

**Bureau for Medical Services
Medications Approved to Bill HCPCS J3490
Updated 10/8/09
Version 6.0**

Disclaimer: Coverage depends on the NDC status (rebate eligible, Non-DESI, non-termed, etc) on the date of service.

Billing instructions: For services billed using J3490, all claims are billed as paper claims and must include the drug name, strength, and cost invoice where applicable. See below for medications that may have special instructions beyond this requirement.												
Description	Brand Name	Category	* AC OP	*CAH OP	* P	*MW	* NP	*OPH	* POD	*DC	* IDTF	Special Instructions
Allopurinol Sodium 500 mg	Aloprim Zyloprim		X	X	X							ICD-9 174.9 or 790.6 plus ICD-9-CM for Neoplasm required on claim. Drug must be billed with the code for Chemotherapy
17 Alpha-hydroxy-progesterone					X	X	X					Effective 1/1/07. Cost invoice required with claim. Pay lesser of billed charges and cost invoice. ICD-9 code V23.41 required on claim form. Service limit is one per week at 16-36 weeks gestation.
Aminocaproic Acid 250mg			X	X								
Apomorphine HCl 10mg	Apokyn		X	X								Deleted from list effective 12/31/06. See J0364.
Aztreonam 500 mg	Azactam	Antibiotic	X	X	X		X		X			
Betamethasone acetate		Anti-inflam.	X	X	X							Cost invoice required with claim. Pay lesser of billed charges or cost invoice.
Bevacizumab 1.25 mg.	Avastin	Anti-neoplastic						X				Service limit of 2 per month. Effective 5/15/09, Ophthalmology specialty approved for 362.01-362.07, 362.15, 362.16, 362.29, 362.30, 362.35, 362.36, 362.42, 362.52, 362.53, 362.83, 362.84, 365.63, and 365.89. Must include approved diagnosis on claim form.
Bretylium 0.25 mg	Tosylate	Anti-arrhythmic	X	X	X		X					Cost invoice required with claim. Pay lesser of billed charges and cost invoice
Bumetanide 0.25 mg	Bumex	Antihypertensive	X	X	X		X					
Bupivacaine 0.75%, 1 ml	Marcaine Sensorcaine	Peripheral Nerve Block	X	X	X		X					0.75% / 10ml allowed when billed with 62310, 62311, 62318, 62319, 64400 - 64530. Not payable when billed with other procedures.
Cefotetan	Cefotan	Antibiotic	X	X								Cost invoice required with claim. Pay lesser of billed charges and cost invoice
Cimetidine HCl 150 mg	Tagamet	Anti-histamine	X	X	X		X					ICD-9 787.01, 787.02 or 787.03 required on claim form.
Clavulanate Potassium Ticarcillin Disodium 0.1 - 3G	Timentin	Antibiotic	X	X	X		X		X			
Clindamycin Phosphate 150 mg	Cleocin Clindamax	Antibiotic	X	X	X		X		X			
Dantrolene Sodium 20mg	Dantrium	Antidote	X	X	X		X					Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Dextrose 50% 50ml			X	X	X		X					
Diltiazem HCl 5mg	Cardizem	Antianginal	X	X	X		X					
Edrophonium Chloride 10mg	Tensilon Reverso	Antidote	X	X	X		X					ICD-9 358.00 - 358.01 required on claim form.
Enalaprilat 1.25mg	Vasotec	Antihypertensive	X	X	X							
Esmolol HC 10 mg	Brevibloc	Anti-arrhythmic	X	X	X		X					ICD-9 427.89 required on claim form.

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Ethacrynate Sodium 50 mg	Edecrin	Diuretic	X	X	X		X					Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Famotidine 10 mg	Pepcid		X	X	X		X					
Flumazenil 0.1 mg	Romazicon Mazicon	Antidote	X	X	X		X					ICD-9 977.9 required on claim form.
Folic Acid 5mg	Folate		X	X	X		X					
Glycopyrrolate 0.2 mg	Robinul	Anticholinergic	X	X	X		X					
Isoproterenol HCl 0.2 mg	Isuprel	Bronchodilator	X	X	X		X					Cost invoice required with claim. Pay lesser of billed charges and cost invoice.
Labetalol HCl 5 mg	Trandate Normodyne		X	X	X		X					Covered for IV in office only. ICD-9 code 401.0 required on claim form.
Lidocaine 1 ml			X	X	X							Covered separately when billed on same day as 62310, 62311, 62318, 62319, 64400-64484, 64505-64530. Not payable when billed with other procedures
Metoprolol Tartrate 1 mg	Lopressor	Antihypertensive	X	X	X						X	Covered only when given IV with Dobutamine J1250 during Dobutamine Stress Test. J3490 & J1250 must be billed on same date of service.
Metronidazole 500 mg	Flagyl	Amebicide	X	X	X		X					
Minocycline HCl 100 mg	Dynacin Minocin	Antibiotic	X	X	X		X		X			Cost invoice required with claim. Pay lesser of billed charges and cost invoice
Morrhuate Sodium 50mg		Sclerosing Agent	X	X	X							Bill with CPT codes 43204 and 46500
Nafcillin Sodium 1 g	Unipen Nallpen	Anitbiotic	X	X	X		X		X			
Nitroglycerine 5 mg	Nitrostat	Anti-anginal	X	X	X		X					
Pantoprazole Sodium 40mg	Protonix	Gastric Acid Secretion	X	X	X		X					
Potassium Acetate 2 mEg	Klor-Con	Electrolyte Supplement			X		X					
Rifampin 600 mg	Rifacin Rimactane	Antibiotic	X	X	X		X					
Sodium Acetate 2 mEg		Alkalinizing Agent			X		X					
Sodium Bicarbonate 8.4%, 50 ml		Alkalini-zing Agent			X		X					
Valproate Sodium 100 mg	Depacon		X	X	X		X					ICD-9 code 345.00 - 345.91 required on claim form.
Vasopressin 20 u	Pitressin	Antidiuretic	X	X	X		X					
Verapamil HCl 2.5 mg	Calan Calan SR Isoptin SR	Anti-anginal	X	X	X		X					

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Ferumoxytol Injection 510 mg.	Feraheme	Iron therapy	X	X	X		X			X		Effective 6/30/09. Claim must be billed with ICD-9 codes 585.1- 585.9 and 280.0 - 280.9. 1 unit = 1 vial.
Testosterone pellet, 75 mg.	Testopel	Hormone replacement	X	X	X		X					Effective 1/1/09. Restricted to ICD-9 codes 257.2, 257.8, 257.9. Minimum age 18. 1 unit = 1 pellet.
Regadenoson 0.1 mg.	Lexiscan	Vasodilator	X	X	X							Effective 10/1/08. Cost invoice required, pays lesser of billed charge or cost invoice. Closed 12/31/08. See J2785.
*AC/OP-Acute Care/Out Patient Hospital												
*CAH/OP-Critical Access/Out Patient Hospital												
*P - Physician												
*MW - Midwife												
*NP - Nurse Practitioner												
*OPH - Ophthalmologist												
*POD - Podiatrist												
*IDTF - Independent Diagnostic Treatment Facility												
*DC - Dialysis Centers												

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