech,Fasc.Slng	9/1/03	
67908	Rep.Bleph;conjunct-Tarso-Lev.Resec	9/1/03	
69930	Cochlear Device Implantation, W/Wo Masto	9/1/03	
70336	Magnetic Resonance (Eg, Proton) Imaging,	7/1/07	Yes
70450	Ct,Head/Brain;w/O Contrast Material	1/1/07	Yes
70460	C A T Heador Brain; with Contrast Mater	7/1/07	Yes
70470	Ct,Head/Brain;w/O,W Contrst Mater'L	7/1/07	Yes
70480	C A T Orbit,Sella/Post Fossa,Ear;w/O Con	7/1/07	Yes
70481	Ct,Orbit,Sella,Fossa,Ear;w/Contrast	7/1/07	Yes
70482	C A T Orbit,Sella/P.Fossa,Ear;wo/W Contr	7/1/07	Yes
70486	Ct,Maxillofac.Area;w/O Cntrst Mat'L	7/1/07	Yes
70487	C A T Maxillofacial Area; W/Contrast Mat	7/1/07	Yes
70488	Ct,Max-Facial Area;w/O,W Cntrst Mat	7/1/07	Yes
70490	C A T Soft Tissue Neck; W/O Contrast Mat	7/1/07	Yes
70491	Ct,Soft Tissue Neck;w/Contrast Mat.	7/1/07	Yes
70492	C A T Soft Tissue Neck;w/O Then W/Contr.	7/1/07	Yes
70496	Ct Angiography, Head, w/o Contrast then w Contrast & Further Sections	7/1/07	Yes
70498	Ct Angiography, Neck, w/o Contrast then w Contrast & Further Sections	7/1/07	Yes
70540	Mri; Orbit, Face, & Neck	7/1/07	Yes
70542	MRI, Orbit, Face, And Neck; with Contrast Material(S)	7/1/07	Yes
70543	MRI, Orbit, Face, Neck; wo Contrast then w Contrast, Further Sequences	7/1/07	Yes
70544	Magnetic Resonance Angiography, Head; without Contrast Material(s)	7/1/07	Yes
70545	Magnetic Resonance Angiography, Head; with Contrast Material(s)	7/1/07	Yes
70546	Mr Angiography, Head; w/o Contrast then w Contrast & Further Sequences	7/1/07	Yes
70547	Magnetic Resonance Angiography, Neck; without Contrast Material(s)	7/1/07	Yes
70548	Magnetic Resonance Angiography, Neck; with Contrast Material(s)	7/1/07	Yes
70549	Mr Angiography, Neck; w/o Contrast then w Contrast & Further Sequences	7/1/07	Yes
70551	Magnetic Resonance Imag,Brain;w/O Contra	7/1/07	Yes
70552	Mri, Brain; W/Contrast Material(S)	7/1/07	Yes
70553	Mri Brain; W/O Contrast & W/Contrast & A	7/1/07	Yes

YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
70554	MRI, Brain, Functional; inc Test Selection and Admin of Repetitive Body Part Movement & Visual Stim, wo Phys/Psycholgst	7/1/07	Yes
70555	MRI, Brain, Functional; Requiring Physician or Psychologist Administration of Entire Neurofunctional Testing	7/1/07	Yes
71250	Ct, Thorax; W/O Contrast Material	7/1/07	Yes
71260	C A T Thorax; W/Contrast Material	7/1/07	Yes
71270	Ct, Thorax; W/O Then W/Contrast	7/1/07	Yes
71275	Ct Angiography, Chest, w/o Contrast then w Contrast & Further Sections	7/1/07	Yes
71550	Magnetic Resonance Imaging,Chest-Eval.Ly	7/1/07	Yes
71551	MRI, Chest (Eg, For Lymphadenopathy Eval); with Contrast Material(s)	7/1/07	Yes
71552	MRI, Chest; w/o Contrast then with Contrast And Further Sequences	7/1/07	Yes
71555	Magnetic Resonance Angiography, Chest (excluding myocardium) W or Wo Contrast Materials	7/1/07	Yes
72125	Cat Cerv.Spine;w/O Contrst Material,18-2	7/1/07	Yes
72126	Ct Cervical Spine;w/Contrast Mater.	7/1/07	Yes
72127	Cat,Cerv.Spine;w/O,With Contrast Materia	7/1/07	Yes
72128	Ct Thoracic Spine;w/O Contrast Mat.	7/1/07	Yes
72129	Cat,Thoracic Spine;w/Contrst Materl,18-2	7/1/07	Yes
72130	Ct Thorac.Spine;w/O,Then W/Contrast	7/1/07	Yes
72131	Cat Lumbar Spine;w/O Contrst Materl,18-2	7/1/07	Yes
72132	Ct Lumbar Spine;w/Contrast Material	7/1/07	Yes
72133	Cat,Lumbar Spine;w/O,With Contrast Mater	7/1/07	Yes
72141	Mri,Spin.Canal,Cerv;w/O Contrst Mat	7/1/07	Yes
72142	Mri,Spinal Canal/Contents,Cerv;w/Contrst	7/1/07	Yes
72146	Mri,Spin.Canal,Thor;w/O Cntrst Matl	7/1/07	Yes
72147	Mri,Spinal Canal/Contents,Thorac;w/Cntrs	7/1/07	Yes
72148	Mri,Spin.Canal,Lumb;w/O Cntrst Matl	7/1/07	Yes
72149	Mri,Spinal Canal/Contents,Lumbar;w/Cntrs	7/1/07	Yes
72156	Mri Spinal Wo & W Contrast: Cerv	7/1/07	Yes
72157	Mri Spinal Canal Wo & W Contrast; Thorac	7/1/07	Yes
72158	Mri Spinal Wo & W Contrast: Lumbar	7/1/07	Yes

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
72159	Magnetic Resonance Angiography Spine and Contents W/WO Contrast	7/1/07	Yes
72191	Ct Angiography, Pelvis, w/o Contrast then w Contrast, Further Sections	7/1/07	Yes
72192	Ct Pelvis; W/O Contrast Material	7/1/07	Yes
72193	C A T Pelvis; with Contrast Material(S)	7/1/07	Yes
72194	Ct Pelvis;w/O,Then W/Contrast Mater	7/1/07	Yes
72195	MRI, Pelvis; without Contrast Material(s)	7/1/07	Yes
72196	Magnetic Resonance (Eg, Proton) Imaging,	7/1/07	Yes
72197	MRI, Pelvis; w/o Contrast then with Contrast And Further Sequences	7/1/07	Yes
72198	Magnetic Resonance Angiography Pelvis W/WO Contrast	7/1/07	Yes
73200	C A T Upper Extremity; W/O Contrast Mate	7/1/07	Yes
73201	Ct Upper Extremity;w/Contrast Mater	7/1/07	Yes
73202	C A T Upper Extremity;w/O Then W/Contr.M	7/1/07	Yes
73206	Ct Angiography, Upper Extremity, w/o then w Contrast, Further Sections	7/1/07	Yes
73218	MRI, Upper Extremity, Other Than Joint; without Contrast Material(s)	7/1/07	Yes
73219	MRI, Upper Extremity, Other Than Joint; with Contrast Material(s)	7/1/07	Yes
73220	Magnetic Resonance Imag, Upper Extrem, N	7/1/07	Yes
73221	Mri, Any Joint of Upper Extremity	7/1/07	Yes
73222	MRI, Any Joint of Upper Extremity; with Contrast Material(s)	7/1/07	Yes
73223	MRI, Any Joint, Upper Extremity; w/o then w Contrast&Further Sequences	7/1/07	Yes
73225	Magnetic Resonance Angiography Upper Extremity W/WO Contrast	7/1/07	Yes
73700	C A T Lower Extremity; W/O Contrast Mate	7/1/07	Yes
73701	Ct,Lower Extremity;w/Contrast Mater	7/1/07	Yes
73702	C A T Lower Extremity;w/O Then W/Contr.M	7/1/07	Yes
73706	Ct Angiography, Lower Extremity, w/o then w Contrast&Further Sections	7/1/07	Yes
73718	MRI, Lower Extremity Other Than Joint; without Contrast Material(s)	7/1/07	Yes
73719	MRI, Lower Extremity Other Than Joint; with Contrast Material(s)	7/1/07	Yes
73720	Mri Lower Extremity,Other Than Jnt	7/1/07	Yes
73721	Magnetic Resonance Imaging, Any Jnt-Lowe	7/1/07	Yes
73722	MRI, Any Joint of Lower Extremity; with Contrast Material(s)	7/1/07	Yes
73723	MRI, Any Joint of Lower Extremity; w/o then w Contrast, More Sequences	7/1/07	Yes

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
73725	Magnetic Resonance Angiography LowerExtremity W/WO Contrast	7/1/07	Yes
74150	Ct Abdomen; W/O Contrast Material	7/1/07	Yes
74160	C A T Abdomen; with Contrast Material(S)	7/1/07	Yes
74170	Ct Abdomen;w/O,Then W/Contrast Mat	7/1/07	Yes
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(s), Including Noncontrast Images	1/1/12	Yes
74175	Ct Angiography, Abdomen, wo Contrast then w Contrast, Further Sections	7/1/07	Yes
74176	Computed Tomography, Abdomen And Pelvis; Without Contrast Material	1/1/11	Yes
74177	Computed Tomography, Abdomen And Pelvis; With Contrast Material(S)	1/1/11	Yes
74178	Ct, Abdomen And Pelvis; W/O Contrast Material In One Or Both Body Regions, Followed By Contrst Mats And Further Sections	1/1/11	Yes
74181	Magnetic Resonance Imaging,Abdomen	7/1/07	Yes
74182	MRI, Abdomen; with Contrast Material(s)	7/1/07	Yes
74183	MRI, Abdomen; w/o Contrast then with Contrast And Further Sequences	7/1/07	Yes
74185	Magnetic Resonance Angiography Abdomen W/WO Contrast	7/1/07	Yes
74261	Computed Tomographic (CT) Colonography, Diagnostic, Including Image Postprocessing; without Contrast Material	1/1/10	Yes
74262	CT Colonography, Diagnostic, including Image Postprocessing; W Contrast Materials inc Non- Contrast Images, If Performed	1/1/10	Yes
74263	Computed Tomographic (CT) Colonography, Screening, Including Image Postprocessing	1/1/10	Yes
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	1/1/16	Yes
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	1/1/16	Yes
75557	Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material;	1/1/08	Yes
75559	Cardiac Magnetic Resonance Imaging for Morphology and Function without Contrast Material; with Stress Imaging	1/1/08	Yes
75561	Cardiac MRI wo Contrast Followed by Contrast and Further Sequences;	1/1/08	Yes
75563	Cardiac MRI wo Contrast Followed by Contrast and Further Sequences; with Stress Imaging	1/1/08	Yes

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
75565	Cardiac Magnetic Resonance Imaging for Velocity Flow Mapping (List Separately In Addition to Code for Primary Procedure)	1/1/16	Yes
75571	CT Heart w/o Contrast; quantitative eval of coronary calcium	1/1/16	Yes
75572	CT Heart w/ Contrast; eval of cardiac structure and morphology	1/1/16	Yes
75573	CT Heart w/ Contrast; eval of cardiac structure and morphology in setting of congenital heart disease	1/1/16	Yes
75574	CT angiography, heart, coronary arteries, and bypass grafts	1/1/16	Yes
75635	Ct Angio, Aorta&Iliofemoral, Rad Sup&Int, wo, w Contrast, Addl Sectns	7/1/07	Yes
76376	3d rendering w interp/report of ct, mri, ultrasound, or other tomographic modality; not requiring image postprocessing	1/1/16	Yes
76380	Ct Limitedor Localized F/U Study	1/1/16	Yes
76390	Magnetic Resonance Spectroscopy	7/1/07	Yes
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	1/1/19	Yes
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	1/1/19	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	1/1/19	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	1/1/19	Yes
77078	Computed Tomography, Bone Mineral Density Study, 1 or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine)	7/1/07	Yes
77084	Magnetic Resonance (Eg, Proton) Imaging, Bone Marrow Blood Supply	7/1/07	Yes
77520	Proton beam delivery to a sgl treatment area, sgl port, custom block	9/1/03	
77522	Proton Treatment Delivery; Simple, with Compensation	9/1/03	
77523	Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks	9/1/03	
77525	Proton Treatment Delivery; Complex	9/1/03	
78429	MYOCDR IMG PET metab eval single sutdy cncrnt ct	1/1/20	Yes
78430	MYOCDR IMG PET prfuj 1std rest/stress cncrnt ct	1/1/20	Yes



## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
78431	MYOCRD IMG PET prfuj mlt std rst&strs cncrnt ct	1/1/20	Yes
78432	MYOCRD IMG PET prfuj w/metab dual radiotracer	1/1/20	Yes
78433	MYOCARD IMG PET prfuj w/metab 2rtracer cncrnt ct	1/1/20	Yes
78451	Myocardial Perfusion Imaging, Tomographic (Spect); Single Study, At Rest or Stress	1/1/10	Yes
78452	Myocardial Perfusion Imaging, Tomographic (Spect); Mult Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection	1/1/10	Yes
78453	Myocardial Perfusion Imaging, Planar; Single Study, At Rest or Stress (Exercise or Pharmacologic)	1/1/10	Yes
78454	Myocardial Perfusion Imaging, Planar; Multiple Studies, At Rest &/ Stress &/ Redistribution &/ Rest Reinjection	1/1/10	Yes
78459	Myocardial Imaging	7/1/07	Yes
78466	Myocardial Imge Infarct;	7/1/07	Yes
78468	Myocardial Img Infarct; Eject 1pass	7/1/07	Yes
78469	Myocardial Image Infarct; Spect	7/1/07	Yes
78472	Card Bld Pool Image; 1 Rest W/Motn	7/1/07	Yes
78473	Cardiac Blood Pool; Mult Study Rest & St	7/1/07	Yes
78481	Cardiac Blood Pool 1st Pass; Single at R	7/1/07	Yes
78483	Cardiac Blood Pool 1st Pass; Mult	7/1/07	Yes
78491	Myocardial Imaging, Pet, Perfusion; Single Study Rest/Stress	7/1/07	Yes
78492	Myocardial Imaging, Pet, Perfusion; Multiple Studies Rest And/Or Stress	7/1/07	Yes
78494	Cardiac blood pool imaging gated equilb SPECT at rest wall motion study + eject fract w/wo quant process	7/1/07	Yes
78496	Cardiac blood pool imaging gated equilibrium one study at rest w/right vent eject fract by 1st pass technique	1/1/16	Yes
78608	Brain Imaging Positron Emission Tomography	7/1/07	Yes
78609	Brain Imaging Positron Emission Tomography Perfusion Evaluation	7/1/07	Yes
78811	Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (Eg, Chest, Head/Neck)	7/1/07	Yes
78812	Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh	7/1/07	Yes
78813	Tumor Imaging, Positron Emission Tomography (Pet); Whole Body	7/1/07	Yes
78814	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Limited Area (Eg, Chest, Head/Neck)	7/1/07	Yes

YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
78815	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Skull Base To Mid-Thigh	7/1/07	Yes
78816	Tumor Imaging, Positron Emission Tomography (Pet) W Concurrently Acquired Ct; Whole Body	7/1/07	Yes
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], pos	1/1/18	
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion p	1/1/18	
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombo	1/1/18	
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], pos	1/1/18	
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post	1/1/18	
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], po	1/1/18	
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thromb	1/1/18	
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common varian	1/1/18	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	1/1/18	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	1/1/18	
81161	DMD (Dystrophin) (Eg, Duchenne/Becker Muscular Dystrophy) Deletion Analysis, And Duplication Analysis, If Performed	2/1/18	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplicatio	1/1/16	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/19	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/19	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
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)	1/1/19	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	1/1/19	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	1/1/19	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; fu	1/1/18	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; ta	1/1/18	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	

Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	1/1/19	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	1/1/19	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	1/1/19	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	1/1/19	
81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)	1/1/12	
81201	APC (Adenomatous Polyposis Coli) Gene Analysis; Full Gene Sequence	1/1/13	
81202	APC (Adenomatous Polyposis Coli) Gene Analysis; Known Familial Variants	1/1/13	
81203	APC (Adenomatous Polyposis Coli) Gene Analysis; Duplication/Deletion Variants	1/1/13	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	1/1/19	
81205	Bckdhh (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) Gene Analysis, Common Variants	1/1/12	
81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant	1/1/12	
81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant	1/1/13	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	1/1/12	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/12	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	1/1/12	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	1/1/12	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	3/1/18	
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19), Gene Analysis, Common Variants	1/1/12	
81226	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6), Gene Analysis, Common Variants	1/1/12	
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	1/1/12	
81228	Cytogenomic Constitutional (Genome-Wide) Microarray Analysis; Interrogation Of Genomic Regions For Copy Number Variants	1/1/12	
81229	Cytogenomic Constitutional Microarray Analysis; Interrog Genomic Regns For Copy Numbr & Sgl Nuclide Polymorphism Variants	1/1/12	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	1/1/18	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	1/1/18	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	1/1/18	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	1/1/19	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/19	
81235	EGFR (Epidermal Growth Factor Receptor) Gene Analysis, Common Variants	10/1/14	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	1/1/19	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
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)	1/1/19	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	1/1/18	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	1/1/19	
81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant	1/1/12	
81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	1/1/12	
81242	Fancc (Fanconi Anemia, Complementation Group C) Gene Analysis, Common Variant (Eg, lvs4+4A>T)	1/1/12	
81243	Fmr1 (Fragile X Mental Retardation 1) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles	1/1/12	
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	1/1/12	
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	1/1/18	
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	1/1/18	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	1/1/18	
81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) Gene Analysis, Common Variants (Eg, R83C, Q347X)	1/1/12	
81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, lvs2+1G>A)	1/1/12	
81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)	1/1/12	
81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)	1/1/13	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast	1/1/13	

Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
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	1/1/18	
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	1/1/18	
81260	Inhibtr Of Kappa Light Plypeptide Gene Enhancr In B-Cells, Kinase Complex-Assoc Protein Gene Analysis, Common Variants	1/1/13	
81265	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Patient And Comparative Specimen	2/1/18	
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	1/1/18	
81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant	3/1/18	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	1/1/19	
81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13	10/1/14	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	10/1/16	
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	1/1/18	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	1/1/19	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	1/1/19	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	1/1/19	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	1/1/15	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	1/1/15	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	1/1/19	
81290	Mcoln1 (Mucolipin 1) (Eg, Mucopolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)	1/1/12	
81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Full Sequence Analysis	1/1/12	
81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Known Familial Variants	1/1/12	
81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) Gene Analysis; Duplication/Deletion Variants	1/1/12	
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Full Sequence Analysis	1/1/12	
81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Known Familial Variants	1/1/12	
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) Gene Analysis; Duplication/Deletion Variants	1/1/12	
81298	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Full Sequence Analysis	1/1/12	
81299	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Known Familial Variants	1/1/12	
81300	Msh6 (Muts Homolog 6 [E. Coli]) Gene Analysis; Duplication/Deletion Variants	1/1/12	
81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis	1/1/12	
81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant	1/1/12	
81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants	1/1/12	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	1/1/19	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	1/1/20	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	1/1/20	



## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
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)	1/1/16	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81315	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Common Breakpoints, Qual/Quant	10/1/14	
81316	Promyelocytic Leukemia/Retinoic Acid Receptor Alpha, (T(15;17)), Translocation Analysis; Single Breakpoint, Qual/Quant	10/1/14	
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Full Sequence Analysis	1/1/12	
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Known Familial Variants	1/1/12	
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) Gene Analysis; Duplication/Deletion Variants	1/1/12	
81321	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Full Sequence Analysis	1/1/13	
81322	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Known Familial Variant	1/1/13	
81323	PTEN (Phosphatase And Tensin Homolog) Gene Analysis; Duplication/Deletion Variant	1/1/13	
81324	PMP22 (Peripheral Myelin Protein 22) Gene Analysis; Duplication/Deletion Analysis	1/1/13	
81325	PMP22 (Peripheral Myelin Protein 22) Gene Analysis; Full Sequence Analysis	1/1/13	
81326	PMP22 (Peripheral Myelin Protein 22) Gene Analysis; Known Familial Variant	1/1/13	
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	1/1/17	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	1/1/18	
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 neur	1/1/19	
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Vars	1/1/12	
81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A), Methylation Analysis	1/1/12	

Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antitrypsin, Member 1), Gene Analysis, Common Vars	1/1/12	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	1/1/19	
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis	1/1/18	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	1/1/18	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	1/1/19	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	1/1/19	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	1/1/19	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	1/1/19	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	1/1/18	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variant	1/1/13	
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants	1/1/12	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	1/1/18	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	1/1/18	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	1/1/18	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	1/1/18	
81382	Hla Class II Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus, Each	8/1/16	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	1/1/12	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	1/1/12	
81402	Molecular Pathology Procedure Level 3	1/1/12	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	1/1/12	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	1/1/12	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	1/1/12	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	1/1/12	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	1/1/12	
81408	Molecular Pathology Procedure Level 9	1/1/12	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease)	1/1/16	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel	1/1/17	
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analy	1/1/17	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	1/1/15	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code	1/1/15	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syn	1/1/15	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromoso	1/1/15	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23,	2/1/18	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 delet	2/1/18	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must incl	1/1/16	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must	1/1/16	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 1	2/1/18	
81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including	1/1/15	
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, i	1/1/15	
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis pane	1/1/16	
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis	1/1/16	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must inc	1/1/17	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, CO	1/1/15	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, m	1/1/16	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucoli	1/1/19	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA	1/1/15	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-	1/1/18	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
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)	1/1/15	
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)	1/1/15	
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [	1/1/15	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perform	1/1/15	
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, A	1/1/15	
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,	1/1/15	
81479	Unlisted Molecular Pathology Procedure	10/1/14	
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, algorithm	1/1/19	
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	9/1/17	
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 r	3/1/18	
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	3/1/19	
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	1/1/20	
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	1/1/16	
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 pa	1/1/20	
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 b	1/1/16	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
86813	Tissue Typing,Hla Typing, A,B,&/Or C,Mul	9/1/03	
86816	Hla Typing Dr/Dq Single Antigen	9/1/03	
86817	Hla Typing Dr/Dq Multiple Antigens	9/1/03	
86821	Hla Typing Lymphocyte Culture Mixed	9/1/03	
88280	Chrom.Analys;additnl Karyotypes,Ea	4/1/16	
89259	Cryopreservation; Sperm	4/1/07	
91110	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, w Phys Interp and Report	9/1/03	
91111	Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus with Physician Interpretation and Report	1/1/07	
92640	Diagnostic Analysis with Programming of Auditory Brainstem Implant, Per Hour	10/1/17	
93228	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Physician Review W Report	10/1/09	
93229	Wearable Mobile Cardiovascular Telemetry with Events Transmitted To Center for up to 30 Days; Technical Support	10/1/09	
93303	Transthoracic Echo cardiac anomalies	1/1/16	Yes
93304	Transthoracic Echo cardiac anomalies, limited	1/1/16	Yes
93306	Transthoracic Echo complete w color & spectral	1/1/16	Yes
93307	Transthoracic Echo complete wo color & spectral	1/1/16	Yes
93308	Transthoracic Echo limited	1/1/16	Yes
93312	Transesophageal Echo	1/1/16	Yes
93313	Transesophageal Echo probe only	1/1/16	Yes
93314	Transesophageal Echo interpretation	1/1/16	Yes
93315	Transesophageal Echo congenital	1/1/16	Yes
93316	Transesophageal Echo congenital, probe only	1/1/16	Yes
93317	Transesophageal Echo congenital interpretation	1/1/16	Yes
93350	Transthoracic Stress Echo, complete	1/1/16	Yes
93351	Transthoracic Stress Echo, complete w cont EKG	1/1/16	Yes
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	1/1/17	
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	1/1/17	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	1/1/17	
95805	Mult Sleep Latency;rec/Interp;mult	1/1/09	
95807	Sleep Study, 3 or More Parameters Other Than Staging	1/1/09	
95808	Polysomnography; Sleep Staging with 1 to 3 Additional Parameters	1/1/09	
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	1/1/19	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and v	1/1/06	
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and v	1/1/19	
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized	1/1/19	
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized	1/1/19	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	1/1/19	
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	1/1/19	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	1/1/19	
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 co	1/1/19	
97605	Negative Pressure Wound Therapy, Per Session; Total Area <= 50 Sq Cm	9/1/03	
97606	Negative Pressure Wound Therapy, Per Session; Total Area > 50 Sq Cm	9/1/03	
99183	Physician Attendance and Supervision of Hyperbaric Oxygen Therapy; Per Session	1/1/08	
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	7/1/15	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
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	8/1/18	
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	3/1/18	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	8/1/19	
0042T	Cerebral perf anlysis w/comp tomography w/cont admin includ post-proc parametric map w/det cer blood flow/vol/tx time	1/1/03	
0095T	Removal of total disc arthroplasty, anterior approach; each additional interspace	9/1/17	
0098T	Revision of total disc arthroplasty, anterior approach; each additional interspace	9/1/17	
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	10/1/19	
0124U	Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm rep	10/1/19	
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/dup	10/1/19	
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	10/1/19	
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to co	10/1/19	
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-TACC3	1/1/20	
0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.	1/1/20	
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)	1/1/20	
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)	1/1/20	
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	1/1/20	



## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	1/1/20	
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	1/1/20	
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	1/1/20	
0164T	Removal of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace	9/1/19	
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, i	1/1/10	
0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of mu	1/1/10	
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	1/1/11	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	7/1/13	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	7/1/13	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	7/1/13	
0333T	Visual evoked potential, screening of visual acuity, automated, with report	7/1/13	
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	7/1/14	
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List s	1/1/15	
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	1/1/15	
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium and intraoperative pachymetry, when performed (Report medication separately)	11/1/18	
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 pro	10/1/16	
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	10/1/16	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	10/1/16	
0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17	
0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17	
0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17	
0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic para	1/1/17	
0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the dev	1/1/17	
0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counte	1/1/17	
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	1/1/17	
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	1/1/17	
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)	12/1/19	
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	12/1/19	
0468T	Removal of chest wall respiratory sensor electrode or electrode array	12/1/19	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion sys	1/1/18	
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	1/1/18	
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	1/1/18	
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended moni	1/1/18	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended mon	1/1/18	
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	1/1/18	
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18	
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18	
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18	
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation	9/1/18	
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, pro	1/1/20	
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging	1/1/20	
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse wi	1/1/20	
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse w	1/1/20	
A4290	Sacral Nerve Stim Test Lead	3/1/16	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	3/1/17	
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	1/1/12	
A9274	Ext amb insulin delivery sys	7/1/08	
A9276	Disposable sensor, CGM sys	4/1/08	
A9277	External transmitter, CGM	4/1/08	
A9278	External receiver, CGM sys	4/1/08	
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	1/1/19	
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie	1/1/15	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
B4100	Food Thickener, administered orally, per oz	1/1/13	
B4102	EF adult fluids and electro	1/1/13	
B4103	Enteral formula, for pediatric, used to replace fluids and electrolytes (e.g., clear liquids), 500ml = 1 unit	1/1/13	
B4104	Additive for enteral formula (e.g., fiber)	1/1/13	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	1/1/19	
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, admistered through an enteral feeding tube, 100 claories = 1 unit	1/1/13	
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through and external feeding tube, 100 calories = 1 unit	1/1/13	
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/13	
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through and enteral feeding tube, 100 calories = 1 unit	1/1/13	
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, administerd through an enteral feeding tube, 100 cal = 1 unit	1/1/13	
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., mediium chain triglyderides) or combination, administerd through an enteral feeding tube, 100 calories = 1 unit	1/1/13	
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/13	

YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, including proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/13	
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and /or iron, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/13	
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins, and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/13	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/13	
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1/1/13	
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	1/1/13	
B4168	Parenteral nutrition solution: amino acid, 3.5%, (500 ml = 1 unit) - home mix	1/1/13	
B4172	Parenteral nutrition solution: amino acid, 5.5% through 7% (500 ml = 1 unit) - home mix	1/1/13	
B4176	Parenteral nutrition solution: amino acid, 7% through 8.5% (500 ml = 1 unit) - home mix	1/1/13	
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix	1/1/13	
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	1/1/13	
B4185	Parenteral nutrition solution, per 10 grams lipids	1/1/13	
B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	1/1/13	
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	1/1/13	
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	1/1/13	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
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	1/1/13	
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	1/1/13	
B4220	Parenteral nutrition supply kit; premix, per day	1/1/13	
B4222	Parenteral nutrition supply kit; home mix per day	1/1/13	
B4224	Parenteral nutrition administration kit, per day	1/1/13	
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-Amirosyn RF, NephroAmine, RenAmine - premix	1/1/13	
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine - premix	1/1/13	
B5200	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	1/1/13	
C1754	Catheter, intradiscal	3/1/10	
C1755	Catheter, intraspinal	3/1/10	
C1764	Event recorder, cardiac (implantable)	9/1/17	
C1767	Generator, neurostimulator (implantable)	2/1/16	
C1776	Joint device (implantable)	12/1/18	
C1778	Lead, neurostimulator (implantable)	2/1/16	
C1787	Patient programmer, neurostimulator	11/1/17	
C1813	Prosthesis, penile, inflatable	1/1/18	
C1815	Prosthesis, urinary sphincter (implantable)	7/1/19	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	2/1/16	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	11/1/17	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	10/1/17	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	1/1/19	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	2/1/16	
C1889	Implantable/insertable device, not otherwise classified	1/1/17	
C1897	Lead, neurostimulator test kit (implantable)	10/1/17	
C2614	Probe, Percutaneous Lumbar Discectomy	3/1/10	
C2616	Brachytherapy seed, yttrium-90	10/1/08	
C2622	Prosthesis, penile, non-inflatable	1/1/18	
C2698	Brachytherapy source, stranded, not otherwise specified, per source	7/1/12	
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	7/1/12	
C8900	Magnetic resonance angiography with contrast, abdomen	1/1/12	Yes
C8901	Magnetic resonance angiography without contrast, abdomen	1/1/12	Yes
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	1/1/12	Yes
C8903	Magnetic resonance imaging with contrast, breast; unilateral	1/1/12	Yes
C8904	Magnetic resonance imaging without contrast, breast; unilateral	1/1/12	Yes
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	1/1/12	Yes
C8906	Magnetic resonance imaging with contrast, breast; bilateral	1/1/12	Yes
C8907	Magnetic resonance imaging without contrast, breast; bilateral	1/1/12	Yes
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	1/1/12	Yes
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	1/1/12	Yes
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	1/1/12	Yes
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	1/1/12	Yes
C8912	Magnetic resonance angiography with contrast, lower extremity	1/1/12	Yes
C8913	Magnetic resonance angiography without contrast, lower extremity	1/1/12	Yes
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	1/1/12	Yes
C8918	Magnetic resonance angiography with contrast, pelvis	1/1/12	Yes
C8919	Magnetic resonance angiography without contrast, pelvis	1/1/12	Yes
C8920	Magnetic resonance angiography without contrast followed by with contrast,	1/1/12	Yes
C9047	Injection, caplacizumab-yhdp, 1 mg	7/1/19	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
C9054	Injection, lefamulin (xenleta), 1 mg	1/1/20	
C9055	Injection, brexanolone, 1mg	1/1/20	
C9254	Injection, lacosamide	8/1/18	
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis per infusi	10/1/10	
C9354	Veritas collagen matrix, cm2	3/1/10	
C9356	TendoGlide Tendon Prot, cm2	6/1/18	
C9363	Integra Meshed Bil Wound Mat	3/1/10	
C9407	Iodine I-131 iobenguane, diagnostic, 1 mCi	1/1/19	
C9408	Iodine I-131 iobenguane, therapeutic, 1 mCi	1/1/19	
C9727	Insertion of implants into the soft palate:min of three implants	3/1/10	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	1/1/18	
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	9/1/17	
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	9/1/17	
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	3/1/10	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	1/1/19	
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	1/1/19	
E0470	Respiratory assist device, bi-level pressure capability, without backup rate	1/1/16	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	1/1/16	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate	4/1/18	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated,	4/1/07	
E0601	Continuous airway pressure (CPAP) device	9/1/16	
E0616	Implantable cardiac event recorder with memory, activator and programmer	10/1/14	
E0617	External defibrillator with integrated electrocardiogram analysis	1/1/09	
E0627	Seat lift mechanism, electric, any type	10/1/07	
E0629	Seat lift mechanism, non-electric, any type	10/1/07	
E0636	Multipositional Patient Support System, With Integrated Lift, Patient	1/1/19	
E0638	Standing frame system, any size, with or without wheels	1/1/19	



## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
E0641	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	1/1/19	
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric	1/1/19	
E0745	Neuromuscular stimulator, electronic shock unit	7/1/19	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	9/1/03	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	9/1/03	
E0749	Osteogenesis stimulator, electrical, surgically implanted	9/1/03	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	9/1/03	
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	7/1/08	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	3/1/17	
E0784	External ambulatory infusion pump, insulin	9/1/03	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensor	1/1/20	
E0988	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair	7/1/13	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1/1/16	
E2378	Pw actuator replacement	7/1/13	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	9/1/03	
E2599	Accessory for speech generating device, not otherwise classified	3/1/16	
E2622	Adj skin pro w/c cus wd<22in	7/1/13	
E2623	Adj skin pro wc cus wd>=22in	7/1/13	
E2624	Adj skin pro/pos cus<22in	7/1/13	
E2625	Adj skin pro/pos wc cus>=22	7/1/13	
G0068	Professional services for the administration of antiinfective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug adm	1/1/19	
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (C	1/1/15	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	1/1/15	
G0297	Low dose ct scan (LDCT) for lung cancer screening	2/5/15	Yes
G0341	Percutaneous islet celltrans	9/1/03	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
G0342	Laparoscopy islet cell trans	9/1/03	
G0343	Laparotomy islet cell transp	9/1/03	
G0455	Fecal microbiota prep instil	7/1/13	
G9748	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	1/1/17	
G9750	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	1/1/17	
J0129	Abatacept injection	1/1/07	
J0135	Injection, adalimumab, 20 mg	4/1/17	
J0178	Injection, aflibercept, 1 mg	5/1/18	
J0179	Injection, brolocizumab-dblb, 1 mg	1/1/20	
J0180	Agalsidase beta injection	2/1/19	
J0202	Injection, alemtuzumab, 1 mg	1/1/16	
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	1/1/12	
J0222	Injection, patisiran, 0.1 mg	10/1/19	
J0256	Alpha 1 Proteinase Inhibitor	1/1/07	
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	1/1/12	
J0490	Injection, belimumab, 10 mg	1/1/12	
J0517	Injection, benralizumab, 1 mg	1/1/19	
J0565	Injection, bezlotoxumab, 10 mg	1/1/18	
J0567	Injection, cerliponase alfa, 1 mg	1/1/19	
J0570	Buprenorphine implant, 74.2 mg	1/1/17	
J0584	Injection, burosumab-twza, 1 mg	1/1/19	
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)	10/1/19	
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	1/1/16	
J0597	C-1 esterase, berinert	1/1/11	
J0598	C1 esterase inhibitor inj	1/1/10	
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	1/1/19	
J0630	Calcitonin Salmon Injection	3/1/18	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
J0638	Canakinumab injection	1/1/11	
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	1/1/14	
J0725	Chorionic Gonadotropin/1000u	9/1/03	
J0800	Corticotropin Injection	11/1/08	
J0881	Darbepoetin alfa, non-esrd	9/1/03	
J0885	Epoetin alfa, non-esrd	9/1/03	
J0888	Injection, epoetin beta, 1 microgram (for non-ESRD use)	1/1/15	
J0890	Peginesatide injection	1/1/13	
J0894	Decitabine injection	1/1/07	
J0897	Injection, denosumab, 1 mg	1/1/12	
J1290	Ecallantide injection	1/1/11	
J1300	Eculizumab injection	1/1/08	
J1301	Injection, edaravone, 1 mg	1/1/19	
J1303	Injection, ravulizumab-cwvz, 10 mg	10/1/19	
J1322	Injection, elosulfase alfa, 1mg	1/1/15	
J1325	Epoprostenol Injection	9/1/03	
J1428	Injection, eteplirsen, 10 mg	1/1/18	
J1438	Injection, etanercept, 25 mg	1/1/18	
J1458	Galsulfase injection	1/1/07	
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	1/1/09	
J1555	Injection, immune globulin (Cuvitru), 100 mg	1/1/18	
J1556	Injection, immune globulin (Bivigam), 500 mg	1/1/14	
J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg	1/1/12	
J1559	Hizentra injection	1/1/11	
J1561	Immune Globulin 500 Mg	1/1/08	
J1566	Immune globulin, powder	9/1/03	
J1568	Octagam injection	1/1/08	
J1569	Gammagard liquid injection	1/1/08	
J1572	Flebogamma injection	1/1/08	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	1/1/16	
J1599	Ivig non-lyophilized, NOS	1/1/11	
J1602	Injection, golimumab, 1 mg, for intravenous use	4/1/17	
J1628	Injection, guselkumab, 1 mg	1/1/19	
J1743	Idursulfase injection	10/1/17	
J1744	Icatibant injection	1/1/13	
J1745	Injection, infliximab, excludes biosimilar, 10 mg	4/1/17	
J1746	Injection, ibalizumab-uiyk, 10 mg	1/1/19	
J1786	Imuglucerase injection	7/1/19	
J1830	Interferon Beta-1b / .25 Mg	8/1/09	
J1931	Laronidase injection	10/1/17	
J1950	Leuprolide Acetate /3.75 Mg	9/1/03	
J2170	Mecasermin injection	6/1/18	
J2182	Injection, mepolizumab, 1 mg	1/1/17	
J2212	Methylnaltrexone injection	1/1/13	
J2323	Natalizumab injection	1/1/08	
J2326	Injection, nusinersen, 0.1 mg	1/1/18	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	11/1/08	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous	11/1/08	
J2357	Omalizumab injection	9/1/03	
J2502	Injection, pasireotide long acting, 1 mg	1/1/16	
J2503	Pegaptanib sodium injection	5/1/18	
J2507	Injection, pegloticase, 1 mg	1/1/12	
J2778	Ranibizumab injection	5/1/18	
J2786	Injection, reslizumab, 1 mg	1/1/17	
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	1/1/19	
J2793	Riloncept injection	1/1/10	
J2796	Romiplostim injection	1/1/10	
J2840	Injection, sebelipase alfa, 1 mg	1/1/17	
J2860	Injection, siltuximab, 10 mg	1/1/16	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
J2940	Injection, somatrem, 1 mg	1/1/07	
J2941	Injection, somatropin, 1 mg	1/1/07	
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-administere	10/1/19	
J3060	Injection, taliglucerase alfa, 10 units	7/1/19	
J3110	Teriparatide injection	1/1/07	
J3111	Injection, romosozumab-aqqg, 1 mg	10/1/19	
J3145	Injection, testosterone undecanoate, 1 mg	10/1/15	
J3245	Injection, tildrakizumab, 1 mg	1/1/19	
J3262	Tocilizumab injection	1/1/11	
J3285	Treprostinil injection	9/1/03	
J3316	Injection, triptorelin, extended-release, 3.75 mg	1/1/19	
J3355	Urofollitropin, 75 iu	9/1/03	
J3357	Ustekinumab, for subcutaneous injection, 1 mg	1/1/18	
J3358	Ustekinumab, for intravenous injection, 1 mg	1/1/18	
J3380	Injection, vedolizumab, 1 mg	1/1/16	
J3385	Velaglucerase alfa	7/1/19	
J3397	Injection, vestronidase alfa-vjvk, 1 mg	1/1/19	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	1/1/19	
J7170	Injection, emicizumab-kxwh, 0.5 mg	1/1/19	
J7330	Cultured Chondrocytes Implnt	9/1/03	
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	1/1/16	
J7508	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	1/1/14	
J7686	Treprostinil, non-comp unit	1/1/11	
J8562	Oral fludarabine phosphate	1/1/11	
J8565	Gefitinib oral	1/1/07	
J8600	Melphalan Oral 2 Mg	11/1/08	
J8700	Temozolmide	11/1/08	
J9022	Injection, atezolizumab, 10 mg	1/1/18	
J9023	Injection, avelumab, 10 mg	1/1/18	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
J9025	Azacitidine injection	9/1/03	
J9025JX	Azacitidine injection	9/1/03	
J9032	Injection, belinostat, 10 mg	1/1/16	
J9033	Injection, bendamustine HCl (Treanda), 1 mg	1/1/09	
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	1/1/17	
J9035	injection, bevacizumab	10/1/09	
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	7/1/19	
J9039	Injection, blinatumomab, 1 microgram	1/1/16	
J9041	Injection, bortezomib (Velcade), 0.1 mg	3/1/09	
J9041JX	Injection, bortezomib (Velcade), 0.1 mg	3/1/09	
J9042	Injection, brentuximab vedotin, 1 mg	1/1/13	
J9043	Injection, cabazitaxel, 1 mg	1/1/12	
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	1/1/19	
J9044JX	Injection, bortezomib, not otherwise specified, 0.1 mg	1/1/19	
J9047	Injection, carfilzomib, 1 mg	1/1/14	
J9055	Cetuximab injection	7/17/07	
J9057	Injection, copanlisib, 1 mg	1/1/19	
J9119	Injection, cemiplimab-rwlc, 1 mg	10/1/19	
J9145	Injection, daratumumab, 10 mg	1/1/17	
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	1/1/19	
J9173	Injection, durvalumab, 10 mg	1/1/19	
J9176	Injection, elotuzumab, 1 mg	1/1/17	
J9179	Injection, eribulin mesylate, 0.1 mg	1/1/12	
J9202	Goserelin Acetate Implant	1/1/19	
J9204	Injection, mogamulizumab-kpkc, 1 mg	10/1/19	
J9205	Injection, irinotecan liposome, 1 mg	1/1/17	
J9207	Injection, ixabepilone, 1 mg	1/1/09	
J9210	Injection, emapalumab-lzsg, 1 mg	10/1/19	
J9216	Interferon Gamma 1-B Inj	9/1/03	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
J9217	Leuprolide acetate (for depot suspension), 7.5 mg [Prior-authorization not required for diagnosis C61-Prostate Cancer]	10/1/14	
J9218	Leuprolide acetate, per 1 mg	10/1/14	
J9225	Histrelin implant	9/1/19	
J9226	Supprelin LA implant	3/1/18	
J9228	Injection, ipilimumab, 1 mg	1/1/12	
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	1/1/19	
J9245	Inj Melphalan Hydrochl 50 Mg	11/1/08	
J9261	Nelarabine injection	1/1/07	
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	1/1/14	
J9264	Paclitaxel injection	6/1/16	
J9269	Injection, tagraxofusp-erzs, 10 mcg	10/1/19	
J9271	Injection, pembrolizumab, 1 mg	1/1/16	
J9285	Injection, olaratumab, 10 mg	1/1/18	
J9295	Injection, necitumumab, 1 mg	1/1/17	
J9299	Injection, nivolumab, 1 mg	1/1/16	
J9302	Ofatumumab injection	1/1/11	
J9303	Panitumumab injection	1/1/08	
J9306	Injection, pertuzumab, 1 mg	1/1/14	
J9307	Pralatrexate injection	1/1/11	
J9308	Injection, ramucirumab, 5 mg	1/1/16	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	1/1/20	
J9311	Injection, rituximab 10 mg and hyaluronidase	1/1/19	
J9312	Injection, rituximab, 10 mg	1/1/19	
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	10/1/19	
J9315	Romidepsin injection	1/1/11	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	1/1/17	
J9328	Temozolomide injection	1/1/10	
J9330	Injection, temsirolimus, 1 mg	1/1/09	
J9352	Injection, trabectedin, 0.1 mg	1/1/17	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
J9354	Injection, ado-trastuzumab emtansine, 1 mg	1/1/14	
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	9/1/03	
J9355JX	Injection, trastuzumab, excludes biosimilar, 10 mg	9/1/03	
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	7/1/19	
J9395	Injection, fulvestrant, 25 mg	9/1/03	
J9400	Injection, ziv-aflibercept, 1 mg	1/1/14	
K0010	Stnd Wt Frame Power Whlchr	11/1/13	
K0011	Stnd Wt Pwr Whlchr W Control	11/1/13	
K0012	Ltwt Portbl Power Whlchr	11/1/13	
K0013	Custom Power Whlchr Base	11/1/13	
K0014	Other Power Whlchr Base	11/1/13	
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service	7/1/17	
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	7/1/17	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	1/1/09	
K0743	Suction pump, home model, portable, for use on wounds	7/1/11	
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	7/1/11	
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	7/1/11	
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	7/1/11	
K0800	Power operated vehicle,grp 1 standard,patient weight cap up to and incl 300 lbs	1/1/07	
K0801	Power operated vehicle,grp 1 heavy duty,patient weight cap 301-450 lbs	1/1/07	
K0802	Power operated vehicle, grp 1 very heavy duty,patient weight cap 451-600 lbs	1/1/07	
K0806	Power operated vehicle, grp 2 standard,patient weight cap up to and incl 300 lbs	1/1/07	
K0807	Power operated vehicle,grp 2 heavy duty,patient weight cap 301-450 lbs	1/1/07	
K0808	Power operated vehicle,grp 2 very heavy duty,patient weight cap 451-600 lbs	1/1/07	
K0812	Power operated vehicle,not otherwise classified	1/1/07	



YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
K0813	Power wheelchair,grp 1 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0814	Power wheelchair,grp 1 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0815	Power wheelchair,grp 1 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0816	Power wheelchair,grp 1 standard,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0820	Power wheelchair,grp 2 standard,portable,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0821	Power wheelchair,grp 2 standard,portable,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0822	Power wheelchair,grp 2 standard,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0823	Power wheelchair,grp 2 std,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0824	Power wheelchair,grp 2 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0825	Power wheelchair,grp 2 heavy duty,captains chair,patient weight cap 301-450 lbs	1/1/07	
K0826	Power wheelchair,grp 2 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07	
K0827	Power wheelchair,grp 2 very heavy duty,captains chair,patient weight cap 451-600 lbs	1/1/07	
K0828	Power wheelchair,grp 2 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/07	
K0829	Power wheelchair,grp 2 extra heavy duty,captains chair,patient weight cap 601 lbs or more	1/1/07	
K0835	Power wheelchair,grp 2 std,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0836	Power wheelchair,grp 2 std,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0837	Power wheelchair,grp 2 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0838	Power wheelchair,grp 2 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	1/1/07	
K0839	Power wheelchair,grp 2 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
K0840	Power wheelchair,grp 2 extra heavy duty,single power option,sling/solid seat/back,patient weight cap up to and incl 300	1/1/07	
K0841	Power wheelchair,grp 2 std,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0842	Power wheelchair,grp 2 std,mult power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0843	Power wheelchair,grp 2 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0848	Power wheelchair,grp 3 std,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0849	Power wheelchair,grp 3 std,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0850	Power wheelchair,grp 3 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0851	Power wheelchair,grp 3 heavy duty,captains chair,patient weight cap 301-450 lbs	1/1/07	
K0852	Power wheelchair,grp 3 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07	
K0853	Power wheelchair,grp 3 very heavy duty,captains chair,patient weight cap 451-600 lbs	1/1/07	
K0854	Power wheelchair,grp 3 extra heavy duty,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/07	
K0855	Power wheelchair,grp 3 extra heavy duty,captains chair,patient weight cap 601 lbs or more	1/1/07	
K0856	Power wheelchair,grp 3 std,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0857	Power wheelchair,grp 3 std,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0858	Power wheelchair,grp 3 heavy duty,single power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0859	Power wheelchair,grp 3 heavy duty,single power option,captains chair,patient weight cap 301-450 lbs	1/1/07	
K0860	Power wheelchair,grp 3 very heavy duty,single power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07	
K0861	Power wheelchair,grp 3 std,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
K0862	Power wheelchair,grp 3 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0863	Power wheelchair,grp 3 very heavy duty,mult power option,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07	
K0864	Power wheelchair,grp 3 extra heavy duty,mult power option,sling/solid seat/back,patient weight cap 601 lbs or more	1/1/07	
K0868	Power wheelchair,grp 4 stnd,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0869	Power wheelchair,grp 4 stnd,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0870	Power wheelchair,grp 4 heavy duty,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0871	Power wheelchair,grp 4 very heavy duty,sling/solid seat/back,patient weight cap 451-600 lbs	1/1/07	
K0877	Power wheelchair,grp 4 stnd,single power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0878	Power wheelchair,grp 4 stnd,single power option,captains chair,patient weight cap up to and incl 300 lbs	1/1/07	
K0879	Power wheelchair,grp 4 heavy duty,single power option,sling/solid seat/back, patient weight cap 301-450 lbs	1/1/07	
K0880	Power wheelchair,grp 4 very heavy duty,single power option,sling/solid seat/back,patient weight 451-600 lbs	1/1/07	
K0884	Power wheelchair,grp 4 stnd,mult power option,sling/solid seat/back,patient weight cap up to and incl 300 lbs	1/1/07	
K0885	Power wheelchair,grp 4 stnd,mult power option,captains chair,weight cap up to and incl 300 lbs	1/1/07	
K0886	Power wheelchair,grp 4 heavy duty,mult power option,sling/solid seat/back,patient weight cap 301-450 lbs	1/1/07	
K0890	Power wheelchair,grp 5 ped,single power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	1/1/07	
K0891	Power wheelchair,grp 5 pediatric,mult power option,sling/solid seat/back,patient weight cap up to and incl 125 lbs	1/1/07	
K0898	Power wheelchair,not otherwise classified	1/1/07	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	1/1/07	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	2/1/14	
L5613	Addition to lower extremity, endoskeletal system, above knee — knee disarticulation, 4 bar linkage, with hydraulic swing	2/1/14	
L5614	Addition to lower extremity, endoskeletal system, above knee — knee disarticulation, 4 bar linkage, with pneumatic swing	2/1/14	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	2/1/14	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	2/1/14	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	2/1/14	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/1/14	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	2/1/14	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	2/1/14	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	3/1/17	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	2/1/14	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	2/1/14	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	2/1/14	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	2/1/14	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	2/1/14	
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	2/1/14	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	2/1/14	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance	2/1/14	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only,	2/1/14	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	2/1/14	
L5859	Knee-shin pro flex/ext cont	2/1/14	
L5961	Endo poly hip, pneu/hyd/rot	3/1/11	
L5973	Ank-foot sys dors-plant flex	3/1/17	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batt	1/1/15	
L6628	Quick Disconn Hook Adapter O	1/1/15	
L6629	Lamination Collar W/ Couplin	1/1/15	
L6632	Latex Suspension Sleeve Each	1/1/15	
L6680	Test Sock Wrist Disart/Bel E	1/1/15	
L6687	Frame Typ Socket Bel Elbow/W	1/1/15	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	1/1/15	
L6810	Pincher Tool Otto Bock Or Eq	1/1/15	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	1/1/15	
L6881	Automatic grasp feature, additional to upper limb prosthetic terminal device.	1/1/15	
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	1/1/15	
L6890	Production Glove	1/1/15	
L6925	Wrist Disart Myoelectronic C	1/1/15	
L6935	Below Elbow Myoelectronic Ct	1/1/15	
L6945	Elbow Disart Myoelectronic C	1/1/15	
L6955	Above Elbow Myoelectronic Ct	1/1/15	
L6965	Shldr Disartic Myoelectronic	1/1/15	
L6975	Interscap-Thor Myoelectronic	1/1/15	
L7007	Adult electric hand	1/1/15	
L7008	Pediatric electric hand	1/1/15	
L7009	Adult electric hook	1/1/15	
L7045	Electron Hook Child Michigan	1/1/15	
L7180	Electronic Elbow Utah Myoele	1/1/15	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
L7181	Electronic elbo simultaneous	1/1/15	
L7190	Elbow Adolescent Myoelectron	1/1/15	
L7191	Elbow Child Myoelectronic Ct	1/1/15	
L7368	Lithium Ion Battery Charger	1/1/15	
L7400	Add UE prost be/wd, ultlite	1/1/15	
L7403	Add UE prost b/e acrylic	1/1/15	
L8465	Shrinker Upper Limb	1/1/15	
L8600	Implant Breast Silicone/Eq	1/1/18	
L8603	Collagen Imp Urinary 2.5 MI	7/1/19	
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and nece	7/1/19	
L8606	Synthetic Implnt Urinary 1ml	7/1/19	
L8614	Cochlear device, includes all internal and external components	5/1/10	
L8615	Headset/headpiece for use with cochlear implant device, replacement	5/1/10	
L8616	Microphone for use with cochlear implant device, replacement	5/1/10	
L8617	Transmitting coil for use with cochlear implant device, replacement	5/1/10	
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	5/1/10	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	5/1/10	
L8627	Cochlear implant, external speech processor, component, replacement	1/1/10	
L8628	Cochlear implant, external controller component, replacement	5/1/10	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	1/1/10	
L8679	Implantable neurostimulator, pulse generator, any type	1/1/14	
L8680	Implantable neurostimulator electrode, each	7/1/10	
L8681	Pt prgrm for implt neurostim	7/1/10	
L8682	Implt neurostim radiofq rec	7/1/10	
L8683	Radiofq trsmtr for implt neu	7/1/10	
L8684	Radiof trsmtr implt scrl neu	3/1/16	
L8685	Implt nrostm pls gen sng rec	7/1/10	
L8686	Implt nrostm pls gen sng non	7/1/10	

## YCCO Prior Authorization Code

List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
L8687	Implt nrostm pls gen dua rec	7/1/10	
L8688	Implt nrostm pls gen dua non	7/1/10	
L8689	External recharging system	7/1/10	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	1/1/18	
L8695	External recharg sys extern	7/1/10	
Q0478	Power adapter, combo vad	3/1/11	
Q0507	Misc supply or accessory for use with an external ventricular assist device	7/1/13	
Q0508	Misc supply or accessory for use with an implanted ventricular assist device	1/1/15	
Q0509	Misc supply or accessory for use with any implanted ventricular assist device for which pymt was not made under Medicare Part A	7/1/13	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	4/1/18	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	1/1/19	
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	7/1/11	
Q2047	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	7/1/12	
Q3001	Brachytherapy Radioelements	10/1/08	
Q4074	Iloprost non-comp unit dose	1/1/10	
Q4101	Skin substitute, Apligraf, per square centimeter	4/1/09	
Q4102	Skin substitute, Oasis Wound Matrix, per square centimeter	4/1/09	
Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter	7/1/09	
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	7/1/09	
Q4106	Skin substitute, Dermagraft, per square centimeter	4/1/09	
Q4107	Skin substitute, Graftjacket, per square centimeter	9/1/11	
Q4108	Skin substitute, Integra Matrix, per square centimeter	7/1/09	
Q4116	Alloderm skin sub	10/1/18	
Q4121	Theraskin	3/1/11	
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	10/1/18	

YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	1/1/12	
Q4128	FlexHD or allopatch HD, per square centimeter	1/1/16	
Q4132	Grafix Core and GrafixPL Core, per sq cm	1/1/13	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	1/1/13	
Q4182	Transcyte, per sq cm	6/1/18	
Q4186	Epifix, per sq cm	1/1/19	
Q4205	Membrane Graft or Membrane Wrap, per sq cm	10/1/19	
Q4206	Fluid Flow or Fluid GF, 1 cc	10/1/19	
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	4/1/18	
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	4/1/18	
Q5106	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	7/1/18	
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	1/1/19	
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	1/1/19	
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	7/1/19	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	7/1/19	
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	7/1/19	
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	7/1/19	
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	10/1/19	
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg	7/1/18	
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg	7/1/18	
S0122	Injection, Menotropins, 75 lu	9/1/03	
S0126	Injection, Follitropin Alfa, 75 lu	9/1/03	
S0128	Injection, Follitropin Beta, 75 lu	9/1/03	
S0132	Injection, Ganirelix Acetate, 250 Mcg	9/1/03	
S0148	Injection, pegylated interferon alfa-2B, 10 mcg	10/1/10	
S0189	Testosterone pellet. 75 mg	10/1/15	
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	9/1/17	
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	9/1/17	



YCCO Prior Authorization Code  
List Effective 1/1/2020



Procedure Low	Description	PA Effective Date	AIM Prior Auth Required
S1034	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That	11/1/17	
S1035	Sensor; Invasive (eg, Subcutaneous), Disposable, For Use With Artificial Pancreas Device System	11/1/17	
S1036	Transmitter; External, For Use With Artificial Pancreas Device System	11/1/17	
S1037	Receiver (Monitor); External, For Use With Artificial Pancreas Device System	11/1/17	
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	4/1/19	
S2202	Echosclerotherapy	1/1/18	
S2235	Implantation of auditory brain stem implant	10/1/17	
S2340	Chemodenervation Of Abductor	9/1/12	
S2341	Chemodenervation of adductor muscle(s) of vocal cord	9/1/12	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	3/1/18	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	7/1/18	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	5/1/19	
S9434	Modified solid food supplements for inborn errors of metabolism	11/1/19	